

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

Tel: 01424460689

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ 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

Contents

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 31 July 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We spent time and spoke with two of the three people who lived in the home. We used a number of methods to help us understand their experiences as they had complex needs and difficulties in communicating. We observed staff speaking kindly and that they waited for people's responses before continuing.

We spoke with two members of staff as well as the manager. The manager was also the provider and on the rota working that day. The manager regularly worked alongside staff in the home.

We found that staff demonstrated an understanding of the consent process and that families were involved in the care of their relatives. People's needs had been individually assessed and were reviewed on a regular basis. One person indicated to us that they liked living in the home.

We saw that the building was maintained and that safety checks had been undertaken. Staff had worked at the home for a number of years and felt well qualified for their role.

We found an effective complaints system in place with people who used the service and their relatives aware of the process.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

The two people we met had complex needs and difficulties in communicating verbally. However, one person having breakfast indicated that we could come in and another invited us into their bedroom. The manager told us that all three people had family members who were closely involved in their care.

We saw staff speaking with people in a way they understood. We observed occasions when one person did not want to do something. This was made clear to staff who responded to the person that they had understood them. We saw that staff always asked people if they wanted support. They waited for a response before they provided the support.

We looked at all three personal folders and they contained documents on 'What matters to me' and 'Things that are not working'. All folders included each person's likes and dislikes. This meant that information was available for staff on people's preferences and areas that they found particularly difficult. Staff demonstrated a good understanding and knowledge of everyone's needs and wishes.

Staff we spoke with told us that everyone had their own routines when getting up. They said that it was entirely up to each individual when they got up in the morning. They described the different approaches for each person. One person liked to be up and dressed quite early. Another person was more varied. Staff asked each morning and waited until the person was ready to get up. We were told that people indicated if they did not like any of the clothing offered to them and alternatives would be found.

We were told of one person who did not like to be disturbed when in their bedroom during the day. A clear notice had been made for them to use so that other residents and staff could respect their decision.

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

One person was able to indicate to us that they liked living in the home and liked the staff. Another person was provided with items that they liked to carry around and play with.

We viewed all three people's personal folders as well as their daily records. We saw the folders included risk assessments and care plans that were reviewed regularly and updated with changes. An example we saw was the need for one person to have 1:1 care at the day centre they attended. This was an increase in their needs and was being monitored. Risk assessments and care plans related to the individuals and included guidance for staff. This meant that people's needs were assessed and care was planned and delivered in line with their individual care plan.

We saw that there was good access to medical and dental care for the people living in the home. A concern had been identified for one person's teeth and the dental visits and treatment plan were recorded in their folder. They had a teeth cleaning chart in place. We also saw access to physiotherapy and aromatherapy. There were exercise charts, walking charts, weight charts as well as food and activity charts in place to maintain and encourage people's health and wellbeing. There was guidance for staff on how people communicated and on how to transport them. There was also guidance on specific medical conditions where relevant.

Body maps were completed if people injured themselves or developed any skin concerns. We saw a recent example where an incident form had also been completed in respect of an injury. Appropriate reporting had taken place and the subsequent action had been recorded. There were clear safeguarding instructions for staff in the incident folder.

One relative had commented on a quality assurance questionnaire that they would like their relative to be encouraged to communicate more. This had been followed up by the staff who practiced a form of sign language with the person on a more regular basis. People had activities tailored to their preferences, such as horse riding and attending a day centre.

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

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The home was of a design and layout suitable for the people who used the service. The building was maintained to a reasonable standard.

We were invited into one person's bedroom. We saw that it contained the things that the person liked as recorded in their personal folder. We observed that the home was clean and tidy on the day of inspection. Environmental risk assessments were in place and had been reviewed recently. These included the garden area.

We saw that some communal areas and two bedrooms had been recently decorated. The people who used the bedrooms had been involved in the choice of colour for their walls. We were told that plans for painting and decorating the rest of the house were in place. The stair and lounge carpets were due to be replaced.

We found evidence of safety checks in place. The gas check had been done in March 2013, as had the fire safety checks that included smoke detectors, emergency lighting and fire extinguishers. Portable appliance testing had been completed in February 2013 and water temperature controls were in place and checked. We saw evidence of recent visits by an electrician recorded in the home's diary. Staff told us that they verbally report any issues or concerns to the manager and that these are then, "reasonably quickly fixed."

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

The staff we spoke with had worked for the provider for a number of years. Both told us that they liked working at the home. One told us that they found the work, "fulfilling." Staff told us they felt well supported by the manager who was accessible either in person or on the telephone. Staff felt qualified, skilled and experienced in their work.

The home does not have a high turnover of staff and had not recruited any new staff since they were registered under the Health and Social Care Act 2008. We saw that there was a recruitment and employment policy in place. This demonstrated generally good employment practice where equal opportunities were explicitly addressed. The provider may wish to note that some of the requirements of this regulation were not included in their policy. This was discussed with the provider on the day of the inspection.

The application form in place included evidence of the applicant's education and qualifications, employment history and reason for leaving their previous employment. It also requested two references. The manager told us that disclosure and barring checks would be undertaken for any new employee. There was a disciplinary policy in place that included the process should a member of staff be no longer fit to work in the home. The policy included time frames and employee rights were clearly stated within the processes.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

Staff told us that the complaints process was discussed with people who lived in the home at their regular reviews. We saw evidence of the pictorial complaints process in all the personal folders we looked at.

Quality assurance questionnaires had been provided to all the people who used the service and their relatives. All those who completed the questionnaire stated that they knew how to complain.

There was a complaints policy in place as well as the pictorial process for those with communication difficulties. The policy demonstrated an effective system. However, the policy included informing the Care Quality Commission (CQC) of complaints. The CQC does not investigate individual complaints. Information of concern can be reported directly to CQC and the provider stated that he would amend the policy accordingly.

We were shown a recent complaint from a relative. The manager had responded promptly with a full explanation of what had occurred and the reasons for it. There had been no further concern raised by the relative. This meant that comments and complaints people made were responded to appropriately.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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