

Barchester Healthcare Homes Limited

The Fernes

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Fernes is a care home providing personal care for 50 older people at the time of the inspection. The home is situated in Fareham and accommodation was provided over three floors. The middle floor was called Memory Lane where support was provided for people who lived with dementia. General residential care was provided on the top and ground floors. The service can support up to 52 people.

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

People were supported by exceptionally kind, caring and compassionate staff who consistently promoted people's dignity, privacy and independence. Strong caring values ran through the home. These placed people at the centre of their care and created a warm and friendly family like environment. People and their relatives felt at home in the service. Staff often went the extra mile to ensure people enjoyed a good quality of life.

People felt safe at the Fernes. Safeguarding policies and procedures were in place and staff were confident in the actions to take if abuse were suspected. There were enough staff deployed to meet the needs of people. Staff knew how to promote people's safety and mitigate risks to people's health and welfare. Medicines were administered safely by staff.

Considerable thought had been taken to ensure people lived in a home that met their needs. People, relatives and staff were highly complimentary of the environment. The home was clean and good infection control processes were in place.

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. People received personalised care that met their needs and preferences. People had access to a wide range of activities that met their individual needs.

Staff were supported in their roles and had received training, so they were able to support people effectively. Staff enjoyed their work and told us they felt valued. Professionals told us the home worked well with them to ensure good outcomes for people.

People and their relatives knew how to raise concerns. They had confidence in the registered manager and numerous complimentary comments were given about the running of the service. A quality assurance system was in place to continually assess, monitor and improve the service. People, relatives, professionals and staff told us they would recommend the home to others.

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 2 August 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

There is no required follow up to this inspection, however we will continue to monitor the service through information we receive.

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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

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 Fernes

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.

Inspection team

Two inspectors conducted the inspection.

Service and service type

The Fernes 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

We reviewed information we had received about the service since the last 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.

During the inspection

We spoke with two people who used the service and seven relatives about their experience of the care provided. We were not always able to communicate with people, so we spent time observing the

interactions between people and staff, in public areas of the home, in order to help us understand people's experiences. We spoke with 12 members of staff including the registered manager, deputy manager, senior care workers, care workers, a cook, activity coordinators and housekeeping staff.

We reviewed a range of records. This included six people's care records and medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance documents were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe and protect them from potential abuse. People told us they felt safe living at The Fernes. One person told us, "I feel very safe here."
- Staff were able to describe the signs of abuse and were confident to report any concerns and felt these would be listened to and acted upon. One member of staff told us, "If I thought any abuse was happening, I would tell the manager who would deal with it properly. We also have a whistleblowing helpline that we can use."
- The registered manager understood their safeguarding responsibilities and had referred safeguarding concerns to the local authority and CQC as required.

Assessing risk, safety monitoring and management

- Risks to people's personal safety had been assessed. Risk assessments were in place for areas such as malnutrition, skin integrity and falls. These detailed the plans to monitor and minimise these risks for people. Staff were aware of people's risks and told us about the actions they took to promote people's safety and wellbeing.
- Environmental risk assessments were carried out to consider any risks to people, staff or visitors.
- Equipment such as hoists and fire safety equipment were serviced and checked regularly.
- Personal evacuation and escape plans had been completed for each person, detailing action needed to support people to evacuate the building in the event of an emergency.

Using medicines safely

- Processes were in place to ensure the ordering, administration, storage and disposal of medicines was safe.
- Medicine administration records (MAR) demonstrated people received their medicines as prescribed. This was confirmed by the people we spoke with.
- Clear protocols were in place to guide staff about when and how to administer 'as required' (PRN) medicines.
- Staff who administered medicines were trained and had their competency checked by a member of the management team to ensure their practice was safe.

Staffing and recruitment

- There were enough staff available to keep people safe and meet their needs. All the people and relatives we spoke with told us they felt there were sufficient staff.

- Staffing levels were determined by the number of people using the service and the level of support they required. The registered manager reviewed this regularly to ensure there were enough staff to meet the needs of the people in the home.
- The registered manager kept a log of call bell times and these were audited. We noted some lengthy call bell times. The registered manager was aware of this and was able to tell us the reasons behind it. They assured us these would continue to be monitored and if needed, measures put in place to reduce call bell times.
- Throughout our inspection our observations reflected that staff responded to people's requests for support promptly and call bells were answered in a timely way.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Preventing and controlling infection

- Procedures were in place to protect people from the risk of infection. Staff had received training in infection control and were knowledgeable about how to prevent the spread of infection.
- Personal protective equipment (PPE) such as gloves and aprons were available for staff to use. We saw these were used appropriately. A health professional confirmed this and told us, "I've always seen PPE used by staff and there is good hand hygiene."
- The home was visibly clean. One relative told us, "It's always spotlessly clean, the upkeep of the home is pristine." There were dedicated cleaning staff who followed schedules to ensure the home was clean.
- The laundry was organised and there was a clear system to prevent cross contamination between dirty linen and clean linen.

