

Sanctuary Care Limited

Fernihurst Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Fernihurst Nursing Home was providing personal and nursing care to 43 people aged 65 and over at the time of the inspection. The service can support up to 50 people. The building is purpose built over three floors with lounges on each floor. There is an accessible garden with different seating areas and raised flower beds.

People's experience of using this service and what we found

There was a calm and welcoming atmosphere throughout the home with good relationships amongst people, staff and visitors. A relative said, "During a very difficult year for all of us the staff have been very understanding and helped me and our family cope."

People said they felt safe; they received their medicines on time. A person said, "I am very happy . I feel safe." People were protected from abuse because staff understood their safeguarding responsibilities. The management team took this role seriously and liaised with other health and social care professionals to protect people.

Staffing levels delivered responsive support to people. Our discussions with the management team and staff demonstrated their empathy towards the people using the service; they recognised people's emotional needs. Staff were attentive, whatever their role in the home, this was because they worked as a team to promote people's well-being. A relative said, "We have been extremely lucky that there was space to take my Mum, the care and love all the staff show her and my Dad has been outstanding, I don't have to worry about my Mum, which is a huge relief for me."

Positive, meaningful relationships had been developed between staff, people and their families. People were at ease in their surroundings; a person said, "I call this home." A relative said communication was so important to them and described the staff as "amazing" at fulfilling this role. The service respected and recognised people's life experiences and their values, so people were supported to participate in events important to them.

There was a stable staff group; care staff were kept up to date with changes in people's health and spoke respectfully about the people they supported. They understood how they contributed to both people's physical health and mental wellbeing.

The staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the right level made decisions about the care and well-being of people. The management team regularly spent time on the floor to ensure they kept in touch with staff and people living at the home. A staff member said, "Good company to work for with good managers and a good bunch of people work here."

Recruited care staff suited the caring values of the service and recognised the importance of team work to

provide consistent and safe care. The home was well maintained, clean, and staff understood the importance of good infection control.

Complaints were well managed. Visitors said they were kept informed and praised the standard of communication about changes to the health of their relatives. A relative said, "The staff have kept us updated with any changes...I would recommend them to anybody. I would find it hard to find how they could improve."

The registered manager and care staff worked well with community health professionals to ensure people received effective care. Referrals were appropriately made to health care services when people's needs changed. People's care needs were regularly reviewed. Risk assessments identified when people could be at risk. They covered people's physical and mental health needs and the environment they lived in.

The service was well-led. There were good systems in place which enabled the registered manager and the providers to monitor the quality of care. For example, through regular reviews, surveys, meetings and observations of staff practice. Feedback from people using the service, relatives and quality assurance records showed this approach had been effective.

People were supported to have maximum 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 practice.

Rating at last inspection and update The last rating for this service was requires improvement (published 4 July 2019). There were no breaches of regulation. At this inspection we found improvements had been made.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this focused inspection to check they had made improvements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fernihurst Nursing Home on our website at www.cqc.org.uk.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service is well-led.

Fernihurst Nursing 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Three inspectors visited the service.

Service and service type

Fernihurst Nursing 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

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who lived at Fernihurst Nursing Home. Seven relatives shared their views on the care provided. We spoke with sixteen members of staff including the area manager, registered manager, deputy manager, nurses, care workers, housekeeping staff and the chef.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who were not able to comment specifically on the service.

We reviewed a range of records. This included care records and medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted relatives visiting the service to gain their views on the quality of care at the home.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. People looked relaxed with staff, including the management team, who knew people well. People used the lifts independently and went outside in the garden. This showed people felt at ease and confident to move around the building and mix with staff working on different floors. For example, a person said "I am very happy. I feel safe. People are very kind here."
- Relatives told us how they had been reassured about people's well-being and safety by the caring and professional nature of the staff group who kept them updated throughout the pandemic.
- Staff had been trained in safeguarding vulnerable adults. They knew what signs to look for if a person might be at risk of harm and how to report these concerns. The registered manager explained how one person had mistakenly thought a new person who had moved to the home was their wife. This potentially made the new person vulnerable to unwanted attention. Steps had been taken to reduce this possibility.
- The registered manager and deputy manager carried out investigations following incidents, complaints and safeguarding concerns so that could be lessons learnt.

Assessing risk, safety monitoring and management

- People's individual needs and risks were identified. Clear actions were in place to mitigate or manage these risks. For example, the risk of choking on food.
- When risks were identified, the least restrictive option was used to keep people comfortable and safe. For example, specialist beds and sensor mats to alert staff for people at risk of falling.
- Records and discussions with staff showed changes to people's health were quickly identified, and where necessary monitoring increased.
- Staff understood people's individual needs and used a variety of techniques and person-centred practices to reduce distress and frustration for people living with dementia. We saw staff using these approaches effectively.
- There were systems in place to ensure equipment and the environment was maintained in line with health and safety guidance.

