

# Horizon Healthcare Homes Limited

## Ferndale Lodge

### Inspection report

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Date of inspection visit:  
24 April 2018

Date of publication:  
02 July 2018

### Ratings

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

# Summary of findings

## Overall summary

The inspection of Ferndale Lodge took place on 24 April 2018 and was unannounced. The service was last inspected on 21 and 23 September 2015 and at that time was meeting the regulations.

Ferndale Lodge is registered to provide personal care for up to eight people with learning disabilities and other complex health needs. The home is a single storey, purpose built building with a secure garden. There are eight private bedrooms with en-suite facilities, a communal bathroom, kitchen/dining room, lounge and sensory room. On the day of inspection there were eight people living at the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection the service was rated Good overall and Outstanding in effective. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Sufficient numbers of staff were deployed in order to provide safe care and treatment. Staff understood how to keep people safe and knew how to raise concerns. Risks had been assessed and recorded. People were protected from harm without restricting freedom.

Medicines were managed and stored safely. People were supported to have access to healthcare services.

Staff received appropriate induction and training to ensure they had the knowledge and skills to provide effective care. Staff received annual appraisals. Two members of staff had missed their scheduled supervision dates and these had not been rebooked.

Recruitment processes were in place. An employment reference had not been appropriately reviewed.

Food and drink was tailored to people's individual needs. Staff supported people appropriately to maintain their hydration and nutritional needs where required.

People 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.

Positive relationships between staff and people who lived at Ferndale Lodge were evident. People's

independence was promoted well by staff who understood how to maximise their independence.

There was clear evidence of person-centred care. People were involved in activities based upon their established routines and preferences. Care records contained very detailed information on how to support people.

Staff had clear direction and were sure about their roles and responsibilities. Systems and processes for ensuring the quality of the service were securely and effectively in place.

The service was led by an enthusiastic registered manager who was visible in the service and communication was open, honest and transparent.

Further information is in the detailed findings below.

## 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 remains Good.

Good ●

### Is the service effective?

The service has deteriorated to Good.

Good ●

### Is the service caring?

The service remains Good.

Good ●

### Is the service responsive?

The service remains Good.

Good ●

### Is the service well-led?

The service remains Good.

Good ●

# Ferndale Lodge

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 24 April 2018 was unannounced. An unannounced inspection is where we visit the service without telling anyone. The inspection was carried out by two adult social care inspectors.

We reviewed information we had received from the provider such as statutory notifications. We contacted the local authority commissioning and monitoring team, Healthwatch Kirklees, the infection control team and reviewed all the safeguarding information regarding the service. The registered provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

On the day of our inspection we spoke with three people who lived at the service, four relatives, the registered manager, the deputy manager, three support workers and one visiting healthcare professional. We looked at three care records, three staff files and other records relating to the management of the service.

# Is the service safe?

## Our findings

People who lived at the service reacted positively when we asked them if they felt safe. One person smiled and told us, "Yes." Two people gave us a 'thumbs up'.

We asked relatives whether they thought people living at the home were kept safe. A relative told us, "Yes. I do." A second relative said, "We feel [Name] is kept very safe" and "We couldn't have picked a better place anywhere." A visiting healthcare professional said, "I love coming to Ferndale Lodge. It's fantastic."

We were not able to communicate verbally with all the people who used the service but were able to observe interactions between people and staff members. We observed people appeared comfortable, happy and interested in what was happening at the home. We saw staff engage with people whilst providing support and each team member chatted in a relaxed and positive manner.

We looked at how safeguarding incidents were managed and reported. Safeguarding adults training records confirmed staff received relevant training. Staff we spoke with were confident how to identify potential abuse and were aware how to make a safeguarding referral. This showed staff knew the steps they needed to take to keep people safe.

Risks to individual people were assessed and documented and staff understood how to keep people safe. Risk assessments were detailed and contained clear directions for staff to ensure risk was well managed. Systems were in place to learn lessons from accidents and incidents.

Regular safety checks took place throughout the home to help ensure the equipment and premises were safe. Each person had a personal emergency evacuation plan in place. We found the home was clean and tidy.

We observed there were enough staff to keep people safe. The registered manager told us staffing levels were calculated based on individual needs through initial and ongoing assessment of the amount of care hours each person needed.

We looked at the recruitment files for three members of staff. In one recruitment file we found information provided in an employment reference had not been followed up appropriately. We raised this with the registered manager who assured us they would review immediately. They further told us they had raised our concern direct with the registered provider and their mentor as a learning and development opportunity.

Medicines were managed and stored safely in line with good practice. Staff had been trained to administer people's medicines. Each person had a detailed medicines care plan along with details of how people liked to take their medicines. We saw people were supported with their medicines as detailed in their care plan.

