

Mr & Mrs L Arrowsmith

The Ferns Residential 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

About the service:

The Ferns Residential Home is a residential service providing support with personal care needs for older people. The service can accommodate up to 36 people although at the time of the inspection there were 34 people living there. Accommodation is provided in one adapted two storey building.

Peoples experience of using the service:

People using the service and their relatives were very positive about the service and the care provided. A relative told us, " It gives me tremendous peace of mind knowing my (relative) is here." A person using the service told us, "Staff are amazing, they are always cheerful and full of smiles."

People were cared for by staff in a way that kept them safe and protected them from avoidable harm. Enough staff were available to respond to people's needs in a timely manner. People received their medicines when they needed them, and systems were in place to ensure that medicines were stored and administered safely and that adequate supplies were available. Accidents and Incidents were investigated, and measures were taken to prevent re-occurrences. The premises were clean, and staff knew and followed infection control principles.

The service was effective. Peoples needs were assessed and planned and delivered in accordance with legislation and best practise. Staff were well trained and knowledgeable about the needs of the people they supported. Balanced and nutritious meals were served, and people were complimentary about the quality of the food. People were supported to have choice and control over their lives and staff supported them in the least restrictive way. People were supported to have 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 practise.

People were cared for by staff who were kind and caring, The atmosphere in the home was friendly and relaxed. We observed staff interacting with people as equals. People were involved in making decisions about there care and were supported to maintain their independence.

There were systems to ensure care was responsive. People received care in accordance with their needs and preferences. People were supported to maintain contact with their friends and families. There were opportunities for social stimulation. People felt their concerns and complaints would be listened to and responded to. People had plans relating to end of life care decisions where required.

People gave us positive feedback about the quality of care they received. The feedback on the leadership of the service and the registered manager from people and staff was positive. There were effective governance systems in place to monitor the quality of service and the health, safety of welfare of people.

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 May 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 reinspection 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 ●

The Ferns 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection Team

The Inspection was carried out by two inspectors.

Service and service type:

The Ferns Residential Home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not requested to complete a provider information return (PIR). 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection, we spoke with six people who used the service, to ask about their experience of the care provided and three visiting family members.

We observed staff providing support to people in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether they were comfortable with the support they were provided with.

We spoke with four members of staff, which included the registered manager.

We reviewed a range of records about people's care and how the service was managed. This included looking at two people's care records and a sample of people's medicines administration records. We reviewed records of meetings, staff rotas and staff training records. We also reviewed the records of accidents, incidents, complaints and quality assurance audits the management team had completed.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe living at the home and with the staff who supported them. One person said, "I do feel very safe here."
- Staff had been trained and knew how to recognise and report concerns or abuse. One member of staff said, "I've never seen or heard anything concerning. If I did I would report it straight away."

Assessing risk, safety monitoring and management

- Risks to people had been identified and risk assessments guided staff about how to reduce identified risks.
- Systems were in place to check safety measures regularly and we saw evidence that where faults were found corrective measures were taken in a timely manner.

Staffing and recruitment

- People told us there were enough staff to meet their needs and help keep them safe. One person said, "I get all the help I need when I need it." A relative told us, "There are always staff about when you need them, and they respond to call bells in minutes."
- Throughout our visit we observed a good staff presence and staff responded quickly to any requests for assistance.
- A Staff member said, "we are able to spend quality time with people." □
- Staff were recruited safely. Checks had been made to make sure staff were of good character to work with people.

Using medicines safely

- People received their medicines when they needed them. One person said, "I always get my painkillers when I need them."
- People's medicines were managed and administered by staff who were trained and competent to carry out the task.
- Accurate records of medicines administered in the home were kept
- Medicines were stored safely and appropriately in the home including those that required refrigeration or extra security.
- Process were in place to audit the administration of medicines monthly and we saw evidence of corrective action taken to avoid errors.
- People had individual plans outlining how they wished to have their medicines administered and any support they needed.

Preventing and controlling infection

- Domestic staff ensured people lived in a home which was clean and fresh smelling. One person said, "It's always lovely and clean here."
- Staff followed good infection control practices which helped to minimise risks to people.
- Staff used personal protective equipment such as disposable gloves and aprons when assisting people.
- A member of staff had been made responsible for leading infection control in the home and had received additional training to support this role.

Learning lessons when things go wrong

- Records of accidents were maintained and reviewed by the registered manager or senior staff when they occurred.
- Where trends were identified, action was taken to reduce the risk of the incident happening again. For example, following an increase in falls, the registered manager was in discussions with a person about reviewing the times they went to bed and got up in the morning

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.

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 were assessed before they used the service to ensure their needs and preferences could be met. A relative told us, "[Name of registered manager] came to visit my [relative] in hospital to talk about what help they needed. They also asked about the things my [relative] liked and their interests."
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.

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

- People were positive about the meals provided. One person said, "The food is very good." Another person told us, "There's always plenty to eat and drink. I've put on weight since I've been here."
- The service supported people to access specialist support, where required, with their dietary needs.
- People's dietary needs and preferences were identified in their care plans including soft diets and support needed at meal times
- We observed at meal times people were being provided with the diet and support they needed.