Staffing and recruitment

- Recruitment procedures ensured necessary checks were made before new staff commenced employment. Relevant references for new staff were requested, for example from previous employers in care. Disclosure and barring service checks (DBS) were carried out to confirm whether applicants had a criminal record and were barred from working with potentially vulnerable people.
- People benefited from a conscientious stable staff team with a variety of experience and skills. Staff

worked well as a team and knew the people they supported well. This was evident from their interactions with people and in their conversations with us about people's individual needs. There was no long-term sickness in the staff team, and agency staff were not routinely used.

- Staff were always available in communal areas. Staff were visible and responded to people in a calm manner. Call bells were muted so they were not intrusive; staff response times were monitored.

Using medicines safely

- People received their medicines safely, and in the way prescribed for them. For example, there were systems in place to guide staff when to use 'as required' medicines.
- Staff were trained before they administered medicines and regular audits were carried out to ensure staff practice was safe.
- Medicines were held securely, including medicines requiring extra security and there were audits in place to show they were managed correctly.
- Staff could describe how people's pain was monitored and the deputy manager described the positive working relationship they had with health professionals, such as the local GPs.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support specific to their needs and preferences. Staff members' conversations with us and their practice showed they knew people as individuals. For example, they knew what topics were important to people or their past careers or interests.
- People's preferences were respected. Some people chose to socialise on a different floor from their bedroom. A staff member said, "(X) spends a lot of time on the ground floor. She likes it down here; she can see the birds and the gardens." The management team recognised the ground floor was a better match for the individual and had shown them a vacant room in this area. The person had responded positively to the new room; during the inspection they were being supported to move rooms in a caring and supportive manner.
- Some people showed through their actions and body language they enjoyed mixing with others, for example, spending time in the lounge or working alongside others in the garden painting a raised flower bed.
- Assessments of people's needs were carried out before they came to live at the service. These were used as a foundation for the person's plan of care. Care plans were accurate as the content described the people we met. There was good communication between care staff through handovers. Staff said regular handovers kept them up to date about changes to people's care.
- Staff were knowledgeable about people's current emotional and physical care needs. The staff team worked closely together; they were quick to respond if a colleague needed additional support. Staff communication was good, for example, if someone was not eating well or were feeling low in their mood.
- Staff responded quickly to people's changing needs. Equal attention was paid to ensuring people received support for their mental health. Staff demonstrated a good understanding on the impact of living with dementia on each person, for example how they interpreted the world around them based on previous life experiences.
- Records showed external health professionals were contacted appropriately and the service worked in partnership with them.

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

- Due to Covid-19 restrictions, external activities and entertainers had been halted temporarily. There were staff whose specific role was to support people's well-being. Photographs showed people engaging in a range of activities, including those that were of particular interest to them. A relative said, "This is a care home where your relative will not be lonely as they all meet up in the communal room and are not left in their rooms, the carers are all known on first name basis and residents love their personalities. The carers

take time to sing and dance with mum and cheer her up. There is always themed days and activities which keep the residents engaged."

- Since our inspection as restrictions to visiting have changed, staff have been quick to organise individual events for people. For example, the deputy manager said, "X has always been a lover of horses and has owned horses during his adult life. With the restrictions lifting...we felt that X needed something special, so we contacted a local horse and carriage company. They took myself, X and 2 of his long standing carers out on a horse and carriage ride along Exmouth beach with a picnic hamper in tow. The weather was beautiful, and X thoroughly enjoyed the time as you can see by his smile." The photographs showed X looking content and happy.
- All staff worked as a team to the benefit of the people living at Fernihurst. For example, people showed through their animated faces and actions they were enjoying painting the wooden frame of the containers alongside the handyman who chatted with them. A staff member from housekeeping described how they changed their approach to cleaning people's rooms in response to how people were feeling on that particular day.
- Relatives who responded to our request for feedback on the quality for the care and the skills of the staff were consistent in their praise. Feedback also mentioned people being "happy" and "content", as well as describing the compassionate approach by staff.

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.

- Care records contained communication plans explaining how each person communicated to ensure staff gave people time to respond. Staff checked people understood them, and if they did not, took time to explain in another way to ensure people could make informed choices.
- The chef had considered how to make the menu accessible to people. This included presenting individuals on a pureed diet with dishes that were beautifully presented with strong defined colours to help people engage and make choices about their meals.

Improving care quality in response to complaints or concerns

- People living at the home were confident if they ever had any concerns these would be dealt with and addressed by the management team. All the relatives who responded to CQC's questions said concerns were resolved quickly and effectively. In separate feedback collated by the service, a relative said, "As always, I appreciate your openness and frankness, and I always feel that I can talk to you about any concerns." The management team were described as approachable and helpful.
- Information relating to how to make a complaint was readily available. The management team had been open with CQC regarding an on-going complaint, which they have responded to appropriately by ensuring the complainant had access to all the stages of the complaint process.
- There was a commitment to resolve issues before they escalated. However, there was also the opportunity to go through a tiered complaints process in line with the company's policy. Staff listened to people and took steps to resolve things they were unhappy about. One person's reality meant they believed they were attending a job interview, which resulted in them becoming frustrated and anxious. The management team acted as positive role models for the staff team taking time to listen to the person's frustrations and anxiety with compassion and empathy, which effectively reduced the person's distress.

