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Ferndown Nursing Home

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

This unannounced inspection took place on 13 September 2016. It was carried out by one inspector.

Ferndown Nursing Home provides residential and nursing care for up to 29 older people. There were 25 people living in the home at the time of our visit.

There was a relaxed atmosphere within the home. People and staff told us it was well led. There were two registered managers who covered management of the service through a job share. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. They were supported by a head of care who was a registered nurse and an assistant manager who had key responsibilities which included staff supervision and training. This meant there was a clear management structure and staff and people knew who to report to. Staff told us management were supportive and flexible. For example one member of staff told us that following changes in their personal life they were able to adjust their working hours to suit their new circumstances. One of the registered managers told us their philosophy is if staff are happy and feel valued that this influences the quality of care they provided.

There were enough staff to support people safely. One of the registered managers told us staffing levels were dependent on how many people were living in the home as well as the level of care and support they needed. We saw that staff were generally available at the assessed level. When staff were absent at short notice there was some use of agency. We saw the appropriate checks had been made to ensure agency staff were safe to work with vulnerable adults and that they had the right skills and experience.

There was an annual training plan which meant training was thought out and structured to ensure it was appropriate and staff knew in advance what training they were required to do. Staff told us about recent training which they had completed which enabled them to do their jobs more effectively. For example trained nurses had training in syringe drivers , a procedure for administering pain relief. Two care workers told us they had completed dementia awareness training which enabled them to consider how they communicated with people so that they had more understanding of the feelings people maybe experiencing.

Staff told us they experienced supervision as a positive experience and explained they were observed in practice as part of the process of supervision. One member of staff told us it was helpful as they had received feedback about not always using protective equipment. They found the feedback was instrumental in ensuring they improved their practice.

People told us that staff were considerate and friendly. We saw positive interactions between staff and people which demonstrated that people had got to know staff well and were relaxed in their company . Staff

talked about people warmly and unanimously reported loving their jobs and enjoying the relationships they had built up with people. Three staff talked about the home being like family.

People were protected from the risk of harm and abuse. Staff were able to describe to us how they would recognise abuse and what actions they would take. We saw that when there had been an incident affecting a person staff had reported it appropriately and it was referred to the local authority safeguarding team. The provider had taken all necessary actions to ensure people were kept safe.

People told us they enjoyed the food and that they were provided with choices of what they would like to eat and where they would like to eat it. People were appropriately assessed to identify if they had any specific dietary requirements. Where necessary people had been referred to the Speech and Language Team (SALT). We saw that recommendations from SALT had been incorporated into people's care plans and staff understood how to support people safely. People's diet was monitored and checked by staff to ensure they had enough to eat and drink.

People had personalised care plans that reflected their individual likes, dislikes and preferred routines. People were involved in a detailed holistic pre assessment of their needs. This ensured that the home was the right place for them to move to and that staff had the right skills to meet their needs.

Medicines were managed safely. Medicine Administration Records (MAR) were signed to indicate that people's prescribed medicine had been given. Medicines were stored securely and at the correct temperatures. Registered nurses administered medicines for people who were receiving nursing care. Care workers administered medicines to people who were provided with residential care. They had received appropriate training and had been assessed to ensure they were competent. There were regular checks of medicines and MAR to ensure that any errors were identified promptly.

Staff had an understanding of the Mental Capacity Act 2005 (2005) and how it applied to their work. Appropriate mental capacity assessments had been carried out. Where some people were unable to consent to being in a care home appropriate applications for a Deprivation of Liberty Safeguard (DoLs) had been made. Staff were able to explain to us how they provided people with choices and how they encouraged people to make their own decisions.

People had opportunity to engage in social activities. There were designated activity staff who organised afternoon activities which included quizzes, entertainment and crafts. There were also trips out. People who stayed in their rooms were checked regularly by staff to ensure they did not become isolated and to check if they needed anything.

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. People were supported by sufficient suitably experienced and competent staff.

Medicines were administered and stored correctly.

People had a full assessment which identified any specific risks. There was a care plan which provided guidance how to minimise the risk.

People were at reduced risk from harm and abuse. Staff had received training and were able to tell us how they would recognise abuse and how they would report it.

Is the service effective?

Good

The service was effective. People were cared for by appropriately trained staff. Training was planned in advance and staff received training which enabled them to meet the specific needs of people.

People were provided with choices of what to eat and drink. Checks were made to ensure people had enough to eat and drink.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and how this applied to their daily work.

People had access to healthcare from a range of healthcare professionals.

Is the service caring?

Good

The service was caring. People were cared for by staff who were considerate and kind. There was a relaxed atmosphere in the home and staff spoke warmly about people.

People had their privacy and dignity maintained.

