

Mr & Mrs L Arrowsmith

The Ferns Residential Home

Inspection report

152 Longden Road
Shrewsbury
Shropshire
SY3 9ED

Tel: 01743 368039

Website: www.thefernsresidentialhome.com

Date of inspection visit: 11 March 2015

Date of publication: This is auto-populated when the report is published

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 

Overall summary

This inspection took place 11 March 2015 and was unannounced.

The Ferns Residential Home is registered to accommodate up to 36 older people who need help with personal care. On the day of our inspection 34 people were living at the home.

The home has a registered manager in post who is also one of the providers. They were present for our inspection. 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.

At our last inspection on 2 July 2014 we found the provider was not meeting the legal requirements for the management of medicines. At this inspection we found that improvements had been made and the provider had met the requirements.

Summary of findings

People were kept safe by staff who understood how to identify and report potential harm and abuse. Staff were aware of any risks to people and what they needed to do to help reduce those risks, such as helping people to move safely around the home.

Staff respected people's right to make their own decisions and choices about their care and treatment. People's permission was sought by staff before they helped them with anything. Staff made sure people understood what was being said to them and used alternative ways to communicate if people could not understand what was said.

People were supported by staff who had the skills to meet their needs. Staff had received training relevant to their roles and felt supported by the registered manager. Checks had been completed on new staff to make sure they were suitable to work at the home.

People enjoyed the food they received and were supported to eat and drink enough to keep them healthy. When they needed it people had access to other healthcare professionals to make sure their health needs were met.

People felt staff treated them with kindness and compassion and they felt involved in their own care. Staff respected people's dignity and privacy and supported them to keep their independence.

People received care that was personal to them because staff knew what their individual preferences and needs were. People told us they received their care when they needed it and were not kept waiting by staff.

People knew how to make a complaint but told us they had not needed to. They felt able to discuss any concerns with the care staff or the registered manager. The provider encouraged people and their relatives to give their opinions of the home through surveys and feedback forms.

The registered manager was supported by an established staff team. The registered manager and staff had created an environment that was welcoming and friendly and the home's positive values and culture were seen during our inspection. Staff were clear on their roles and spoke about the people they supported with respect.

We saw that systems were in place to monitor and check the quality of care and to make sure the environment was safe. The provider used feedback from others to help improve and develop the service they provided.

Summary of findings

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

People felt safe. They were supported by enough staff to keep them safe and who knew how to recognise and report any concerns they may have about people's safety. People's medicines were managed safely and they were involved in agreeing the support they needed with them.

Good



Is the service effective?

The service was effective

People were supported to make their own decisions and to consent to their care and treatment. People enjoyed the food they received and were supported to access healthcare when they needed it. Staff received training and support which enabled them to support people's needs effectively.

Good



Is the service caring?

The service was caring.

People were treated with respect and dignity and they were encouraged to maintain their own independence. Staff made sure people were involved in their own care by offering them choice and respecting those choices.

Good



Is the service responsive?

The service was responsive

People's individual needs were responded to and people received care when they needed it. People and relatives felt confident to raise concerns and the provider listened when suggestions for improvement were made.

Good



Is the service well-led?

The service was well-led.

The provider promoted an open and honest culture by sharing information with people, relatives and staff about what needed to improve. The quality of the care provided was monitored and actions taken when needed.

Good



The Ferns Residential 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 inspection took place on 11 March 2015 and was unannounced.

One inspector completed the inspection.

Before the inspection we spoke with the local authority and Healthwatch to gather information they held about the

home. We reviewed information we held about the home and looked at statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

As part of our inspection we spoke with six people and two visitors. We also spoke with six staff which included the registered manager and care staff. We spent time observing how people spent their time and how staff interacted with people. We looked at four records which related to consent, people's medicines, assessment of risk and people's needs. We also looked at other records which related to staff training and recruitment and the management of the home.

Is the service safe?

