



Making Social Care  
Better for People

# inspection report

## CARE HOMES FOR OLDER PEOPLE

**Fernlea**

**North Mossley Hill Road  
Mossley Hill  
Liverpool  
Merseyside  
L18 8BP**

*Lead Inspector*  
Mrs Lynn Paterson

*Unannounced Inspection*  
18th December 2007      10:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at [www.dh.gov.uk](http://www.dh.gov.uk) or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: [www.tso.co.uk/bookshop](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	Fernlea
<b>Address</b>	North Mossley Hill Road Mossley Hill Liverpool Merseyside L18 8BP
<b>Telephone number</b>	0151 724 6435
<b>Fax number</b>	
<b>Email address</b>	
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Flightcare Limited
<b>Name of registered manager (if applicable)</b>	Vacant
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	40
<b>Category(ies) of registration, with number of places</b>	Old age, not falling within any other category (40)

# **SERVICE INFORMATION**

## **Conditions of registration:**

1. 40 Nursing and 10 Personal Care within the overall of 40 beds (male and female)
2. To accommodate one named person under the age of 65 years within the overall number of 40 residents

## **Date of last inspection**

## **Brief Description of the Service:**

Fernlea is a care home providing nursing care for thirty residents and personal care for up to ten. It is part of the Flightcare Limited group, who have several homes in the Merseyside area. It is set in a quiet residential part of the city, close to shops, parks, churches and places to eat. There is a fairly reliable bus service and a railway station is within a few minutes drive. The home provides care mainly in single rooms within a Victorian building with a modern extension. All floors are accessed by a passenger lift and a stair lift. The home is spacious and centrally heated. Fees are currently £370-£440 per week

# SUMMARY

This is an overview of what the inspector found during the inspection.

Information about Fernlea was obtained through a pre –inspection questionnaire and examination of the homes policies, procedures and daily records. Discussion took place with the manager, staff and people living in the home and their representatives. A tour of the building took place and observations made of the daily activities and meals provided in the home.

## **What the service does well:**

The home environment is warm and comfortable and people living in the home say they feel safe and content at all times.

The home maintains a consistent staffing group who provide care and support to the people living in the home. Comments from residents include: -  
“The staffs are a great bunch of people. They really care about us”,

“The staff here are kind and considerate and go out of their way to help us”,

“We feel safe and secure here because we know that the staff know what they are doing”.

“Staff treat us with respect and uphold our privacy and dignity”.

The manager revealed that people are only offered a service after their needs are assessed and staff feel confident that they can meet all assessed need.

All staff spoken with said they enjoyed their work and were well supported in their role.

## **What has improved since the last inspection?**

Menus have been updated and are displayed in the main areas of the home to enable people to make choices at all times.

The home benefits from a continuous refurbishment programme to include replacement of furnishings and fabrics as required.

A manager has recently been appointed and is awaiting her registration with CSCI.

### **What they could do better:**

Staff need to ensure that care plans reflect the needs that residents have. This will ensure they receive the correct care. Plans must be updated at least monthly to ensure information is kept accurate.

Care plans must show that they have been completed with the person living in the home and their representatives. This involves the opinions of residents about the care they need.

Medication must be managed as per the homes rigorous policies and procedures to ensure the safety of the people living in the home.

Staff training needs must be addressed. The home has received requirements to address this on past inspections. Whilst some training has been given to staff, some areas remain outstanding. This could impact upon the care given to residents, if staff do not have the training they require.

Whilst the administration for the financial management for people living in the home is in order it was noted that the money is banked in a communal residents account. Staff advised that any interest is paid into this account and is not given to the individual who has accrued this interest. Any financial management must not disadvantage an individual and all interest must be provided to each person to whom it belongs.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from [enquiries@csci.gsi.gov.uk](mailto:enquiries@csci.gsi.gov.uk) or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

# **DETAILS OF INSPECTOR FINDINGS**

## **CONTENTS**

Choice of Home (Standards 1-6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

## Choice of Home

### The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

### The Commission considers Standards 3 and 6 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

3.