People were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive. People had personalised plans which took into account their likes, dislikes and preferences. Peoples care plans were updated to reflect changes in their care and support needs.

People had opportunity to participate in activities which included trips out.

People's views were sought and they had information about how to make a complaint.

Is the service well-led?

Good

The service was well led. People and staff told us the management team were accessible and available.

There were systems in place to monitor the quality of the service and to ensure improvements were on-going.

Ferndown Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 25 August 2016; it was carried out by one inspector.

Before the inspection we reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including injuries to people receiving care and safeguarding concerns. We reviewed the notifications that the service had sent to us and contacted the local quality assurance team to obtain their views about the service.

Prior to the inspection we requested and received a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We asked the provider to tell us anything they thought they did well and any improvements they planned to make.

We spoke with seven people and one visiting relative. We also spoke with seven staff which included two registered managers, the head of care, a cook and three care workers. We looked at four care records and four staff files. We saw four weeks of the staffing rota, the staff training records and other information about the management of the service. This included accident and incident reporting, audits and minutes of meetings.

We used the Short Observational Framework for Inspection (SOFI).This is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us that on the whole there were enough staff although two people commented that there had been occasions when they would have liked there to have been more. One person told us they would like staff to spend more time with them and another told us they sometimes had to wait longer than they expected for staff to respond to their call bell. We spoke with the registered managers. They told us they calculated staffing numbers based on the amount of people who lived in the home and on what level of care and support people needed. We saw the rosters reflected the agreed staffing levels with one weekend showing one member of staff down due to staff unplanned absence. We spoke with the registered managers who told us that when staff cancelled shifts at short notice they used agency staff, however on this occasion they had been unable to fill the shift as required. During our inspection staff reported that they considered that staffing numbers were sufficient and they did not feel hurried or rushed. One member of staff told us "I don't feel rushed; it wouldn't be fair to rush people."

The registered managers told us that most of the staff team had worked for the home for at least a year, some staff had worked there for several years. This meant there was a steady staff group who had got to know people well. Newly appointed staff were subject to appropriate pre-employment checks. For example references were obtained before they started work and checks made with the Disclosure and Baring Service (DBS) to ensure they were safe to work with vulnerable adults.

People 's risks were assessed and plans were developed to ensure people were supported safely. People were involved in making decisions about the risks they faced. For example one person preferred not to use a piece of equipment which would reduce the risk of them falling out of a chair. They had capacity to make the decision which was respected by staff. Another person told us they were at risk of falling. We saw they had been involved in planning their care with staff which included which equipment they would use to support them. Some people required more support from staff to manage their risks safely. For example one person was at risk of developing a pressure sore. We saw their care plan documented the level of support required such as the frequency the person needed repositioning and use of a pressure relieving mattress. They were monitored by staff and their skin remained intact. This showed us that peoples care plans were effective in maintaining their safety and that where possible people were fully involved in identifying their risks and in making decisions about how their risks were managed.

People's medicines were stored, administered and recorded safely. People received their medicines when they needed them and at the required times. There was guidance for staff when to administer medicines as required. For example pain relieving medicine. One person had a plan which had been developed with them .They described how they experienced pain and what would help relieve it. They used a scoring system to guide when medicine would be helpful for them. This demonstrated that people received their medicines when they needed it.

Trained nurses administered medicines to people who were receiving nursing care. Care workers were trained and assessed as competent to administer medicines to people who were receiving residential care. There were systems in place to check that medicines had been given to the right person at the right time.

The head of care told us they checked on a daily basis to ensure MAR were completed correctly and they also completed a monthly medicines audit.

People were at reduced risk of harm and abuse. Staff had received training in safeguarding vulnerable adults and were able to describe to us how they would recognise abuse. Staff were aware of the correct processes to follow in order to report abuse, including how to report concerns about poor practice. We saw that a member of staff had reported a safeguarding concern. The provider took the appropriate actions and the matter was investigated by the local safeguarding team. This demonstrated that staff understood their responsibilities in reporting safeguarding concerns.

People had personal evacuation plans which provided guidance how to evacuate the person from the premises in an emergency situation. We saw staff had been made aware of the plans and one member of staff was able to describe to us how they would support one person in an emergency.

There were regular checks to ensure the environment and the equipment was safely maintained. For example we saw regular checks had been carried out on individual electrical items, the lift, water quality and the boiler. Accidents and incidents were reported according to the policy and there was a monthly audit to identify patterns and trends as well as how to avoid reoccurrences.

Good

Is the service effective?