Our findings

At our last inspection on 2 July 2014 we found the provider was in breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2010. This was because systems for managing medicines safely were not effective. At this inspection we found the provider had made significant improvements in how medicines were managed at the home.

One person told us they got their medicine at the same time each day. We saw that people were supported to take their medicine when they needed it. Staff offered people their medicines, stayed with them while they took them and gave support where needed. People were involved in creating a 'medicine profile' and discussed with staff what support they needed and their preferences on how to take their medicine. Medicines were stored securely and only staff who were trained to handle medicines had access to the keys. Some people had their medicine given to them only when they needed it, such as pain relief. This is called PRN medicine. A new system had been introduced to ensure staff could keep an accurate record of when people needed these medicines. One staff member told us that people's PRN medicine was currently being reviewed by their doctors to ensure they were only prescribed the medicines that they needed.

People told us they felt safe living at the home and when staff supported them. One person said, "I'm a bit wobbly on these [their feet] but the girls look after me and give me the help I need so I don't fall over". We saw that care staff supported people to move safely around the home. They were aware of risks associated with people's mobility and what they needed to do to keep people safe. Staff assessed and managed people's level of risk in relation to all aspects of their care, such as their mobility, their skin and their level of dependence. At the last 'resident meeting' the registered manager had discussed the fire procedure for the benefit of some people who were new to the home.

Staff we spoke with were able to tell us how they kept people safe and protected them from harm and abuse. They had received relevant training and understood their responsibility for reporting concerns. Information was displayed in the office for staff with details of the procedures they needed to follow. When we spoke with one staff member they showed us this information and told us everything they needed was there for them.

Staff understood how to report accidents, incidents and near misses and knew the importance of following these policies to help minimise risks to people. The registered manager monitored all accidents or incidents which occurred. The registered manager told us that by monitoring these they could identify any trends which may indicate a change in people's needs or medical condition. We saw records of the actions taken by the registered manager in response to a recent incident.

Environmental risks had been assessed and measures were in place to reduce these risks. The provider had contingency plans which covered most emergencies that could happen such as loss of heating, power or water or a lift breakdown. Clear plans were in place which contained key contact numbers and the procedure for staff to follow if these events did happen.

People told us there were enough staff around to help them when they needed it. One person said, "There's always someone around. When I ring my [call] bell they [staff] come quite quickly, I don't wait too long". Throughout our visit we saw that staff were visible around the communal areas of the home and people were not kept waiting when they needed assistance. All staff we spoke with felt there were enough staff working at the home. One staff member said, "The staff levels are fine for the resident's needs, none are high dependency". Appropriate checks were completed on new staff prior to them starting work at the home. This included obtaining references from previous employers and completing checks to ensure they were suitable to work with people living at the home.

Is the service effective?

Our findings

People thought staff had the skills to meet their needs. One person said, “We’re very well looked after here”. One visitor said, “The staff are marvellous”. Staff had received training that was relevant to their roles and this was kept updated. Staff told us that the registered manager had recently bought a laptop for staff to use. Staff accessed some of their training through the internet and they had allocated time during their working shift to complete this training. We spoke with one staff member who had recently started working at the home. To help them get to know the people they supported they had shadowed other care staff and were completing a structured induction programme. All staff felt supported in their roles by the registered manager and had individual and group supervisions with them. Staff told us these were an opportunity for them to discuss any concerns or issues they had, training that they needed and to get feedback from the registered manager on their performance.

People told us that staff always asked their permission before they did anything. We saw that staff obtained people’s consent and supported them to make their own decisions whether it be a choice of drink or attending the afternoon entertainment. People had been supported to make advanced decisions about their future care in the event of them not being able to make that decision at that time. Staff understood how to support people to make their own decisions about their day to day care, such as what to wear, choices about food and how they wanted to spend their time. One staff member said, “I have to support them [people] to make their own choices, be involved in their care, gently assist and remind them if needed”. Staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager confirmed that no one lacked capacity

in relation to making specific decisions under the MCA. We saw that capacity assessments had been completed on some people and these confirmed people did have capacity to make their own decisions. Even though no one at the home was affected by the MCA or DoLS we found the provider had systems in place to monitor this. This meant that staff ensured people’s right to consent to their own care and treatment was protected.

