

Review of compliance

Graham Robert Jack Fernwood	
Region:	South East
Location address:	30 Fern Road St Leonards-on-Sea East Sussex TN38 0UH
Type of service:	Care home service without nursing
Date of Publication:	April 2012
Overview of the service:	Fernwood is a large detached property in St Leonards and is close to local transport links. The home has an accessible back garden but the entrance into the home would be unsuitable for wheelchair users. The home has one bathroom and one shower room/toilet. All rooms are large and spacious. The home is modern and well appointed. The home is registered to provide services for up to three people with a

	learning disability
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

**Fernwood was not meeting one or more essential standards.
Improvements are needed.**

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 21 February 2012, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

We met all three people who lived in the home.

One person was able to tell us that they were happy living there. They told us that they did things they wanted to do, they said they liked to go out for walks but did not want to go to a day centre.

They took pride in showing us their bedroom and confirmed that they were involved in filling it with things they liked. They told us they had a key to their bedroom.

What we found about the standards we reviewed and how well Fernwood was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The manager and staff demonstrated a good understanding of the need to maintain the privacy and dignity of people in the home. People or their relatives were involved in decisions about their care.

Overall we found that Fernwood was meeting this essential standard.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People who lived in the home each had an assessment of need and a comprehensive plan of care. These were supported by individualised risk assessments and guidance. A system of review was in place and people were involved in this but documentation was not always updated in a timely manner.

Overall we found that Fernwood was meeting this essential standard but, to maintain this, we suggested some improvements were made.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare

People lived in a homely, clean and generally safe environment that was suited to their needs. There was a range of individual and environmental risk assessments but these were not always kept updated and did not cover all environmental risks. The fire risk assessment was overdue review.

Overall we found that Fernwood was meeting this essential standard but, to maintain this, we suggested some improvements were made.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

We found that whilst relevant employment, and criminal record checks had been undertaken there were omissions in other required documentation. Consequently people in the home could be placed at risk through these omissions.

Overall we found that Fernwood was not meeting this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Systems were in place for the induction, training and supervision of staff, but records were not available to evidence this for all staff. Staff demonstrated awareness of lines of accountability. Staff were provided with regular staff meetings and supervision meetings to express their views.

Overall we found that Fernwood was meeting this essential standard but, to maintain this, we suggested that improvements were made.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

There was good communication and feedback between relatives and the home staff, but, feedback and actions taken were not recorded.

There was a culture of risk management and some evidence of improvement of outcomes for people in the home, however, there was a lack of an established system for auditing to highlight omissions or inform a quality report.

Overall we found that Fernwood was not meeting this essential standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We met all three people who live in the home. One person was able to tell us how they felt about living at the home.

They told us that they were happy living at the home, they said they liked the manager and this was what made them happy about living there.
They told us they had a key to their room.

Other evidence

When we arrived we met one member of care staff and one person who lived in the home. The other two people who lived in the home were out, one with a relative the other on their way back from a day time activity.

A relative told us that they were a regular visitor to the home and were made welcome. They told us that communication with them from the home was excellent. They said they were kept informed about their relatives care and support and were involved in decisions about this.

All the people in the home had their own bedrooms. We were advised that people were provided with a key to their bedroom to maintain their privacy if they were able to use

the key appropriately.

In discussion with staff it was evident that the personal preferences of the people living in the home, was taken account of when care staff supported them.

We observed the people living in the home during our stay and noted that they were able to move freely around the home between personal and communal space.

Observations of staff interactions with people in the home noted these to be proactive rather than task based. With staff observed asking people if they wanted drinks and offering choices for this.

In discussion staff told us about ways in which they respected peoples' privacy and were supportive of those people wishing to express their sexuality. Records viewed evidenced that private time was built into support plans to allow for this.

Our judgement

The manager and staff demonstrated a good understanding of the need to maintain the privacy and dignity of people in the home. People or their relatives were involved in decisions about their care.

Overall we found that Fernwood was meeting this essential standard.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We met one person living in the home who told us that they liked to go out for walks, but did not want to go to the day centre

Other evidence

During our visit we met the relative of someone who lived in the home, they told us that they visited regularly, and found the care and support excellent. They reported that they felt their relative had settled well.

We viewed support plans for all three people in the home. These were well structured with comprehensive information and guidance to inform staff practice. These were supported by a portfolio of individual risk assessments.

We noted detailed individualised practice guidance for staff relating to those people in the home with epilepsy. One person with some mobility issues had detailed guidance in respect of bathing routines to take account of this.

A staff member informed us that they had recently been given the job of updating care plans, handwritten changes were noted on some. Individualised risk information had not been updated on two files since 2010, although staff and a relative we met confirmed that reviews were held regularly.

A relative told us that they had access to their relative's records and commented positively on the way they were set up and the overall content.

Records viewed confirmed that reviews were held annually by social services with evidence of more recent reviews undertaken by the home. A relative confirmed that they were routinely invited to reviews and felt able to express their views.

Daily notes were routinely maintained for each person in the home; content was good and reflected on mood, activities, and personal care in particular.