Learning lessons when things go wrong

- The registered manager described how they constantly monitored incidents, accidents and events to identify any learning which may help keep people safe. Records confirmed this.
- Learning was shared with staff during staff meetings, handovers and supervision. A staff member told us, "If something goes wrong and we need to change, we will have a meeting."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People, relatives and professionals provided extremely positive feedback about the adaptation, design and decoration of the service. For example, a relative told us, "The home is beautiful, it's like a five star hotel but with a friendly atmosphere, the standards they keep are so good, they are always updating something." A professional echoed this sentiment and said, "People get the whole package here, it's like a hotel but it's not too large to be impersonal, it has a homely feel."
- All areas of the home were maintained to an exceptionally high standard and there were a variety of areas for people to choose where they spent their time. There were larger lounges if people preferred a busier environment and small lounges where people could quietly relax. The café proved popular and we observed people, relatives and professionals enjoying the refreshments on offer.
- Bathrooms were appropriately adapted for people with reduced mobility and were designed to ensure a calm and enjoyable experience. Each bath had a jacuzzi function and a staff member told us how some people benefited from having music and (battery operated) candles while they had a bath.
- People could personalise their rooms as they wished.
- Gardens were accessible and had been well thought out. For example, one area had a circular level path. A relative told us how this enabled their relative to run laps of this each day and a staff member told us how this benefited people who lived with dementia to walk freely outside which reduced their anxiety. Two large balconies had been created with the purpose of 'bringing the outside in'. These had tables and chairs for people to be able to sit and enjoy the views of the gardens, fields and horses. A staff member told us how much people enjoyed sitting in these areas.
- Memory Lane had been adapted to meet the specialist needs of people living with dementia. Corridors were themed to aid orientation. Communal areas included stimuli such as pictures or objects to help people orientate themselves and create interest. For example; a hat and coat stand, suitcases, a fish tank, sensory boards and headphones so people could listen to their own music were accessible. A memory poster had been created by each person's door which helped people recognise their room, these were personalised to each person and prompted conversations between people and staff about important aspects of their life.

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

- People's dietary needs were met. They were provided with a nutritious and balanced diet that met their needs and preferences.
- People were offered a choice of food and drink and throughout the inspection we observed people received a variety of food and drink according to their preferences.

- Staff endeavoured to ensure mealtimes were enjoyable. Staff took pride in preparing the dining rooms for meals, with tablecloths and napkins folded. The lunchtime meal was a sociable occasion. People sat in small groups, with people they knew. The atmosphere was vibrant but calm and unrushed. There were positive interactions between people and staff and some staff ate alongside people. This encouraged some people to eat well.
- Kitchen staff were trained in nutrition and demonstrated they knew people well, they took time to explore people's likes and dislikes and ensured this was recorded in detail. The chef met with people on admission to find out their favourite meal, they then arranged for this to be featured on the monthly menu. Meal preferences were discussed during meetings with people and the kitchen staff acted on any requests people had to ensure they received the food they enjoyed.
- People's nutrition and hydration status was kept under review. Where people needed a special diet, such as a low sugar diet or required soft or pureed food, this was provided.
- People and relatives were positive about the food provided. One relative told us, "The food is very good, [Name of person] has put on about 2 stone since she's been here, she needed to, I know she really enjoys the food."

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 particular 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 found it was.

- Records were in place to demonstrate people or those acting on their behalf had consented to their care at the Fernes.
- People's rights to make their own decisions were respected. Throughout the inspection, we observed people being offered choices in a way they could understand. For example, people who lived with dementia were shown meal choices. Staff were seen to respect the decisions people made.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People were supported by staff that understood the principles of the MCA. One staff member told us, "You must assume someone's got capacity unless proven otherwise, we aid people to make choices." And another member of staff said, "Care has to be in people's best interests."
- Where people were being deprived of their liberty, applications had been submitted to the local authority.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving to the service and appropriate referrals made to other services, to ensure people's holistic needs were met.
- Best practice guidance was used to ensure consistency of practice. For example, nationally recognised tools such as the multi universal screening tool (MUST), were being used to assess people's nutritional risk. Staff then acted to achieve positive outcomes for people identified as at risk.
- The service supported people's oral health needs and people could visit a dentist when required. A new tool to assess people's oral health had recently been implemented and the registered manager told us the

information derived from these would soon be added to people's care plans.

