

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Fernwood

30 Fern Road, St Leonards-on-Sea, TN38 0UH

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Date of Inspection: 26 March 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services

✓ Met this standard

Care and welfare of people who use services

✓ Met this standard

Safeguarding people who use services from abuse

✓ Met this standard

Supporting workers

✓ Met this standard

Assessing and monitoring the quality of service provision

✓ Met this standard

Details about this location

Registered Provider	Graham Robert Jack
Overview of the service	Fernwood provides care and accommodation for up to three adults with learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 26 March 2013, observed how people were being cared for and talked with staff.

What people told us and what we found

We used a number of different methods to help us understand the experiences of the people living at Fernwood, because people had complex needs which meant they were not able to tell us their experiences. We observed staff communicating effectively with people. We saw that people appeared happy and at ease around the staff. We saw that planning of the day's activities were altered to suit a person's particular needs, which showed the staff were responsive to people's needs.

In our discussions with staff they demonstrated a thorough knowledge of the people living at the service. This was confirmed by our observations and the record keeping.

Care records showed that people had been supported and their relatives involved to make decisions about their lives, including their care and support. When people's needs changed, we found that records had been updated to reflect this.

Staff spoken with demonstrated good understanding of how to safeguard people from harm. Training records showed that staff received regular training to update their knowledge on abuse and safeguarding.

Records showed the provider regularly assessed and monitored the quality of the service and had made a plan to replace broken furniture. We saw that people's relatives were asked their views about the home and information from other professionals were sought.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We saw staff speaking with people in a way in which they understood. We saw that staff prompted people to make choices about the drinks they wanted and what they wanted to do, which meant they were making choices for themselves as far as they were able to. We saw that people were happy and engaged with staff, which they displayed through their body language, smiling and some verbal communication.

We saw that staff were respectful when going into people's room, knocking and waiting before entering. We also observed staff affording privacy by not interrupting those people choosing to have a lie in.

We saw that care records were written ensuring that people's choices were incorporated and what they like to do was carefully planned within their weekly timetable. For example, one person enjoyed horse-riding so this was scheduled weekly.

Local community involvement was set up and time was given for people to be with friends and peers in a day service and for local services to be used when people went swimming, riding and shopping.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We viewed three sets of care records and found that care plans and risk assessment were in place. These care plans detailed the care and support each person needed and other relevant information such as a person's health, their requirements related to their disabilities, allergies, comprehension level and communication needs. These care plans were regularly reviewed and updated with changing needs. All the care plans and risk assessments were person centred, and showed involvement from family members and professionals such as a psychologist, where appropriate.

Each set of notes had a section of essential details that professionals working with people would need to know such as their next of kin, health needs, communications needs and likes and dislikes. This information was detailed and could be used in case of an emergency admission to hospital.

Risk assessments were consistent and related to the care planning for each person. For example we saw how risk related to a person's hobby of horse-riding was assessed and minimised, it also included the safe transportation of a person to and from activities. The risk assessments were individual and showed that each person's needs had been considered separately.

We saw detailed recording that one person had ongoing health problems and the care records showed timely intervention from the GP and regular intervention from the Neurologist. We saw that careful recording of this health issue was made so that a report could be accurately fed back at hospital appointments. This meant that people's health was being monitored and a good level of advocacy provided by the home to the medical profession.

We saw that people had input from professionals such as dentist, physiotherapist, and psychologists to assess and contribute towards the planning and delivery of their care. We saw that regular reviews with social services had been completed, from which new goals were set up such as learning to put dirty clothes in the wash bin, and that became a target for the forthcoming year.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with two members of staff both of whom were able to give detailed information about what constituted abuse and how they would manage a suspected abusive situation. They spoke of being supported by the manager to report information and felt the training that they received gave them a good understanding of the subject. We saw on the care records that there was reference to adult abuse guidelines and staff were trained in mapping out injuries and accidents.

We saw from the training matrix that staff had had recent training on safeguarding vulnerable people which then informed their practice in the home and the knowledge of staff.

The policy for reporting safeguarding was available in the staff office and easily accessible. There were also local authority policies held in the office for reference. On the staff noticeboard was a laminated quick guide to reporting incidents. We saw that the home reported incidents in a timely manner to the local safeguarding board to seek advice. Because of the nature of one person living in the service, there had been some incidents in the past year which had been appropriately recorded and managed, with the use of outside agencies to look at what preventative steps could be taken if any. All staff were trained in dealing with challenging situations.

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We saw training certificates and a training matrix for the staff and manager. This showed a variety of training including National Vocational Qualifications (NVQ) at level 2 for one member of staff. Staff also received training in first aid, managing medication, epilepsy, autism, and health and safety. Staff told us that they felt supported to attend training and to increase their knowledge through studying NVQs.

Staff told us that they felt able to take practice issues to the manager for discussion. They also had supervision every six to eight weeks.

Team meetings were held two monthly with all staff invited. We viewed the minutes for this which showed that people they supported were discussed as well as health and safety issues. Staff told us they could add agenda items as they wanted to and it was evident from the minutes that staff had raised different issues.

Staff received an appraisal each year which looked at their work performance and set targets for the forthcoming year. These targets identified training needs for each member of staff from which the manager then formulated a plan.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We saw that people's representatives had been sent questionnaires at least once a year to gauge their views about how they found the service. The last questionnaires were completed and returned in February 2013. These questionnaires asked for ideas about changes and improvement to both the service and for the individual person. The questionnaires we viewed were very positive; we saw one suggestion which was being addressed and an outside health professional was being involved to take forward that aim.

It was difficult to ascertain the views of the people living in the service in a formal way so this was not completed however positive responses from people was recorded on file as an indication of satisfaction, such as happiness when watching football on television.

We saw there were regular monthly audits within the home which looked at the environment, medication storage, policies, the quality of paperwork and people's possessions and furniture. From those audits we saw action plans had been set up and changes had been made and items replaced. We saw that an outstanding item was to replace the front door which had a broken handle, but steps had been taken towards this in obtaining a quote.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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