

HC-One Limited

Ferndale Mews

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Ferndale Mews is a residential care home providing personal and nursing care to 30 people aged 65 and over at the time of the inspection. The service can support up to 34 people.

Ferndale Mews accommodates people living with dementia across two separate floors, each of which has separate adapted facilities. One floor specialises in providing care to people living with dementia who require nursing care.

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

We received positive feedback about the quality of care and support people received and the overall management of the service from people and their relatives.

People received support from staff who had received appropriate training and support to enable them to carry out their role safely, including the management of medicines. There were enough staff to support people when they needed it.

There was a stable staff team who were knowledgeable about the people living at the service and had built trusting and meaningful relationships with them. When needed regular agency staff were used so staff were familiar with people's needs.

People and their family members told us that the service was safe. Risks to people and others were identified and measures put in place to minimise harm. Staff knew people's identified needs and risks well and were able to support people.

Staff encouraged people to eat a well-balanced diet and make healthy eating choices. People were supported to access healthcare services; staff recognised changes in people's health and sought professional advice appropriately.

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.

A variety of activities were organised each day for people living at Ferndale Mews, which included trips out.

There was a clearly defined management structure and regular oversight and input from the senior managers. People were positive about the management of the service and told us the deputy manager was very supportive and approachable. Any concerns or worries were listened to, addressed and used as opportunities to make continuous improvements to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 11/03/2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Ferndale Mews

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 Care Act 2014.

Inspection team

The team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ferndale Mews is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection the home was being managed by the deputy manager. A new manager had recently been appointed, following the sudden resignation and departure of the registered manager in July 2019.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with five members of staff including the deputy manager, care workers, activity

coordinator and the area director. 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.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at records in relation to staff supervision and a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 in place to safeguard people from the risk of abuse.
- Staff received safeguarding training and had access to relevant information and guidance about how to protect people from harm.
- Staff were confident about how to report safeguarding concerns.
- People and relatives told us that people were safe and secure. Comments included, "Of course I am safe here", "The carers are so quick to respond, you can rely on them", "I do need a lot of help and the carers make me feel safe" and "The fact that the staff are always friendly and helpful makes me feel safe", "Safety is paramount and they don't take any chances here" and "They do their best to look after [name] and ensure his safety".

Assessing risk, safety monitoring and management

- Individual risks to people were assessed; risk assessments provided detailed information around people's individual risks and included guidance for staff to keep them safe.
- The environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use. People had individual emergency evacuation plans in place.

Staffing and recruitment

- There were sufficient numbers of staff employed and on duty to meet people's assessed needs.
- Some staff nurse vacancies were covered by regular agency staff and when possible, additional care hours were covered by existing staff that people knew and trusted.
- Our observations showed that call bells were responded to promptly.
- People and relatives told us there were no delays in assistance being provided.
- Some people and relatives felt there were not sufficient staff on duty, although they told us they recognised that at certain times of the day, morning in particular, that staff were busy supporting people who needed more than one staff member. However, many others felt there were enough staff.
- Staff had been recruited safely.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received training around medicines and were assessed as competent to support people with their medicines.
- The deputy manager completed monthly audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified.

- People said they were given their medicines at the right time.

Preventing and controlling infection

- Arrangements were in place for making sure that premises were kept clean and hygienic so that people were protected from infections.
- Staff used personal protective equipment (PPE) such as disposable aprons and gloves.
- A cleaning schedule was used to help ensure the home was cleaned regularly. This included thorough "deep cleans" of bedrooms.
- We found the home to be clean and tidy throughout. People told us that their rooms were kept very clean at all times.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents.
- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- A relative said they were grateful for the speedy resolution when their family member had fallen a number of times.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual needs were assessed before they moved into Ferndale Mews; this helped to ensure their needs were understood and could be met.
- Assessments of people's care and support needs were completed in detail and provided guidance for staff to support people based on their needs and choices.
- Staff knew people well and how to best meet their needs.
- Our observations showed that staff worked as a team and were engaged with getting people up/washed and dressed, providing drinks, assisting at meal times, taking service users to the toilet.

Staff support: induction, training, skills and experience

- Staff received a good range of support including regular training. Staff told us training was appropriate and gave them the skills to meet people's needs.
- Training records showed staff training was kept up-to-date.
- Staff received regular supervision and appraisal to support their developmental needs.
- People told us they had confidence in the fact that staff knew what they were doing and have had sufficient training to carry out their daily functions.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a varied and nutritious diet based on their individual preferences.
- Staff assessed people's nutritional needs and any risks related to their eating and drinking. People's weight was monitored.
- People's comments included, "The food is brilliant here" and "Snacks and drinks are always available".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had good relationships with health and social care professionals who had contact with the service.
- The deputy manager emphasised to us the importance of developing positive relationships to maximise the benefits for people using the service.
- A weekly multi-disciplinary meeting was held at the service to discuss people's needs. This meant people's access to healthcare services was more effective. Healthcare professionals saw people regularly and referrals to services were discussed and taken forward.
- People received other health appointments regularly, such as chiropodist and district nurse.
- A relative told us, "You can see it every day, they all work well as a team to provide the care that is

needed."

- Relatives were very confident in staff caring for service users and keeping them up to date with any changes/developments. They told us they were very happy with the overall level of care provided. Comments included, "Communication in this home is really good and I can totally rely on them to update me" and "The staff are always quick to ask if I have been updated on my [relatives] condition and I appreciate their professionalism".