Our findings

People told us they had a choice of food and were asked where they would like to eat their meals. One person commented "They asked me where do you want to sit-I'm happy with my choice." People told us the food was good and one person remarked that the food was cooked on site and was like home cooking. One person told us they had a small appetite and did not always want a full meal. They requested scrambled eggs for lunch which we saw they received. The cook showed us there were lists in the kitchen which indicated people's specific dietary requirements as well as likes and dislikes. One member of staff explained how meal times were organised so that people who were able to eat independently received their meal first. They told us this meant that they were unhurried when supporting people who needed one to one assistance. Staff told us they had a protected meal time policy which meant people and staff were free from interruptions. We observed lunch and saw people received their meals in an organised and timely manner.

People's nutritional needs and weight were assessed and monitored on an on-going basis and when there were concerns they were referred to an appropriate healthcare professional. For example one person told us they had been referred to the Speech and Language Team (SALT) for an assessment. Their care plans reflected advice given by SALT. There were monthly checks to ensure that when there were variances in people's nutrition and their weight that action was taken. For example one person had weight loss recorded, it was noted they were sleeping more than usual and had a reduced appetite. They were referred to a specialist nurse who carried out an assessment. This showed us that the provider had effective systems in place to ensure that people had sufficient food and drink.

People received care and support from staff who had the appropriate skills and training. One of the registered managers explained that the deputy manager was responsible for ensuring that all staff completed an appropriate induction and received on-going training as required to ensure they were able to carry out their job roles. For example staff had received training in moving and handling, food hygiene, fire safety, person centred care and safeguarding. There was an annual training plan which meant training was planned in advance and staff had notice of when they were required to complete it. Staff told us they were confident the training enabled them to carry out their job roles. For example a care worker told us they had completed dementia training which enabled them to communicate more effectively with people living with dementia. Trained nurses received training in specialist nursing procedures. These included use of syringe drivers to administer pain relief. The provider ensured that staff had the right skills to meet people's needs. For example one person was not able to move into the home until nursing staff had completed training which was needed to manage the person's health needs.

Staff told us they felt supported during regular supervision which they received six times a year. One member of staff told us that as part of supervision they were observed carrying out their job by a manager. They explained this was a valuable learning opportunity for them as there was one area of practice which they needed to improve on. They experienced the feedback they received as helpful and supportive and told us they had improved their practice as a result. This showed us that the provider had effective processes in place for supporting staff to carry out their job roles.

There was a system in place to ensure that trained nurses were registered with the Nursing and Midwifery Council (NMC). The provider supported trained nurses to complete their revalidation when required so that they continued to be registered by the NMC.

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 by 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

We checked whether the service was working within the principles of the MCA and whether appropriate DoLs applications had been made. We saw that decision specific mental capacity assessments had been made. There were resources in use to support staff as part of the decision making process. For example a flow chart and a best interest balance sheet. Where people lacked capacity to make certain decisions we saw a decision had been made in their best interests. For example in relation to one person having support with personal care. The provider had made appropriate applications for a DoLs for some people which were waiting to be assessed by the local authority. Staff were able to demonstrate to us how they supported people to make everyday decisions for themselves. For example one member of staff told us they would hold up different clothing and ask the person questions in order to identify their preferences, such as a skirt or trousers. This demonstrated to us that people were being supported in the least restrictive way and that the provider was following correct procedures as part of the MCA.

People had access to a range of healthcare professionals based on their health and social care needs. This included appointments with an occupational therapist, physiotherapist, community mental health team and specialist nurses. We saw recommendations had been incorporated into people's care plans and staff were knowledgeable about how to ensure the recommendations were followed. For example one member of staff was able to describe to us exercises that had been recommended for one person.

Good

Is the service caring?

Our findings

People told us that staff were respectful of their privacy. Staff explained to us how they ensured that people were supported with dignity and how they maintained people's privacy. One member of staff told us "I put myself in their shoes and treat people how I'd like to be treated." Another member of staff told us "I always knock on the door and make sure curtains are closed and I use a screen- it's being respectful."

People were supported by staff who were friendly and caring. One person told us "Staff go out of their way to make you comfortable, they are very friendly." Another person told us "Staff are very good, some are more than staff they're like family." During our inspection staff were polite and patient with people. Staff spoke with people as they entered rooms and acted on people's requests, such as to look for a lost item. Staff talked about people in a way which reflected they had got to know them and had established positive relationships with them. For example one member of staff told us about one person and the discussions they had about the person's life. When we spoke with the same person they told us how staff stayed and chatted with them and they described staff as being like friends.

Various staff described the team as friendly and that there was a happy atmosphere in the home. We saw staff working well as a team and each member of staff understood their roles and responsibilities. Staff explained how they were allocated to specific areas in the home and how they planned their shift to ensure people's needs were met. One member of staff told us they got to know people well and knew what individual people liked. Three staff told us the home was like family and they spoke warmly about people and talked about gaining job satisfaction through helping support people. We observed staff engaged in positive interactions with people which include use of appropriate humour.