The service had commenced implementation of communication passports for people in the home. We reviewed one in use that staff told us was used with new staff at induction. This was in a format easily accessible to health staff in the hospital if the need for admission arose.

Each person in the home had an individualised activity programme suited to their needs and preferences.

A relative we met confirmed that their relative, who lived in the home led an active lifestyle. They received one to one support to attend activities in the community, this included horse riding which they enjoyed.

Files provided good evidence of access to doctors, dentists, chiropodists, and other medical appointments.

A relative expressed satisfaction with the management of nutritional issues for their relative and confirmed that weight monitoring was maintained. Weights were not routinely recorded for the other people in the home.

Staff reported that people in the home were provided with opportunities to go away on holiday each year; this was confirmed by a relative we met.

We reviewed the home's accident book; we noted that in general there was a low level of accidents occurring in the home. One incident that occurred between two people in the home had not been appropriately reported to the Care quality Commission or raised as a safeguarding alert. The manager stated that they would address these omissions.

During our visit we observed an evening meal being prepared and cooked from fresh food. Staff were responsible for providing the meals to people in the home during their shift. One staff member told us that menus were devised around peoples' personal preferences.

A review of menus for the last six weeks indicated that overall, people in the home received a varied range of meals. However, we noted that over a period of two weeks, chips were served to the people in the home six out of seven days one week, and four out of seven days a previous week.

Our judgement

People who lived in the home each had an assessment of need and a comprehensive plan of care. These were supported by individualised risk assessments and guidance. A system of review was in place and people were involved in this but documentation was not always updated in a timely manner.

Overall we found that Fernwood was meeting this essential standard but, to maintain

this, we suggested some improvements were made.

Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

* Are in safe, accessible surroundings that promote their wellbeing.

What we found

Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

Our findings

What people who use the service experienced and told us

People we met were happy for us to see their personal space and one person told us they liked their room, and that it contained the things they liked.

A relative we spoke with indicated they were generally satisfied with the accommodation standards.

Other evidence

When we visited the home we were shown around and noted that it was maintained to a good standard of cleanliness.

In general furnishings were of a reasonably good standard but suffered some degree of wear and tear. For example, a settee and drawer unit in the lounge were damaged and in need of repair or replacement.

Carpeting on the stairs was threadbare on some treads.

We noted some minor maintenance issues. For example, the window sill in the conservatory had a corner piece broken off, the damaged edges were sharp. We noted a vacant space in a wall that had previously housed a TV, an electric screwdriver had been left inside of this to the rear of the space; this was a possible hazard for people living in the home.

One bedroom was very personalised and staff reported that the person concerned liked to be involved in all aspects of their room even down to making the bed which they liked to oversee.

Other bedrooms viewed were spacious and personalised to a level that the person concerned wanted. Some carpeting and furnishings in these rooms had suffered from a higher level of wear and tear.

Staff reported that some people in the home had occasional continence issues and that protective clothing was available to them for managing this. Staff spoken with had a good understanding of the appropriate management of soiled laundry.

We reviewed records of servicing and fire records. Staff confirmed that fire alarms were tested weekly; records viewed indicated this generally to be the case with some slippage noted in January 2012.

A fire risk assessment had been completed but this was overdue for review. The risk assessment did not reflect on the individual evacuation needs of the people living there.

The fire alarm was serviced in June 2011 and fire extinguishers were serviced in March 2011 and were due for a recheck.

Portable appliance testing had been completed in February 2012.

Documentation viewed indicated that the electrical installation was serviced in December 2010 and was not due for review until 2015.

A range of environmental risk information was in place but this did not include the garden, where there was a set of concrete steps to a lower area. There was no risk assessment in place in respect of a large duck pond behind the property separated by a low chain link fence.

Our judgement

People lived in a homely, clean and generally safe environment that was suited to their needs. There was a range of individual and environmental risk assessments but these were not always kept updated and did not cover all environmental risks.

The fire risk assessment was overdue review.

Overall we found that Fernwood was meeting this essential standard but, to maintain this, we suggested some improvements were made.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

There are minor concerns with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

People living in the home were not asked to comment on this outcome.

Other evidence

We looked at one recruitment file that the provider said was representative of all the staff files.

The file contained evidence of a criminal records bureau (CRB) check, application form and two references. The file was easy to navigate and contained evidence of supervision and training achieved.

We noted that there were shortfalls in the content of the file. It was not compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Schedule 3. For example, we noted no evidence of interview records and were therefore unable to establish that gaps in the employment history or reasons for leaving previous caring roles had been verified and discussed with the applicant.

In discussion with the staff member concerned they confirmed that they did attend for interview but could not recall what was discussed.

In addition, we found the file to contain only one item of personal proof of identity, and there was no current photograph of the member of staff.

Our judgement

We found that whilst relevant employment, and criminal record checks had been

undertaken there were omissions in other required documentation. Consequently people in the home could be placed at risk through these omissions.