## Is the service effective?

### Our findings

At our last inspection the service was rated outstanding in this key question and at this inspection the service was rated as Good.

All staff had received annual appraisals and most staff had received supervisions to ensure people received effective care and this also enabled the development of good practice. A staff member told us they felt supported by the registered manager. We saw two scheduled supervisions had not been held with one staff member and three scheduled supervisions had not been held or rebooked with another staff member in an 11 month period. We brought this to the attention of the registered manager who assured us they would review immediately. This meant the number of supervisions carried out with these two members of staff were not in line with organisational policy.

All relatives we spoke with felt their family member's needs were met by staff who were knowledgeable and suitably skilled. One relative said, "Staff are knowledgeable about [Name's] needs. They keep 'an eye' on them."

Staff had been trained to gain the skills and knowledge they need to care for people. One staff member told us moving and handling training had involved them experiencing being hoisted to help learn and understand what it felt like. They told us, "They put me in a hoist. It felt strange." This provided staff with a better understanding of the needs of people they supported to enable them to carry out effective care.

Staff received induction and mandatory training. Staff new to the organisation were required to attend an induction programme and to complete the Care Certificate. The Care Certificate is a standardised programme of knowledge that aims to provide care staff with the skills they need to provide effective and compassionate care. This showed the registered provider was following care guidelines in their induction programme for staff.

The registered manager kept up to date with national guidelines and we saw people's care plans were underpinned by best practice. For example, specific and detailed advice was sought from different healthcare professionals and incorporated into the care plans to enable staff to provide effective care.

People were supported to maintain their nutrition and hydration needs. The service had been awarded a Kirklees Healthy Choice Award in March 2018 for good standards of food hygiene and healthy food options. We saw one person prepared their own drinks and meals with staff support if required. On the day of inspection we saw a staff member making fresh cucumber and potato soup. The staff member told us people had tried the soup before and had given positive feedback. They further told us people were currently involved in developing new menus.

People were encouraged and supported to have access to healthcare services. A relative told us, "Health wise, [Name] could not be in a better place." People's care plans contained a health action plan relating to their medical needs along with a hospital passport. A hospital passport contains important healthcare

information for hospital staff in the event of admission. On the day of inspection, two people received a planned visit by different healthcare professionals. We saw one person had a forthcoming appointment with the dentist another person had a chiropody appointment. This demonstrated staff's commitment to ensuring people had access to and attended other healthcare services.

The design and flow of the building was appropriate for the needs of the people who lived there. We saw there were two points of access to the secure rear garden. We saw people's bedrooms were personalised and individually decorated. Rooms contained personal photographs and items. We saw one person had decorated their bedroom with football related memorabilia which meant they were able to personalise their living space.

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. In a care plan we looked at a person had stated 'My [family member] and advocate help me understand information'. It was clear from the records we looked at and through our observations, people's choices and human rights were promoted. We saw decision specific MCA assessments were undertaken, for example, finances, daily living and dental treatment and where people did not have capacity to make a specific decision, best interest decisions were held.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us all the people who lived at the home were subject to a DoLS authorisation.



# Is the service caring?

## Our findings

People and their relatives told us staff were caring. One person told us, "Good caring". A relative told us, "[Name] loves it here. They (referring to staff) all love him to bits." A second relative said, "I think the home is absolutely wonderful." A third relative said, "They (referring to staff) seem very caring" and "[Name] is very, very happy."

Staff we spoke with clearly enjoyed working at Ferndale Lodge. They were motivated to provide good quality care and support. We saw staff had good relationships with people they supported. One staff member told us, "I love everything about my job. I feel lucky this is my job." A second staff member said, "You can focus on resident's needs and give them attention." A third staff member told us, "It makes me happy when they are happy. There is a bond. I enjoy looking after them. It's satisfying."

We found the consideration of people's religious and cultural needs were reflected in care plans we looked at and saw these detailed a person's religion and if required, religious support needs. A staff member told us one person's family had asked for the person to have a specific diet to meet religious beliefs but the person had chosen an alternative diet and we saw this reflected in their care plan. The staff member further said, "It is their choice." This showed people's religious, cultural and ethnic needs were respected.

Staff knew and understood people's needs and preferences. It was clear from discussions with staff they knew the people they supported very well. One person told us, "You get a choice. Wear what you want." A staff member described how one person preferred a shower in a morning and a bath in the evening as a relaxation aid and we saw this was reflected in their care plan.

People were supported to retain their independence. In a care plan we looked at we saw detailed instructions advising staff 'If you give me a face cloth, I can wash my own face and parts of my body'. This showed the person's wishes for their individual support needs and independence was respected.