Quality in this outcome area is **good**.

People are only provided with a service after their needs are assessed and they have been assured these needs will be met.

This judgement has been made using available evidence including a visit to this service.

### EVIDENCE:

Six residents were case tracked as part of the inspection process. All had pre admission assessments within their files and the pre admission documentation showed that staff who carry out the assessment make sure that the home can meet all assessed need before they offer a placement.

Pre assessment details viewed were recorded to show what a resident can and cannot do for themselves as well as their past medical history and staff advised that if staff feel the home can meet the needs of the person an offer of accommodation is made. Staff; say if the placement is taken up then all information gained from this process is transferred to a care file

## Health and Personal Care

### The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

**The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.**

### **JUDGEMENT – we looked at outcomes for the following standard(s):**

7.8.9.10.

Quality in this outcome area is **adequate**.

Resident's are treated with respect by staff that monitor and meet all social, health and personal care needs of the people living in the home.

This judgement has been made using available evidence including a visit to this service.

### **EVIDENCE:**

Six care files were examined and whilst they were easy to read and well managed they did not hold full details of peoples diverse needs to include how they wished their care to be managed or details of their background. People living in the home and their families and friends said they were not too sure about what was written in the care plans as they had not been included in their compilation. None of the care plans viewed contained signatures of the people involved to show they had read and agreed with the plan.

Discussions with care staff identified that they did not have access to the care plans and provided services as instructed by the qualified nursing staff.

Staff must ensure that information is written down in the plan to cover all aspects of care and support and that all staff are given full access to the care files to allow them to provide correct care.

Visitors spoken with during the inspection stated that they had not been involved in the planning of care for their relatives and said they had to ask and observe to make sure they fully knew what was going on.

Care records did show that the home, involve other care professionals in the residents care. Speech therapists, dieticians, dentists and social workers had visited the home over recent weeks. Records of these visits and contact with health professionals were of a high standard. It could clearly identified as to why that person had been contacted and what they had recommended.

Medication records and polices and procedures were looked at and staff observed carrying out their medication administration. It was noted that medication pots were in use and on two occasions pots were left in front of a resident without the staff ensuring the medication had been taken. Records showed that all medication was signed for even though staff had not actually observed if it had been taken or not. Discussions with the manager and deputy were held about this and reasons were given for this inappropriate action. However it was agreed that medication training must be undertaken to ensure that medication is managed as per the homes policies and procedures.

## Daily Life and Social Activities

### The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

**The Commission considers all of the above key standards to be inspected.**

### JUDGEMENT – we looked at outcomes for the following standard(s):

12.13.14.15.

Quality in this outcome area is **good**.

The homes routines are flexible to enable people living in the home to have choice in all aspects of daily life. Social activities and food provision are provided to suit the wishes of the residents

This judgement has been made using available evidence including a visit to this service.

### EVIDENCE:

A designated member of staff works 21 hours per week and has received comprehensive training on how to organise and deliver activities to older people.

Activity records are of a high standard and record group and individual activities. Those residents who spend time in their bedrooms also receive specific activity time. This includes simple tasks such as reading a newspaper, discussing current affairs or just chatting.

Records show that people living in the home are taken out to local shopping centres or to local coffee shops to enjoy community involvement.

People living in the home spoken with during the visit said they enjoyed varied activities and were able to come and go as they pleased. They said they had visitors at any time they wished and felt they were able to generally "do what they wanted" within reason. Three people living in the home said they that they would enjoy a chat with staff and be able to reminisce however they said that staff were always busy so this was not possible. Residents collectively said they would like to chat more about past experiences but they did realise that staffing levels were such that this would not be possible. It would be suggested that care files hold information about past history of the people living in the home to enable staff to have sufficient information to chat with individuals about their past memories and interests.