People told us that they enjoyed the food and they always had a choice of what to eat from the menu. We saw that people were given the support they needed to help them maintain their dignity and independence when eating and drinking. This included support from staff or with the use of specialised equipment. Staff helped people into the dining room for their meals and we saw that there was a calm, unhurried and sociable atmosphere while people ate their meals. People had access to drinks and snacks throughout the day and we saw staff offer people drinks if they didn’t have one. Risks associated with eating and drinking had been assessed although staff told us that no one was at risk of malnutrition. Staff were aware of which people required a diabetic diet and we saw their diets were catered for.

One person said, “They [staff] will call the doctor if I need it”. People were supported to access external healthcare when they needed it such as the district nurse. They told us that the chiropractor and optician visited regularly and they were asked if they wanted an appointment and this was arranged for them. Staff told us that if needed they would support people to healthcare appointments outside of the home but that family members usually took them. Staff reported concerns about people’s health to the registered manager or senior member of staff who would then contact the relevant health professional if needed. This showed people’s health was supported through access to appropriate healthcare services.

Is the service caring?

Our findings

All the people we spoke with told us that staff were kind, caring and considerate towards them. One person said, “They treat me very well, I feel very fortunate to be here”. Another person said, “They are kind and considerate, they’re great”. We saw that people were relaxed when staff chatted with them. Communication from staff was polite, respectful and they listened to what people said. We noted that most staff we spoke with had worked at the home for a number of years. One staff member told us that this helped to build good relationships between people, staff and relatives. When staff spoke to us about the people they supported they did so in a way that was respectful and caring.

People told us they felt involved in their own care and treatment. All agreed that staff listened to what they wanted and discussed their care with them. They told us they were offered choices throughout the day of what to eat, drink or what they would like to do with their time and that staff respected these. We saw that staff made sure people understood them when they spoke with them. We saw that when staff supported people they provided explanation and reassurance to each person. Staff explained what they intended to do, checked the person was happy with this and then talked with the person throughout. One staff member said, “Involvement; it’s about giving them [people] choice and talking to them”. Staff told us about one person who was waiting for new hearing aids and that staff wrote things down to make sure

the person understood them. We saw that people and their families had been involved in discussing and agreeing their future care. Decisions had been made about how people wanted to be cared for, where they wanted that care to be delivered and arrangements for their care after death.

One person said, “I don’t feel rushed, they [staff] help me but not too much. I can still do things for myself and I want to”. Another person told us that even though it would be quicker for staff to do things they didn’t. They told us they were encouraged and supported to do things by themselves. They went on to say, “But they [staff] are there if I need them”. This showed that people felt their independence was promoted.

People told us that staff respected their privacy and dignity. One person said, “They don’t make a fuss about helping me to wash”. We saw staff knocked on people’s room doors and toilet doors before asking if they could go in. We asked staff how they respected people’s dignity and privacy. One staff member told us that they addressed people by their preferred name. They told us they had confirmed this with people when they first met them. Other staff told us they respected people’s dignity by supporting them with their hair, make up or jewellery if that was what they wanted.

Visitors we spoke with told us they were welcomed by staff who were friendly towards them and always offered refreshments. We saw the home had several lounges which offered privacy to people and their visitors if they wanted this.

Is the service responsive?

Our findings

People told us that staff supported them and provided their care the way they wanted it. They felt that staff knew their preferences and that these were respected. They told us that staff were available when they needed them and that they responded to their needs quickly. One person said, "Ask and it is done". We saw that people were able to order their choice of daily newspapers and make a choice as to whether they wanted male or female care staff to help them. Throughout our visit we saw staff involved people in making choices about what they would like to drink or how to spend their time. People's care needs, preferences, wishes and what was important to them was recorded in their care plans and staff were aware of these. These records were reviewed and updated regularly.