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

- People told us they saw healthcare professionals when they needed. One person said, "They'll call the doctor if I'm not feeling right." A relative told us, "They [staff] notice the little signs that my [relative] might not be feeling well and they are very good at getting the doctor out."
- A relative told us that information about their relative's medical condition and planned treatment had been produced in their native language to help them understand.
- Where advice from healthcare professionals had been received this was recorded in the care plan and actioned by staff.

Staff support: induction, training, skills and experience

People were supported by staff who had the training and skills to meet their needs.

- Staff were positive about the training they received. One member of staff said, "The training is good, and you get everything you need." When asked, staff told us they were never asked to complete a task unless they had been trained to do so.
- There were effective systems in place to ensure staff received refresher training when needed.
- Newly appointed staff completed an induction to give them the skills and training required, and they shadowed experienced staff which enabled them to get to know the people they supported.

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 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.
- The registered manager informed us there was nobody living at the home who lacked the capacity to consent to their care or treatment.
- Staff had received training about the MCA and understood how to ensure people's rights were protected.
- A member of staff said, "We always make sure we give residents information in a way they can understand so they can make a decision. You can't force people to do something. You have to respect their decision. If we were concerned, we would discuss with the GP and family if needed."
- Peoples care plans contained information about their capacity to consent to treatment.

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

- People lived in a comfortable and well-maintained environment. There were several communal areas where people could choose to spend their time.
- People had their own bedrooms which they could personalise in accordance with their tastes and preferences. One person said, "It was lovely because I could bring my own bits and pieces and [name of registered manager] said I could put whatever I wanted on the walls."
- Grab rails and ramps helped people move independently around the home and a shaft lift gave access to bedrooms on the first floor.

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.

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

- People were treated with kindness and respect by the staff who supported them. One person said, "All the staff are kind to me. They take excellent care of me." Another person told us, "The staff are absolutely marvellous. Really marvellous and always happy and smiling."
- A relative told us, "I went from a precarious and worrying time when my [relative] was at home and now they are here it's like a breath of fresh air as I know they are happy here."
- There was a relaxed and happy atmosphere in the home and people enjoyed happy banter with each other and staff. One person said, "I love to have a laugh with the staff."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and they were supported to maintain a level of independence.
- One person said, "They [staff] help me have a bath and I have no concerns there. They help me stay independent too." A relative told us, "With patience and kindness they have helped [relative] to maintain their independence."
- Staff understood and respected people's rights to confidentiality. People's records were stored securely, and staff discussed people's needs in private areas where they could not be overheard.
- Regular meetings were held where people could express their view and choices about their care, activities, food and the home in general.

Is the service responsive?

Our findings

Responsive - This means we looked for evidence that the service met peoples needs.

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 contained information about the peoples likes and dislikes and their life histories and where possible people and their families contributed to this.
- Care plans were updated regularly, and any changes were updated immediately.
- People told us they choose how and where to spend their day. One person said, "I prefer to stay in my room. They [staff] are very good to me and I can just do my own thing."

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

- People were supported to maintain contact with their friends and relatives. A relative told us, "It is welcoming and friendly every time I visit."
- People were provided with a range of activities and social events. These included visiting entertainers, flower arranging, quizzes, garden parties and themed coffee mornings.
- People were encouraged to maintain contact with the local community and trips to social events at local schools took place.
- There was a minibus available to facilitate trips.

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.

- People were provided with information in a format they could understand. For example, large print. Menu choices had been produced using photographs.
- The registered manager had produced information for staff in another language to help them communicate with a person who sometimes spoke in their native language.
- Peoples care plans identified communications needs

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and were confident concerns would be taken seriously.
- One person said, "I don't have any complaints. I would tell staff if I did." A relative told us, "I have no concerns at all. [Name of registered manager] is approachable and I am confident they would deal with any issues."

- Information about how to make a complaint was displayed in the home. The registered manager told us this could be produced in large print or other formats where required. No complaints had been received since our last inspection.

End of Life Care

- there was no one living at the home that was receiving end of life care.
- People's care records contained information about people's religious preferences and their preferences during their final days and following their death.

Is the service well-led?

Our findings

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

This meant that the service was consistently managed and well led. Leaders and the culture that they created promoted high quality person centred care.

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

- There was a registered manager in post who was also the provider. The registered manager was in day to day charge and was well known by people who lived at the home and visitors.
- There were a number of audits and checks which were effective in identifying shortfalls and driving improvements.
- In accordance with their legal responsibilities, the registered manager had informed us of significant events which had occurred in the home.

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

- Staff morale was good which created a happy atmosphere for people to live in. During the inspection we heard laughter and people enjoyed good humoured banter with staff and the registered manager.
- There was learning where things went wrong and open discussions with people and their relatives.

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

- The registered manager demonstrated a commitment to providing good quality care by engaging with people using the service and their representatives.
- People and their relatives were supported to provide feedback through surveys and informal discussions. These had been analysed to look at where improvements could be made.
- The service worked in partnership with health and social care professionals to achieve good outcomes for the people who lived at the home. These included GP's, district nurses and speech and language therapists.