Staff said that residents could access a variety of religious services at the home. Ministers visit from different religions, including a Methodist minister that comes especially from Manchester to make sure a resident fulfils their spiritual needs. The home has ensured a partially sighted resident has access to 'speaking books' and another resident, who enjoys a bet, has been able to access telephone betting on his personal mobile phone, with the help of staff.

Visitors confirmed they are welcomed at the home at any time. Staff confirmed that visitors often stay for a meal with their relatives and that they can use private and communal areas of the home when needed. This was also observed during the inspection.

Lunchtime was observed to be an unhurried occasion, enjoyed by residents and those relatives who were visiting. Residents family and friends visiting at lunch time were observed to be assisting with feeding and general support and those spoken with said they were always made welcome and could do what they wanted to ensure the wellbeing of the people living in the home.

Menus revealed that the people living in the home receive a wide choice of meals and the chef is always willing to make specific meals if they are requested. As the home have many Jewish residents, care is taken into ensuring kosher diets are met. Staff, were noted to assist residents at mealtimes in a way that maximises their independence and self –confidence whilst ensuring that dignity is maintained.

# Complaints and Protection

**The intended outcomes for Standards 16 - 18 are:**

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

**The Commission considers Standards 16 and 18 the key standards to be.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

16.18.

Quality in this outcome area is **good**.

Systems in place for the protection of residents from harm are robust

This judgement has been made using available evidence including a visit to this service.

## **EVIDENCE:**

Since the last inspection the home have not received any complaints. Residents and visitors spoken with said that they were aware that the home have a complaints policy and that they knew how to use it if needed. One referral was made for investigation under adult protection procedures, however it was found that the home had met all their responsibilities, and the case was closed.

Staff at the home had received recent training on adult protection procedures. Discussion with staff demonstrated that they had a good range of knowledge in this area and felt able to deal with any issues that may arise.

Records show that all staff had received Police checks to ensure they are suitable to work with vulnerable adults.

# Environment

## The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

**The Commission considers Standards 19 and 26 the key standards to be inspected.**

## **JUDGEMENT – we looked at outcomes for the following standard(s):**

19.26.

Quality in this outcome area is **good**

The standards in the home are good and staff ensure a homely environment is provided

This judgement has been made using available evidence including a visit to this service.

## **EVIDENCE:**

A tour of the home took place and a sample of areas seen showed evidence of a well -maintained building including large attractive garden areas. Residents bedrooms viewed were well presented and the residents had been supported to personalise their bedrooms with pictures, ornaments and furniture. Residents were appreciative of these. Most liked their bedrooms and were positive about the way that they were kept clean.

The premises benefits from an ongoing refurbishment programme.

The home has an infection control policy that is available to all staff.

Domestic staff, are currently undertaking specialist training that will award them a National Vocational Qualification on completion.

Staffs were observed to be following infection control procedures during the visit, which ensures residents are protected.

## Staffing

**The intended outcomes for Standards 27 – 30 are:**

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

**The Commission consider all the above are key standards to be inspected.**

**JUDGEMENT – we looked at outcomes for the following standard(s):**

27.28.29.30.

Quality in this outcome area is **good**.

The staff recruitment process and training programmes ensure that the home employ suitably qualified and competent staff.

This judgement has been made using available evidence including a visit to this service.

### **EVIDENCE:**

The pre inspection questionnaire indicated that staff, have completed a range of training within the last 4 months and the training programme shows that outstanding training is planned for the forthcoming year. The manager said that she attempts to arrange extra training for staff to enable them to develop skills in areas they have special interest. It was suggested that staff receive training in dementia care, understanding depression and person centred care to ensure they fully understand the care needs and necessary practices to be carried out for people living in the home.

Staff said they have received adequate mandatory training to enable them to fully concentrate on current residents individual needs and would ensure that they would update their training should any other needs be identified. Staff said they had not yet received training in equality and diversity but they felt they understood how to assess and manage any areas of special need. Staff

said that they treat each person as an individual and to date have been able to meet all assessed need.