- Staff were knowledgeable about people's needs and explained how they supported people. We saw this was in line with the information recorded in people's care plans.
- Staff made appropriate use of technology to support people. An electronic call bell system allowed people to call for assistance when needed and movement-activated alarms, linked to the call bell system, were used to alert staff when people moved to unsafe positions.

Staff support: induction, training, skills and experience

- People were supported by staff who were knowledgeable, skilled and well-trained to carry out their roles effectively. A relative told us, "Staff are absolutely well trained, they look after [name of person] so well."
- Professionals echoed this sentiment. One told us, "I have confidence and faith in the staff's abilities." Another said, "We were coming in to a person who had diabetes. Staff always had information ready for us such as how they were eating and blood sugars. Most homes would leave it up to us, but they had the skills to do it here. Information was always to hand. They have a good knowledge of diabetes."
- Staff completed a comprehensive range of training to meet people's needs, which was refreshed and updated regularly. In addition, they were supported to gain vocational qualifications relevant to their role.
- New staff completed a comprehensive induction programme when they commenced employment. This included a period of shadowing a more experienced member of staff. Staff who were new to care were supported to complete training that followed the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life.
- Staff felt supported by the leadership and said they received one to one supervision meetings and yearly appraisals. This provided them with protected time where they discussed their work, received feedback and identified any training needs.

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

- People were supported to access services to maintain and improve their health. People and relatives told us they received healthcare support when they needed it. A GP and a nurse carried out a weekly visit to the home which promoted a good relationship between people, staff and the professionals. This helped improve health outcomes for people. Records additionally demonstrated that health care professionals were contacted appropriately when the need arose.
- Professionals told us that staff in the service worked well with them. For example, one professional said, "We have an excellent relationship with this home. They call us out appropriately and follow any advice we give, it's a pleasure to work with them."

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Without exception, people and relatives told us the registered manager and staff were extremely caring, compassionate and dedicated in their approach. A person told us, "The staff are so kind and caring." A relative said, "The care here is superb. The staff are all friendly and approachable, it's like a big, extended family. They (staff) go above and beyond."
- Professionals were also very positive about the caring nature of the staff. One told us, "When you chat with relatives they are always happy with the care. The staff are kind and do demonstrate care and compassion."
- We saw numerous compliments where people and relatives had shown their gratitude of the exceptional caring service they received. These included, 'The standard of care is exceptionally high and the kindness shown by staff, from all departments, is heart warming and lovely to behold.', 'Since my mum has been at the Fernes, she is transformed from a depressed lady to the life and soul of the place. I cannot put in to words how wonderful it is to feel we have got our mum back... The team are so patient, kind and professional.' and 'With [person's name] rapid deterioration, we had more cause to see for ourselves the loving care and attention she got from her carers, and would like to thank you all. The Fernes truly is a Care Home.'
- Relatives, the registered manager and staff told us of examples where they felt staff had displayed an outstanding level of care. Examples included, visiting people when they were in hospital in their own time, coming to spend time with people on their days off and extending their kindness to relatives. Staff had been recognised for these attributes in an employee of the month scheme. We saw one relative's nomination which stated, 'I cannot express how wonderful I think [staff members name] is, she is so caring and thoughtful. It brought tears to my eyes when she [description of event]. This shows how considerate and kind she is and I feel so appreciative.'
- Staff took exceptional care to get to know people and went out of their way to bring happiness to them. For example, one staff member had found out that a person used to work for the royal family and organised a letter from the Queen's lady in waiting. Another had travelled to a London hospital to pass on some knitted squares that a person had made for unwell babies. They came back with photographs of how this had positively impacted the babies. Both of these examples, meant a huge amount to the people concerned.
- Staff in the service proudly endeavoured to make people's wishes come true. We saw photographs of people realising their wishes with the support of staff and numerous examples of people's experiences were provided. One person used to be a jockey and missed the close contact they used to have with horses. Staff organised for them to spend time at a local stables and go horse riding. A record of how this had enhanced

their life was provided which stated, '[Person's name] beamed from ear to ear, and said he could not believe after all these years he was back on a horse'. Another person had a particular interest in spitfires due to their previous occupation. Staff organised a trip to an air show and had recorded the outcome, this stated, '[Person's name] was in his element, smiling and cheering, when they (spitfires) went overhead'. A further person wanted to go to America. Although staff couldn't take them to America, they organised an American themed event with American food, decorations and an Elvis tribute singer. The recorded outcome of this was, '[Person's name] was absolutely thrilled to bits with the afternoon, Elvis sang her favourite song... and she sang along to all the songs. [Person's name] said she loved that all her friends at The Fernes got to share the experience with her.

