

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Fern Bank Residential Care Home

91-95 Queens Road, Oldham, OL8 2BA

Tel: 01616264079

Date of Inspection: 10 October 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Mr & Mrs M Brakspear
Registered Manager	Ms. Lynda Bennett
Overview of the service	Fern Bank provides care and support for up to 26 people who have mental health needs or physical disabilities related to the ageing process. It is a privately run care home which is approximately one mile from Oldham town centre.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 10 October 2013, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

During this inspection we spoke in private to three people who used the service, one visiting relative, one visiting healthcare professional and three members of staff.

Each person using the service had an up-to-date care plan. People could contribute to their care plan, as could appropriate relatives and staff members. Comments about the care provided included "I am listened to", "I couldn't fault it" and "The staff are great".

The provision of meals and drinks was good. Menu choices were discussed with people who used the service. Two people cited the "very good food" as being amongst the best things about Fern Bank.

The building was clean, tidy and well maintained. People could personalise their own rooms.

There were enough staff on duty to help ensure people's identified needs could be met.

There was a written complaints procedure. People using the service who we asked, told us they would feel comfortable raising a complaint if necessary.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

During this inspection we spoke in private to three people who used the service, one visiting relative, one visiting healthcare professional and three members of staff. All spoke positively about the care provided. We also spoke with the service provider who was present throughout the visit.

A visitor we spoke to said that they were kept informed about their relative's circumstances and they were confident that their relative was happy and they "couldn't fault it [the service]".

Comments from people using the service included "I settled down here", "I am listened to", "[I am] involved in discussion", "This is the best place I've ever been in" and "The staff are great".

We looked at three files relating to the assessment and care planning of people using the service. All had a written plan of care which was based on a series of assessments. Specific assessments included any risks related to pressure sores, falls, nutrition and moving and handling. There was documentary evidence in the care plans that they were periodically reviewed. This included a more structured six monthly review to which, we were told, relatives were invited if appropriate. We saw documentary evidence that people had signed their care plan to confirm that they understood and agreed with it.

We cross checked some instructions in the care plans to see if there was evidence that the identified actions had been undertaken. There was evidence that these care instructions had been followed and recorded.

We spoke to a visiting healthcare professional who told us that all the people they visited were "very happy". They also told us that any instructions relating to the treatment of healthcare issues were appropriately followed by staff at the home.

Staff who we spoke with confirmed that the overall system of communication about care planning worked well. This meant they were aware of any changing needs and had up-to-date information relating to the people living at the home. Staff told us they could contribute to the care planning process and that their views were listened to. Similarly they believed that people using the service were able to influence the way in which their care and support was provided.

Observations of interactions between staff and people using the service were relaxed and appropriate.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

Everybody who we asked spoke positively about the provision of food at the home. The visiting healthcare professional was happy with the nutrition of their patients who lived there. We were told by the service provider that menus and meal choices were discussed each week at the community meeting. This was confirmed by staff and people using the service who we asked.

People confirmed that a choice of meals was available and that portions were good. One person said there was "very nice food" and two people cited the "very good food" as being amongst the best things about Fern Bank.

We saw people being assisted with eating their meal in a calm and respectful way. There were two sittings at each meal time so that people who needed assistance could be given sufficient time and support.

We saw evidence that there were ample food stocks. Appropriate food storage records, such as fridge temperatures were maintained. There was a small area adjacent to the kitchen where people living at home could make themselves drinks and snacks.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

During this visit we undertook a tour of the building. This included the communal areas and a selection of bathrooms and people's bedrooms. The home appeared to be clean, tidy and well maintained throughout, with no unpleasant odours.

All the staff, visitors and people using the service who we asked, confirmed that the home was invariably clean and tidy. We asked people using the service what was the best thing about Fern Bank and one person cited their bedroom as being "lovely and clean" amongst their list of best things. Everybody living at the home who we asked told us they were happy with their room.

Staff who we asked told us they were expected to report any items about the home which needed repair or replacement. They also told us that these repairs were undertaken in a timely manner.

The service provider told us that all the required routine maintenance and servicing work on the building and equipment was undertaken. We looked at a sample of maintenance and service records, including the fire alarm, lift maintenance, and portable appliance testing. These all appeared to be in order.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

All but one of the people we spoke with at this visit told us they believed there were always enough staff on duty. The one person who said there could, in their opinion, be more staff, also told us they were satisfied with the care provided.

The service provider told us that the availability of staff was discussed at each weekly community meeting and that any issues concerning the number and competency of staff, raised by people using the service, would be addressed.

We were told that people living at the home had relatively low levels of dependency in connection with their physical care needs. This was borne out by observation throughout our visit.

Staff who we asked, told us there were enough staff on duty and the people living at the home were not usually kept waiting if they needed assistance. One member of staff commented "it could be my mum and dad".

We asked staff members what they thought the best thing about the home was. Comments included it is "more like home" and "we all get on together". The visiting healthcare professional told us "it [Fern Bank] is more like a home, not institutional".

Comments from people using the service included "staff are great" and "it's a good place, with company".

The service provider and deputy manager told us that they usually provided four care staff in the mornings in addition to management and ancillary staff, with three care staff on in the afternoons and evenings. We saw the staff rota for the week beginning 12 August 2013 which provided evidence that these staffing levels were achieved. We were also told by the service provider that extra staff were provided on a Monday to ensure people could be assisted with personal activities.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

The home had a written complaints procedure. If followed by any person using the service, the procedure would enable them to contact appropriate people outside of the service to assist with any complaint if necessary.

The deputy manager told us that no formal complaints had been received since 2011. The service held a community meeting every Monday to which all people using the service were invited. We were told by the service provider that this was an opportunity for people to raise any concerns or complaints. The service provider also acknowledged that not everyone would feel comfortable speaking up in a group setting and consequently people were also encouraged to speak with any staff or any member of the management team.

All the people using the service who we asked told us they would be comfortable raising any complaint or concern. One person when asked if they would complain said "of course I would". Another person using the service said "I could go to Mark [the service provider] straight away."

Staff who we spoke with told us if they were not able to resolve any complaint themselves they would pass it to a member of the management team. They also told us they were confident that any complaint would be listened to and management would attempt to resolve it appropriately.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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