People were involved in making decisions about their care through a holistic pre assessment and an ongoing review of their needs. This meant that people's needs were considered as a whole, including their physical health needs, their emotional, social and spiritual needs. We saw staff interact with people to discuss their care and support needs and peoples care plans reflected their level of involvement. This included when people had a representative to speak on their behalf.

The home supported people during end of life care and planned to become accredited with the Gold Standards Framework (GSF). This is a nationally recognised set of standards to ensure people receive quality end of life care. The home had adopted some of the principles of the GSF and we saw an end of life care plan which took into account the persons wishes.

Good

Is the service responsive?

Our findings

There was a range of activities for people to participate in. These were scheduled to take place each afternoon and included quizzes, crafts and games. There were activity staff employed to organise the timetable. The activity coordinator told us when people moved into the home they met with them to find out what their interests were and aimed to organise activities which people would enjoy. For example one person loved to bake so cake decorating was organised as an activity. Two people commented they would like exercise sessions. The activity coordinator told us they had received this feedback and addressed it with the registered managers and there was a plan to introduce exercise sessions. People had opportunity to go out on trips, such as the beach, local theatre, shopping and garden centres.

Events in the home were communicated on a noticeboard as well as a newsletter. There was a monthly meeting which was facilitated by the activity coordinator and this encouraged people to make suggestions about activities and any other changes they would like in the home. One person told us they were confident they could tell staff what they wanted and felt they would be listened to.

There were hourly checks carried out and staff told us this meant that all people had at least hourly contact with staff. One member of staff told us they chatted with people during checks. They explained that this stopped people from being isolated and also was an opportunity to check how people were and if they needed anything. As well as this the activity coordinator told us they provided one to one time with people. One person confirmed they chatted to staff at various times during the day.

People's feedback was obtained in an annual questionnaire. The most recent one had just been returned and one of the registered managers was assimilating the feedback. We saw the feedback was on the whole positive with feedback received regarding a mattress and a repair needed in a bathroom. One of the registered managers told us they would complete an action plan once they had finished compiling results. Healthcare professional were also invited to provide feedback and we saw that in the results of the 2015 questionnaire was overall positive.

People had person centred care plans which reflected their individual likes, dislikes and preferred routines. For example one person preferred their room door to be kept open and liked to listen to the radio. Staff were knowledgeable about this and we saw the person's door was open. People's care plans were reviewed monthly or sooner if needed. When people's needs changed we saw that care plans were updated to reflect changes. For example changes to one person's diet or another person's mobility.

People told us they knew how to complain, one person commented "I've never needed to complain- if I needed to I'm confident (name) would sort it out." Another person told us "If I wasn't happy ,I'd let them know." They were able to identify who they would inform. People had been given a copy of the complaints procedure and we saw it was on display in the reception area. Complaints were logged and dealt with according to policy. There had not been any recent complaints. The registered managers also shared with us compliments which had been received which included a card from one relative thanking staff for the wonderful care their relation had received.

Good

Is the service well-led?

Our findings

There was a clear management structure which included two registered managers job sharing, an assistant manager and a head of care. Each member of the management team had clearly defined roles and were aware of their responsibilities. For example the head of care was a registered nurse and had responsibility for clinical issues. The assistant manager had responsibilities to do with staff training and supervision. Staff told us they were able to approach management and that they felt supported by them. There was an open culture in which staff told us they felt confident to ask questions or make suggestions. One member of staff told us they could go to management with anything and that they always felt listened to. Other staff told us management had made adjustments for them so they could have an improved work life balance. For example one member of staff told us they management had supported them to have a change in working hours. One of the registered managers told us it was important to value and support staff and recognised the positive impact this had on how staff carried out their jobs.

Staff meetings were held to communicate changes and provided a forum for discussion. Minutes were taken and actions followed through. One member of staff told us that management were very good at listening and that they could talk with them on a one to one or during meetings. The head of care worked alongside care staff and had hands on approach. This meant there was a member of the management team working with people and staff on a daily basis and they had a working knowledge of peoples care and support needs as well as staffing issues.

There were quality monitoring systems which included a range of audits. These included infection control, medicine, air mattress settings and care plan audits. This meant that there was continual monitoring of the quality of the service and areas for improvement were identified and acted upon. For example a medicine audit identified discrepancies in the amount of expected stock of one item. Once this was identified actions were taken promptly to address it and put actions into place to prevent a reoccurrence.

The provider understood the requirements of their registration with the Care Quality Commission and had appropriately submitted notifications. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.