- We observed staff from all departments were caring, compassionate and responded to people with kindness and patience. Each staff member stopped and spoke with people as they passed. Staff showed genuine warmth and concern during these interactions. For example, when one person became upset about a situation, a staff member listened to them, provided reassurance and took prompt action to resolve the situation for them. The person was clearly pleased with the outcome.
- The registered manager and staff told us people's equality, diversity and human rights needs were respected and supported. People and relatives confirmed that care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. A professional told us, "Despite people's different disabilities, they are all treated respectfully and fairly, no one is made to feel different from anyone else."
- Staff supported people to follow their faith by facilitating regular visits and services by members of the local church. A staff member told us, "It's so lovely when we have the church services, people really enjoy them and it seems to bring them joy and comfort."
- People's birthdays and important events were celebrated in the home. We saw one person's door was adorned with balloons and a staff member told us, the team would soon be singing 'Happy birthday' to them with a cake that the chef had made. This helped people to feel valued.

Respecting and promoting people's privacy, dignity and independence

- Staff were highly passionate about their work. They spoke respectfully and fondly about people and were incredibly proud of achievements that had been made. One staff member told us, "I'm so proud of this home and our team because this home means everything to us. The whole team enjoys giving the residents everything they need and want, we all love making people's wishes come true.
- People's dignity was consistently promoted, and people were respected. A person told us, "Staff are very aware of your dignity when they help you. They cover you up with a towel." Staff spoke about the importance of treating people with dignity and respect and provided examples of how they did this.
- People were able to choose who supported them with personal care and were able to decide what times they wished to undertake daily activities, such as getting up, when they had a bath or shower and when they went to bed.
- People's independence was promoted. We observed one person being supported to mobilise using their walking frame. The staff member was encouraging and patient. Guidance was recorded in people's care plans which promoted independence, and staff were able to describe ways of maintaining people's skills. For example, one person who lived with dementia was supported to help take round refreshments for people.
- People's right to privacy and confidentiality was upheld. We observed that staff knocked on people's doors before entering and 'do not disturb' signs were hung outside people's doors when they were being assisted with personal care or wanted privacy. People's confidential information was stored securely.
- Relatives confirmed there were no restrictions when they visited, and they were always made to feel welcome. One relative told us, "I love coming to the home, it's like a family, we have got to know the staff and other residents too. The staff always offer us a cup of tea and take the time to talk to us."

Supporting people to express their views and be involved in making decisions about their care

- Each person was empowered, by staff and the provider's policies, to make their own choices and express their opinions, leading to people achieving positive outcomes and satisfaction.
- The provider sought the views of people and their families during the care planning process and through individual contact. One person confirmed this and told us, "They (staff) review my care plan and do it with me." People's care plans detailed what was important to them and how they wanted to be supported.
- The registered manager had implemented a 'Resident of the Day' scheme. This meant that the staff team would holistically focus on one person for a day and the person was involved in reviewing their care plans and ensuring they were happy with all aspects of the service that was provided for them.
- Staff supported people to make decisions about their care, for example, when they wanted to get up, what they wanted to wear and how they wanted to spend their time.
- Staff ensured that family members and others who were important to the person were kept updated with any changes to the person's care or health needs. Relatives told us that the staff in the service listened to them and acted on their feedback. For example, one relative had informed staff that their relative preferred a certain type of sandwich, they told us that their relative was now always given the sandwiches they preferred. They went on to say, "It's so nice they (staff) listened so [person's name] get what she wants."