End of life care and support

- At the time of the inspection, nobody was receiving end of life care but notifications from the service showed they appropriately contacted external health professionals in a timely manner when people's health

needs changed. These included specialist dementia nurses and the tissue viability team, with the aim to make people comfortable at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the right level made decisions about the care and well-being of people. The management team regularly spent time on the floor to ensure they kept in touch with staff and people living at the home.
- The registered manager and staff had a clear understanding of how their roles and contributions to the quality of the service impacted directly on the well-being of people living at the home. They recognised the importance of creating a calm, friendly community which supported people in an individualised way. For example, one person showed us their room, it was clear from their body language and our conversation they felt a sense of pride in their personal space and how it reflected their interests. They said they would recommend the home to others; relatives said the same.
- The registered manager praised all of the staff team for recognising their role in promoting people's well-being and providing social stimulation to people, whatever their job title. We were told this approach was being developed at other home's owned by the provider as a result of the work at Fernihurst Nursing Home.
- The registered manager worked closely with the deputy manager resulting in a strong management team. They were supported by the area manager, who regularly visited the home. The area manager carried out audits and checked weekly submitted operational data. They also remotely accessed an electronic care system to monitor the service. The provider had rated Fernihurst as one of their top 5 care homes; the area manager said they used the good practice at Fernihurst as a role model for other services.
- There was a robust system of audits to monitor the standard of the service. For example, in a quarterly infection control check, the service scored 100 percent. Other checks completed by the provider's quality assurance team showed similar high standards.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People living in the home and their families spoke positively about the way the home was run. They described how the management team's skills provided support and knowledge. For example, "Fernihurst have been amazing, to my mum and I, they are my support team and are like family to mum and me."
- The management team were described by relatives and staff as approachable and supportive. People living at Fernihurst responded positively towards them.
- Meetings with staff, both on an individual and group basis, enabled the registered manager to measure to ensure continuous and improvements took place. Staff praised the support they had received from the management team and the provider during the pandemic; it had been a gruelling and upsetting time for many of them. One said, "Sanctuary is the best, the management, the people are another world. They work

with the people; they speak and understand you. They listen to you."

- Staff strengths were recognised and promoted; the deputy manager oversaw the management of medicines and was clear with staff about the standards they expected. They demonstrated good leadership on promoting best practice and accurate records.

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

- There were robust procedures in place for reporting and acting and learning from when things went wrong. The registered manager followed the duty of candour, being open and honest. Notifications were sent to CQC as required and were detailed.

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

- People's rights were respected and people were encouraged to make choices and decisions about their care and support. Risks to people's health and well-being were assessed and kept under review; care records reflected people's choices and preferences.
- Changes were made to work within the restrictions during Covid 19 which ensured people still felt connected to their relatives. A relative said, "The communication between X and my family was much improved by the family WhatsApp group... This has given us invaluable access to moments with X we otherwise would have missed and makes us feel more involved."
- The registered manager and staff worked in partnership with health and social care professionals, including commissioning teams. This enabled effective, coordinated care and support for people. For example, the decision to give covert medicines for one person after involving their family and appropriate health professionals.
- Information provided by the registered manager showed recognition of the diversity of the staff group. They said, "We meet their needs by altering shift patterns, allowing time off for events/appointments etc. We discuss any concerns they may have in supervisions and if they have any upcoming events that we can support them in i.e. hospital appointments, religious dates etc." For example, they ensured people could follow their religious faith by making sure they were not on shift at specific times of worship.

Continuous learning and improving care

- Discussions with the management team demonstrated their commitment for their staff team to expand their knowledge and learn new skills. Staff were positive about the ethos of the service and learning new information. Experiential training was promoted by the management team, including being moved in a hoist or turned in a bed to provide staff with an insight into the importance of involving the person who was being moved. Experiential training means staff experience what it is like to be someone receiving care to promote good and insightful practice.
- During the pandemic, staff were supported to learn new ways of working, for example, effective use of personal protective equipment. There were significant changes to ways of working in response to Covid 19, including testing staff and people living at the home, as well as visitors. However, the experience and impact on people living at the service were considered when changes were introduced. For example, the registered manager said, "In regard to supporting our Dementia residents, we have tried to continue as normal in the daily running of the home to reduce the impact of change on them... in times of outbreak or possible outbreaks, we have maintained residents and staff to set floors to reduce any risk of transmission. Residents have been cohorted where possible in order to continue to ... promote meaningful activities."