Overall we found that Fernwood was not meeting this essential standard.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People in the home were not asked to comment on this outcome.

Other evidence

In discussion staff advised us that staff meetings were regularly held. The provider/manager confirmed these to be every six to eight weeks, and provided an example of draft minutes taken at the last meeting.

Staff told us that the provider/manager works between this and another small home, but was contactable about issues if they arose when he was elsewhere.

There were clear lines of accountability and staff understood their reporting responsibilities to senior staff.

Staff told us that supervision was held regularly and was undertaken by the manager/provider. They said these were pretty relaxed and more like an informal chat. There was no evidence of a separate annual appraisal for staff.

Staff reported that they found the manager/provider easy to get along with. Staff said they felt listened to by the provider, who they said took actions to address issues raised. However, staff thought that the provider did not always keep staff informed about the actions that had been taken as a result of issues they may have raised and felt this could be improved.

Staff spoken with commented that the provider/manager was a good mediator and was

very good at maintaining confidentiality.

Staff said they thought the provider was very good about providing training. One staff member commented that they were more likely to 'moan' about the amount of training provided rather than there being too little. Staff spoken with thought they were up to date on all mandatory training, and had completed a moving and handling update the previous week.

The staff file viewed contained evidence of all updated mandatory training. A general training matrix of training needs and training achieved was not maintained.

Staff confirmed they were provided with specialist training in respect of epilepsy and autism awareness.

Staff reported that new staff were initially supernumerary for a week or more when on induction. They said that all new staff completed an induction period. We were unable to verify the staff induction process for care staff.

Our judgement

Systems were in place for the induction, training and supervision of staff, but records were not available to evidence this for all staff. Staff demonstrated awareness of lines of accountability. Staff were provided with regular staff meetings and supervision meetings to express their views.

Overall we found that Fernwood was meeting this essential standard but, to maintain this, we suggested that improvements were made.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People who lived in the home were not asked to comment about this outcome.

Other evidence

In discussion the provider/manager commented that the people who lived in the home had relatives who were very involved and interested in their care and welfare.

The provider said that as a result of relatives involvement there was frequent visiting and communication by them with the provider/manager and staff team. Any issues raised by family members would be addressed immediately, and this worked well.

The provider/manager was able to cite a recent example of where a relative had raised a concern and this had been dealt with to everyone's satisfaction and the benefit of the resident.

A relative we spoke with confirmed that if they needed to speak with the provider/manager in regard to an issue or concern, they found them easy to contact and arranged an appointment quickly to address the matter. They confirmed that other relatives were also in regular contact with the service. The same relative spoke positively about the care provided by the home which they termed 'excellent'.

In view of the close working relationship between relatives, the provider/manager and staff team, the provider had discontinued the use of survey questionnaires to families and professionals which were often not completed. There was no system of formal

recording to capture issues raised by relatives and professionals and how these were addressed.

Supervision and staff meetings were happening regularly and were recorded on a computer, which could not be accessed on the day of inspection as it was undergoing repair.

Resident meetings were not held owing to the limited capacity of two out of three people in the home to express their views. Staff reported that people living in the home were routinely engaged by staff on a day to day basis in making decisions about their own care, but this was at a level that they could cope with and was not recorded.

Whilst there was evidence that health and safety, fire alarm systems, and medication administration records (MAR) checks were being made, there appeared to be no established system of auditing in place for assessing the quality of service delivery. The provider/manager did not produce a quality report about overall service delivery.

Our judgement

There was good communication and feedback between relatives and the home staff, but, feedback and actions taken were not recorded.

There was a culture of risk management and some evidence of improvement of outcomes for people in the home, however, there was a lack of an established system for auditing to highlight omissions or inform a quality report.

Overall we found that Fernwood was not meeting this essential standard.

Action

we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>Why we have concerns:</p> <p>People who lived in the home each had an assessment of need and a comprehensive plan of care. These were supported by individualised risk assessments and guidance. A system of review was in place and people were involved in this but documentation was not always updated in a timely manner.</p>	
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 10: Safety and suitability of premises
	<p>Why we have concerns:</p> <p>People lived in a homely, clean and generally safe environment that was suited to their needs. There was a range of individual and environmental risk assessments but these were not always kept updated and did not cover all environmental risks. The fire risk assessment was overdue review.</p>	
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	<p>Why we have concerns:</p> <p>Systems were in place for the induction, training and supervision of staff, but records were not available to evidence this for all staff. Staff demonstrated awareness of lines of accountability. Staff were provided with regular staff meetings and supervision</p>	

	meetings to express their views.
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The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 12: Requirements relating to workers
	<p>How the regulation is not being met: We found that whilst relevant employment, and criminal record checks had been undertaken there were omissions in other required documentation. Consequently people in the home could be placed at risk through these omissions.</p>	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	<p>How the regulation is not being met: There was good communication and feedback between relatives and the home staff, but, feedback and actions taken were not recorded. There was a culture of risk management and some evidence of improvement of outcomes for people in the home, however, there was a lack of an established system for auditing to highlight omissions or inform a quality report.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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