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 good. At this inspection this key question has remained the same

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

- Staff in the home worked hard to get to know people and how best to support them in line with their needs and preferences. For example, when a new person arrived at The Fernes, the head staff member of each department would meet with the person to establish a personalised way of working with them, this was then shared with the rest of the team.
- Staff from the activities team collected information about people's life history and identified how they liked to spend their time. This was particularly useful for people who lived with dementia and we saw this provided people with good outcomes.
- People, relatives and professionals told us how beneficial it was that staff had a good understanding of people. One relative told us, "Staff have got to the level where they know [person's name] really well. [Person's name] is comfortable with them (staff) and they can have a joke. Staff have really got the measure of her which is great." A professional echoed this and said, "Staff know their residents well, it helps us when we come in, particularly with those who have cognitive problems."
- Care plans had been developed for each person and mostly provided sufficient information to enable staff to provide support to people in a personalised way. Information about people's preferred routines, life history and health conditions were included. However, we found some instances where people's care records could be improved. For example, one person did not have up to date information in their care plan. One person displayed behaviours that could challenge other people or staff. There was a lack of guidance in this person's care plan about how staff should support the person during these times. The registered manager improved these care plans at the time of the inspection and told us of their plans to ensure all care plans contained relevant and detailed information.
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.

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 provided with the opportunity to participate in a range of meaningful activities. A full and varied activities programme was in place and had been designed with input from the people living at The Fernes.
- A range of clubs were on offer for people to participate in if they wished, these included: a book club, gardening club, gentleman's club and cooking club. Other activities such as quizzes, arts and crafts and film

afternoons were also available.

- We saw that additional events were celebrated for people such as bonfire night. The home also welcomed external visitors which included, singing entertainers, young people from a local college, and a pet for therapy dog.
- Despite the full activities on offer for people, we observed a lack of social engagement for people who lived on memory lane on the first day of the inspection. We discussed this with the registered manager who assured us this was not usual and could have been due to the events of the day. They told us they would keep this under review and make changes if necessary.
- Staff were proactive in the way they had engaged with the community. The home had close links with the neighbouring memorial hall and people would attend events there such as coffee mornings. Regular outings took place and people had enjoyed visits to places such as garden centres, a zoo and the local shops.
- Volunteers supported with activities which meant more time was dedicated to ensuring people's social needs were met. The provider had invested in a 'magic' interactive table where light animations were used, this is particularly useful for people with mid to late stage dementia.
- The provider organised numerous events where they brought people together such as Christmas parties, summer barbeques and cheese and wine nights. People and relatives told us how much they enjoyed these events.

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's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- We saw evidence that the identified information and communication needs were met for individuals. Staff took time to ensure the people they were speaking with understood and they had time to engage. A staff member told us that one person benefitted from the use of communication cards and this helped them to describe what they wished to do as well as if they were experiencing pain.

End of life care and support

- People received compassionate and sensitive care from staff at the end of their lives. One relative told us, "They (staff) have been exceptional with [person's name] end of life care. The staff have been so caring and are competent."
- The registered manager engaged with external healthcare professionals effectively to ensure people's end of life care needs were met. Professionals were positive about the skills the staff displayed when supporting people at the end of their life. One said, "End of life care is done respectfully and really well here."
- Staff had received training in end of life care and some staff had started the 'Six Steps End of Life' training programme. This was a nationally accredited course which aims to develop staff knowledge and enhances end of life care for people.
- The registered manager was aware that care plans could be further developed to ensure people's preferences for end of life care were reflected.

Improving care quality in response to complaints or concerns

- There was an accessible complaints procedure in place which was made available to people and their representatives.
- Relatives knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed. One relative told us, "I've never needed to complain, but if I did, I know [registered manager] would deal with it successfully."

- Records of complaints that we saw had been adequately investigated and appropriate action had been taken in response to these. These records demonstrated that learning had taken place from complaints and improvements had been made when necessary.

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 good. At this inspection this key question has remained the same.

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

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

- People and relatives told us they were extremely happy with the service and that people received personalised care. Comments included, "This is one of the most humane places I've had the privilege to be part of. Every member of staff goes above and beyond what a normal care home usually does.", "This place is like heaven on earth." and "I can't impress on you how good it is here."
- Professionals were also positive about the home. One said, "This home would pass the mum's test for me. I would definitely put my mum in here."
- The registered manager and all the staff we spoke with put people using the service at the centre of everything they did. The staff we spoke with talked about the satisfaction they gained from making a positive difference to someone's life.
- The provider had set out the values of respect, integrity, passion, empowerment and responsibility. The registered manager promoted these values at the beginning of staff's employment and ensured these were incorporated in to the day to day running of the home. All staff we spoke with felt the values were being practiced and achieved.
- Staff morale was high and the atmosphere was warm, happy and supportive. Staff told us, "I love working here", "This is a lovely home, I'm absolutely supported, the managers are amazing and the team are positive and helpful." And "I love my job and coming to work, it's so nice working with the residents and seeing them so happy."
- Staff told us they felt valued. Staff meetings were in place and staff said they could make suggestions and help develop the service. For example, one member of staff told us about an idea they had with regard to the improvement of the activities and was pleased to see this had been implemented. The registered manager held an employee of the month scheme where staff were recognised for their good practice. On the day of inspection The Fernes were holding their own 'Bafta' awards. Everyone in the home had voted for staff in certain categories and it was clear that this event was enjoyed. This practice demonstrated how valued the staff were.
- People, relatives and professionals told us the home was well run. A professional told us, "Staff seem quite proud of the place. I think it comes from the top down The manager is quite experienced, she is a very good manager and leader. She's always visible."
- The registered manager and deputy manager were consistently described in a positive manner by people, relatives and staff. They were described as open, supportive, approachable and caring.