People and their relatives had been involved in the development and review of care plans. We saw examples of communication aids and techniques being used which helped to engage people.

Staff were aware how to access advocacy services for people if the need arose. An advocate is a person who is able to speak on a person's behalf, when they may not be able to do so for themselves.

People's privacy and dignity were respected. A relative told us, "Staff absolutely respect privacy and dignity." Staff we spoke with understood the importance of maintaining people's privacy and dignity and gave examples of how they implemented this. For example, staff told us they ensured curtains were drawn and doors closed when providing assistance with personal care.

Relatives and visitors were welcomed and able to visit people without being unnecessarily restricted. A relative told us, "I always feel welcome." A second relative said, "We visit as often as we can."

## Is the service responsive?

### Our findings

We looked at three people's care records. We found these contained very detailed and personalised information to enable staff to provide effective care; we saw people and their relatives or advocates were involved in their care plans which were reviewed on a monthly basis by their key worker. Care plans included information relating to 'how I want to be supported', 'likes and dislikes' and other key information.

We saw people were supported to take part in a range of activities. People had been involved in deciding the activities they wanted to do. One person told us, "I go every week to town" and "I am a season ticket holder (referring to membership of a football club). I go with a carer." We saw another person liked to go out to shops and regularly bought magazines.

People were supported to maintain relationships with 'people that matter'. A relative told us, "I visit [Name] three times a week." Another relative said, "We're offered tea and biscuits every time we visit." One person told us they worked at a local organisation and described how they would travel by public transport to work and get a lift back home from their manager.

Technology was used to provide appropriate support to people. We saw the registered provider had recently purchased a voice activated wireless speaker to enable people to play music of their choice and interact with. A person told us, "I'll put Elvis on. I like Elvis." This meant the registered provider made use of technology to support people and improve the quality of the service.

People were supported with their mental and emotional needs. We saw one person had been supported to have a memorial plaque in the garden in memory of a loved one. A staff member told us, "[Name] will take flowers there."

All organisations providing NHS or adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure people who have a disability, impairment or sensory loss receive information they can access and understand, and any communication support they need. This requires care providers to ask, record, flag and share information about people's communication needs.

The registered manager stated they were not familiar with the AIS, however, we found the principles of the standard were followed within people's care plans. We saw a communication passport was in place for a person who had difficulty communicating due to a sensory impairment. Pen pictures and photographs were used throughout care plans to make them personal and accessible to people. This meant people were communicated with in a way which was appropriate to them. The registered manager said they would review AIS guidance and ensure any additional measures required were put in place. We will check that this has been progressed at the next inspection.

People told us they were confident to raise any concern or complaint. A relative told us, "I've never had cause to complain. It's a very happy home." They further told us they would talk to the registered manager if they had any concerns. We saw there was a complaints policy in place. Complaints received had been

investigated and actions had been or where being taken to address people's or relatives concerns.

We found care plans contained limited information regarding person centred end of life wishes. We raised this with the registered manager who acknowledged there had been limited discussions regarding end of life wishes due to the average age group of the people they supported. The registered manager told us they would discuss with the registered provider and look at holding respectful initial discussions with people and their relatives/advocates so person centred end of life wishes could be known and recorded appropriately within the care plans.

## Is the service well-led?

### Our findings

There was a registered manager in post who had been registered since August 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was enthusiastic about their role and positive about providing a quality service for the people who used the service. They had a visible presence in the home. All relatives we spoke with thought the home was well-led. Comments included, "The management are good", "Managers listen to me" and "Managers are approachable and listen to our concerns." However one relative stated communication between staff could be improved as they felt not all information was passed on.

Staff told us they felt very supported by the registered and deputy managers. One staff member said, "Managers act on our concerns" and "Everyone is happy." Another staff member said, "The management are good. They are good at managing the home."

Regular staff meetings took place within the home. We saw evidence that relevant issues were discussed and information shared with staff. A staff member confirmed staff meetings were held every few months.

Regular audits and quality assurance checks took place with an overview from the registered provider and issues acted upon. We saw an environmental health visit in December 2017 had awarded the service the highest rating of five stars for health and hygiene practices.

People and their relatives were asked for their feedback. One relative told us they would always fill out a questionnaire relating to the care and support their family member received. We saw feedback was sought in August 2017 and summary information and actions taken were shared with staff at a team meeting.

The registered provider demonstrated how the organisation was continually improving their service by partnership working at a local and national level. At service level, the registered manager told us they kept up to date with good practice through local authority events, training and had established links with the local police. They were also supported by the registered provider to develop into their role and there were systems in place to ensure the registered manager was given up to date information in relation to ensuring their service was working to best practice.