People were supported to spend their time how they wanted to. One person said, "Yes, there's enough to do. I'm happy just to sit but there are things going on most days". One person told us about their family members taking them out regularly and that staff supported them to get ready for these. We saw that one of the communal lounges was being prepared for the hairdresser to visit. One person told us that the hairdresser came regularly and they always looked forward to it. One person told us that they only used this lounge so would have to move for the hairdresser. They went on to say that it was not a problem and that staff helped them to move to another lounge and made sure they had everything they needed. We spoke with staff

about how they supported people with their individual hobbies and interests. They told us that there were regular arranged events which were always well attended and that people enjoyed such as a church service and a regular singer. Social activities were discussed at 'resident meetings' where people were invited to make suggestions. We saw at the most recent meeting people had discussed preparations for their summer garden party. One staff said, "When it's quiet we make time to spend with them [people]. It could be supporting them with something in their room or going for a walk. We see if anyone wants to do a quiz or play a board game with us and others".

The provider sought people's opinions and encouraged feedback on the quality of care provided. People told us they saw the registered manager every day and had the opportunity to speak with them. One person said, "She's always around". People told us they had not needed to complain about anything. They told us if they had any concerns they would speak to the registered manager about it. The registered manager confirmed that they had not received any complaints in the last 12 months. The provider sent yearly surveys to people and their relatives to ask for their opinions of the home. In response to people's and relative's comments from the last survey about wanting more exercise activities the registered manager had purchased new equipment for staff to support people to use. We also saw that complaint, comment and compliment leaflets were displayed and available around the home for people to complete.

Is the service well-led?

Our findings

People told us that the registered manager was, “Hands on” and worked alongside the care staff. During our visit we saw that the registered manager was actively involved with supporting people. We also saw them supporting other members of staff in their work which helped them to be aware of the day to day culture of the home. We found the home had a positive culture which was echoed by all people, visitors and staff we spoke with. One staff member said, “This home is very friendly, welcoming. It’s a warm, family like atmosphere”.

Staff told us they found the registered manager approachable and they were able to speak with them openly about any concerns or issues they had. One staff member said, “She’s very helpful and always here”. Staff understood when they could whistleblow and who they could take concerns to outside of the home, such as the local authority, police and CQC. Whistleblowing is when a staff member reports suspected wrongdoing at work. There were regular staff meetings where staff were able to raise issues. They told us the registered manager discussed current practice and any improvements that needed to be made at these meetings.

The home had a stable management and leadership structure which staff understood. The registered manager is one of the two owners of the home and so has responsibility as both registered provider and registered manager. The provider had openly shared information with people, relatives and staff following our last inspection and the concerns we had identified. We saw that copies of the

inspection report were visible within the home in several different areas. We also saw that the provider had shared information with relatives and people on the actions they planned to take to address the issues we found.

Systems were in place for the registered manager to monitor the quality of care provided and address areas for improvement. People’s care needs and records were reviewed regularly and updated. Checks on medicines, the environment and the cleanliness of the home were completed by the registered manager and senior staff. We saw that results from these checks were used to inform staff on improvements which needed to be made. Most recently the registered manager had fed back issues to staff which they found at a medicines audit. The registered manager had identified the actions needed and was monitoring this through subsequent checks. The registered manager told us and we saw shift handover records which staff completed to confirm safety and security checks they had done and any details on accidents or incidents within the home. These were checked daily by the registered manager who told us these kept them up to date on what had happened in the home.

We found that since our last inspection the registered manager had sought advice from other professionals to help improve the management of medicines in line with current guidance. We saw that the medicine policy had been re written, documentation improved and new systems introduced for the recording of medicines. This showed the provider was able to drive improvement when concerns had been identified.