

South Coast Nursing Homes Limited

# Fernbank Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Fernbank Residential Home is a care home providing accommodation and personal care for up to 46 older people, some who may also be living with dementia. There were 42 people living in the home at the time of our inspection. The service was one adapted building laid out over three floors with a new extension having been built.

### People's experience of using this service and what we found

People told us they felt safe living at the home and that staff were kind and considerate towards them. Risks to people had been assessed and actions put in place to mitigate these. People were supported by enough, qualified staff who had received training that was specific to the needs of the people they cared for. Infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection. People medicines were managed and administered safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager ensured that quality assurance systems were completed to monitor people's safety and care, and to drive improvement. The registered manager encouraged feedback from people, staff and professionals involved in people's care. Staff worked closely with health professionals and external agencies to promote good outcomes for people. People spoke positively about the registered manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 10 October 2019).

### Why we inspected

We received concerns in relation to falls management and staff's response to incidents. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained at good based on the findings of this inspection.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Fernbank Residential Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

Fernbank Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Fernbank Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

During the inspection

We spoke with four people who were using the service about their experience of the care provided and two family members. We spoke to five staff members including the Registered Manager, Regional Operations Manager, Head of Care and two carers. We reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment and training. A variety of records relating to the management of the service, including quality assurance and policies and procedures were reviewed. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were effective in safeguarding people from abuse.
- Staff we spoke to had received training in safeguarding. They were aware of their responsibilities under safeguarding, were able to describe how they would recognise signs of abuse and knew how to report any concerns that they had about people's safety.
- Records showed that the provider had consistently made the local authority aware of safeguarding incidents in line with their safeguarding policies to ensure people were protected from potential abuse.
- People and relatives said, and our observations confirmed, that they felt completely comfortable with staff who ensured they remained as safe and protected from abuse as possible. One person said, "They are a lovely bunch, make me feel extremely cared for and safe."

Learning lessons when things go wrong

- The registered manager had ensured that lessons were learnt when things went wrong.
- For example, improvements had been made to systems and processes following a recent incident where a person had fallen. Management involved care staff in reviewing the incident to identify where improvements could be made.
- Reviews of staff recording, post fall observations and the reporting responsibilities of staff had been carried out with changes implemented to mitigate future occurrences. One staff member told us, "One of the biggest risks is with falls. We check for injuries and put exactly what happened in the (electronic system) form. We record what actions were taken, if they are on anticoagulants. A falls evaluation will be done following the incident. We can see if its recurrent and we can look at the causes."
- The registered manager had reviewed other types of incidents and accidents that had happened at the home. Actions taken had been recorded to help prevent them happening again.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed well for people's safety. For example, risks to people who needed support to maintain skin integrity were well managed and monitored. Where necessary staff involved relevant professionals to help manage these risks well.
- People required support to manage other risks such as mobility, nutrition and health conditions such as diabetes. For example, some people with swallowing difficulties required their food to be modified so it was easier to eat. There was guidance for staff in how to support people in the way they preferred and to keep them safe from risks to their health due to choking.
- Risks associated with the safety of the environment were identified and managed. Regular checks and auditing had been completed to identify what maintenance work was needed. Personal Emergency

Evacuation Plans (PEEP) were in place to and provided details about people's individual support needs and how these should be met in an emergency.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- People were supported by staffing levels that met their needs and kept them safe.
- People who required additional staff to mobilise or to eat at mealtimes were supported safely and patiently. Our observations confirmed this.
- Staffing levels were good around the home and feedback received confirmed that the provider worked hard to maintain these. One person said, "There's always someone around to help me when I need it. I have no complaints." One relative said, "I do think there's enough staff. They have had their odd days, but the staff just work even harder. Recent months its back on target." One staff member said, "There's enough most of the time. It's been difficult with Covid. It's a wider problem to get carers. We've never been desperately short, and staff will stay longer or come into help if needed."
- Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People needed support with medicines. There were safe systems in place to ensure that medicines were administered safely.
- Staff had received training in administration of medicines and had regular checks to ensure they remained competent to do so. The provider had policies and procedures regarding the handling and administration of medicines. Medicines were stored and disposed of safely. Medication Administration Records (MAR) showed people received their medicines as prescribed and these records were completed accurately.
- We observed medicines being administered safely and patiently, in a way that people preferred.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. One relative said, "Generally they keep it (the home) immaculate."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider, manager and staff had continued to provide care and support practices that ensured good outcomes for people. People, staff and relatives spoke highly of the management of the service and stated that the care provided to their loved ones was good. One person said, "She's just wonderful. Always asking how I am and helping me." One relative said, "She (Registered Manager) is awesome. She is always available and always gives that extra mile. Nothing is too much trouble for her or the staff."
- The registered manager promoted a person-centred culture for people and demonstrated a hands-on approach to people's care. One professional said, "She has been the manager for a long time and is always knowledgeable about her residents, it is clear she interacts with them and also provides care for them at times. Not all managers have such good awareness of their resident's needs."
- People's diverse cultural, religious and spiritual needs were recorded when they moved to the service and staff supported them, when needed, to meet those needs. For example, some people were supported to maintain their religious faith.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment. One relative said, "Yes they are perfectly upfront and honest. It's the one important thing is having a very open relationship. It has to work on honesty and trust, and they do that."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and provider had continued to develop monitoring systems to improve oversight of the service. Regular audits had been completed around the support people received for their catheter care management, medicines, falls management and infection control.
- Quality Assurance systems were used effectively to monitor care and support, and to identify trends to drive improvement. For example, a recent analysis of falls was linked to a rise in infections. Cleaning measures were heightened, and subsequent audits showed that this had worked effectively to reduce the number of falls happening in the home.
- Staff were clear about their roles and responsibilities. Staff told us that they communicated well together, and that the management ensured they had the information they needed to provide person centred support.

- Staff were aware of the risks to people and clear about what support they needed to provide to meet people's needs safely. Staff utilised an electronic system that provided them with updated information about people's needs and were complimentary about how its use helped them to monitor and meet people's needs on a day to day basis. One staff member said, "With (the electronic system), you can go back and review things. Everything is on there, from people's food and fluid needs, whatever they require, it's all on there"

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us, and records showed, that their views were sought and were involved in developments in the service. For example, surveys were regularly completed by residents regarding what activities and engagement they wished to see at the home. Residents meetings were held, and the registered manager stated that seeking peoples voice was part of the homes values and vision for improving care.
- Staff told us that they liked working at the home, were well supported and that they were focussed on providing good care. One staff member said, "They've helped me personally. They've directed me onwards. I've always felt that I can go to anyone and I ask a question. I can approach anyone and ask for help."
- The registered manager worked successfully with a wide range of professionals involved in people's care which included health workers and safeguarding authorities. Staff had developed positive working relationships with a range of health and social care professionals.
- Staff regularly sought guidance and made specialist referrals to ensure that people received the support they needed. Partnerships had been formed with professionals such as GPs, and Speech and Language Therapists.
- Professionals we spoke to were complimentary about the homes approach to care and support and following guidance that was given to them for people. One professional said, "I find them to be welcoming and well organised in relation to medical matters and have a sound knowledge base of their residents and needs." Another professional told us, "They are great with following any medical advice and raising any concerns regarding their residents. It is a pleasure working with Fernbank."