A selection of staff files were examined and it was noted that all files held the required information.

Staff said they are provided withy induction training when they are first employed. This programme includes issues relating to the protection of vulnerable adults and health and safety training. Staff, feel that this ensures they have information to ensure they look after residents in accordance with current good practice.

Six staff members spoken with revealed staff, feel valued and supported in their respective roles.

The staff rota revealed that the home generally provides an adequate number of people to carry out care and support for residents. However discussion with staff and people living in the home identified that on occasions staff are needed to provide extra support to residents for many reasons to include needing 2 staff members to assist in the moving and handling of a resident.

It was said that this could mean that other residents need to wait for assistance. This was discussed with the manager who advised that this would only happen if a residents needs had changed and this would be addressed as a matter of urgency.

## Management and Administration

### The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

### The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

### JUDGEMENT – we looked at outcomes for the following standard(s):

31.33.35.38.

Quality in this outcome area is **good**.

The home is managed in a way that ensures residents are comfortable and safe and enjoy the services provided

This judgement has been made using available evidence including a visit to this service.

### EVIDENCE:

The manager has been managing the home for three months and is qualified to NVQ level 4, which is the recognised qualification for a manager of a care service. She is proactive in her pursuits to continually develop her skills and also the policies procedures and practices of the home. She has vast managerial experience in the care of older people.

There are clear lines of accountability and all staff spoken with are aware of their line management responsibility.

The pre inspection questionnaire indicated that a range of policies and procedures relating to the care of the people living in the home are in place and are monitored and reviewed as an ongoing process.

Quality assurance systems are in place, which ensure the services are constantly being checked out by observational practice and by the use of questionnaires, meetings and discussions.

The administrator takes responsibility for the management of finance together with the manager. Resident's pocket money is recorded as appropriate and the resident's fund provides extra's, for outings and festive occasions. However it was noted that the finances of five of the people living in the home, is fully managed by the administrator of the company and money is banked in a residents fund. Discussion with the manager revealed that the interest from any money banked is shared with all the residents via a residents fund. It was agreed that this interest should not be shared but should be given to the people who have the account.

Resident's health and safety are paramount in the home. The pre inspection questionnaire indicated that the equipment in the home such as fire system, hoists, electrics, and lift is checked and or serviced regularly. These checks are recorded as appropriate and relevant certificate are in place for perusal.

Staff said they have regular health and safety training and carry out frequent tests to include fire drills.

Discussions with staff, people living in the home and their representatives revealed that the home is generally fit for purpose.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable)      **3** Standard Met (No Shortfalls)  
**2** Standard Almost Met (Minor Shortfalls)      **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	3
4	X
5	X
6	X

HEALTH AND PERSONAL CARE	
Standard No	Score
7	2
8	3
9	2
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	4
14	3
15	3

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	X
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	2

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	3
34	X
35	2
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection? YES

**STATUTORY REQUIREMENTS**

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1	OP7	12	Care plans must be accessible to staff and evidence they have been completed by the individual who is in receipt of care and support and all other people who may be associated with their care. Care plans must detail all care and support needs and how these needs will be met.	03/03/08
2	OP9	12	Medication must be managed as per the policies and procedures provided by the home.to ensure people who use the service receive their medication in a safe way.	03/01/08
3	OP30	15	Mandatory staff training must be provided to all staff prior to them carrying out care practices in the home	03/02/08
4	OP35	16	Financial records for the people living in the home must show how the interest accrued on their money is allocated.	03/02/08

## RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1	OP7	It is suggested that care files hold background details of the people living in the home to enable staff to chat with them about significant events in their lives.
2	OP28	The inspector recommends that the home implement a plan to demonstrate how they are to meet the 50% target of staff trained to NVQ level 2 or above
3	OP30	Staff would benefit from being provided with specialised training to include dementia care, challenging behaviour and equality and diversity, to enable them to carry out care appropriate to need.

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