- Staff worked as a strong cohesive team, and there was a shared spirit of providing a good quality service to people. They had won 'Team of the Year 2019' in the providers annual awards ceremony. Staff were complimentary of each other and told us how supportive they were.

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

- The service was very well organised and had highly effective leadership. There was a clear management and staffing structure and staff were aware of their roles and responsibilities.
- The registered manager fulfilled their regulatory requirements by submitting notifications to CQC about events and incidents that happened in the service as required by law. A copy of the latest inspection rating and report was also on display at the home as required.
- A range of audits to check and assess the quality and safety of the service were regularly carried out. Information and identified trends were analysed by the registered manager with actions identified to ensure people were protected and safe.
- The provider demonstrated an open and transparent approach to their role. Where any safeguarding concerns were raised, or accidents occurred, relevant people were informed, in line with the duty of candour requirements, and CQC were notified of all significant events.

Continuous learning and improving care

- There was a strong emphasis on continually striving to improve the service and outcomes for people. The registered manager and deputy manager told us they held sessions in which they developed ideas of how to make improvements.
- Examples included: creating photo albums for people with the aim of capturing happy memories to enable people and their relatives to reflect on the good times, fundraising for a sensory trolley and organising a training session with the aim of increasing the amount of fluids people drank to reduce falls.
- The provider had introduced a research based training programme aimed at driving improvements to all aspects of the care they delivered for people living with dementia. This focussed on enhancing the environment on Memory Lane and improving interactions between people living with dementia, relatives, staff and professionals. The provider had other homes which had completed the programme and had found that people's overall quality of life had increased. The home was in the process of completing this training and the registered manager told us they were already seeing the benefits.
- All actions from audits were added to an improvement plan the registered manager and provider oversaw. Quality checks and outcomes for people at the service were regularly reviewed and changes were made in response to the findings. Information and improvement plans were shared with staff across each department so that lessons were learned and improvements made.
- Following our findings that some information in people's care plans needed to be improved, the registered manager told us that they would audit care plans more regularly and hold extra sessions with staff who completed care plans to ensure detailed and up to date information about people was included.
- The registered manager had staff who were 'champions' for some roles. They planned to introduce more champion roles for staff, so staff would have extra responsibility in certain areas such as falls, medicines and safeguarding. They would lead in these areas and go on to share their knowledge with the rest of the team.

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

- People and relatives had opportunities to feedback their views about the home in a variety of ways.
- Feedback received was positive. We saw many comments that had recently been posted on the 'carehome.uk' website, some of these included: 'It gives me peace of mind knowing [name of person] is receiving the best care possible. Nothing is too much trouble and all the staff are so dedicated. I love going

in there, it's a very happy place to be.', 'The care that my friend is receiving is second to none, the staff go out of the way to comfort her and please her. They could not do enough.' and 'The care and efficiency of The Fernes is exceptional and I highly recommend it.'

- Where suggestions had been made, the provider had addressed these. Actions that had been taken in response to people's suggestions were displayed on a 'You Said, We Did' board. One person told us, "We have residents meetings. We mostly discuss activities, we make suggestions about meals and things like that. They (staff) do listen when we make suggestions."
- Meetings were held with staff during which staff were given the opportunity to discuss issues and give their views.
- We found the registered manager and staff worked closely with other professionals to ensure people received effective, joined up care. One professional told us, "We have an excellent relationship with The Fernes. They celebrated world nursing day and invited us all for tea and cake. We got cards from the residents to thank us for working with them."
- The service was engaged with some charitable events. Charity coffee mornings had taken place and the home made poppies for Remembrance day. A staff member told us that people gained a sense of satisfaction from helping others.