Adapting service, design, decoration to meet people's needs

- The premises were suitable for people's needs. Accessible bathing equipment was provided and signage throughout the building promoted people's independence.
- The building was designed to provide people with choices about where they could spend their time.
- People had access to a large enclosed garden.
- People's bedrooms were identified with their photographs and personalised with items they had bought and pictures.
- Relatives told us they liked being able to make their family members' bedrooms feel, as much as is possible, like it is their own home.

Ensuring consent to care and treatment in line with law and guidance

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 Act 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Applications for DoLS authorisations had been made when needed.
- Mental capacity assessments had been completed to identify when a person had capacity to make a specific decision.
- Our observations showed staff obtained consent for people's support.
- Relatives said they had confidence in the staff making the right choices for their family member.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and compassion. There was a stable staff team who knew people well and what mattered to them. Positive and caring relationships had been developed between people and staff.
- There was a very caring and friendly atmosphere in the home between staff and people using the service.
- Staff clearly knew people very well and were able to tell us about individuals and their lives and families. This enabled them to engage well with people, and we observed them chatting, which increased people's sense of well-being.
- People and relatives were positive in their comments about staff, which included, "Without a doubt they (staff) continually show that they really are kind and caring", "My family is always made to feel so welcome and they really do listen", "I really appreciate the fact that they will listen and try and help, no matter what the issue is" and "Quite simply I appreciate the beautiful way in which staff look after my wife in every respect".
- Relatives said they were made to feel very welcome and that they could arrive at any time. They said they were always offered a drink and a biscuit no matter when they arrived.

Supporting people to express their views and be involved in making decisions about their care

- Residents' and relatives' meetings were held to enable people to raise issues and contribute to the running of the service. A relative who said they were not always able to attend the meetings asked if minutes could be emailed to them. The deputy manager said this would be arranged.
- Questionnaires were sent regularly to people and their relatives to monitor the quality of the service provided.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible.
- People said staff knocked and identified themselves before entering their rooms, "Even if the door was open."
- People were positive about the staff. Comments included, "The staff are good to me and are always very respectful" and "The carers are so helpful and friendly, I really can rely on them". A relative said, "They are so attentive to my wife and this is very reassuring."
- Information related to people who used the service was stored securely and treated in line with data protection laws.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised for each person and recorded details about their specific needs and wishes. These were reviewed regularly or if people's needs changed to help ensure they remained up to date and accurate.
- Documents within people's care records provided information about their life history, cultural and spiritual needs and activities they enjoyed.
- Daily notes were kept and these detailed what people had done during the day and information about their physical and emotional well-being. This information was used to handover to staff when shifts changed.
- People told us they were able to get up and go to bed whenever they liked.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about the support people might need to access and understand information. This included how staff should communicate with people to enable people to achieve effective communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The deputy manager told us of the importance of activities within the home, particularly in relation to wellbeing.
- Activities were normally carried out on a daily basis. The provider employed two activity coordinators to ensure one worked each day from 8am to 6.30pm. They arranged a number of different activities in a group situation and one to one basis.
- Activities included; Singers, church and choir visits, armchair exercise, reminiscence, shopping trips, cinema afternoon, pub nights, pampering in the Nail/Hair Salon, baking, games and bingo. The activity coordinators also spent time with people individually.
- The service had access to a minibuss and people enjoyed trips out. Photographs evidenced trips to the safari park and for afternoon tea, amongst others.
- People said they enjoyed the activities. Comments included, "There are lots of activities here if you are

willing to join in", "The trips out are great" and "I just love going out to the garden".

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scales.
- Relatives said they were satisfied that any incident/complaint would be fully addressed. One person said, "It is very reassuring to know that if we raise an issue it will be properly addressed."

End of life care and support

- No-one was being supported at the end of their life, at the time of inspection.
- Some information had been recorded regarding people's preferences for funeral arrangements. This work was ongoing.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 deputy manager and staff promoted a culture of person-centred care by having a clear vision and values, engaging with everyone using the service and family members and supporting people to live fulfilled lives.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of the inspection the home was being managed by the deputy manager. A new manager had recently been appointed, following the sudden resignation and departure of the registered manager in July 2019.
- The deputy manager was supported by nurses, care staff and domestic, catering and activities staff; they understood their role and what was required to ensure the service provided good support to people. The deputy manager was present during the inspection and supported the inspection team throughout the day.
- Daily 'Flash meetings' were held to keep all staff up to date with the current situation in the home.
- People and their relatives we spoke with told us they knew who [name of deputy manager] was and that the whole staff team were very approachable.
- The deputy manager and senior managers were clear about their responsibilities for reporting to the CQC and the regulatory requirements. Risks were clearly identified and escalated where necessary.
- Ratings from the last inspection were displayed as required.
- Staff received supervision and support from senior staff to develop their practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were engaged and involved through regular team meetings.
- People and relatives were asked for their views of the service through questionnaires. All feedback received was positive.

Continuous learning and improving care

- The management team completed a number of quality audits on a monthly basis and we saw that actions were identified and addressed to bring about improvements.
- The provider's policies and procedures were designed to support staff in their practice.
- Staff meetings and daily handover meetings were opportunities to discuss any incidents or ways to improve the support people received.

Working in partnership with others

- The service involved people and their relatives in discussions about the support provided.
- The service worked closely with other agencies to achieve good outcomes for people. This included consulting health care professionals. The weekly meeting held at the service had contributed to this.