

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

## Fernbank Nursing Home

Finchley Way, London, N3 1AB

Tel: 02083493426

Date of Inspection: 18 April 2013

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

|  |                     |
|--|---------------------|
| <b>Consent to care and treatment</b>                             | ✓ Met this standard |
| <b>Care and welfare of people who use services</b>               | ✓ Met this standard |
| <b>Safeguarding people who use services from abuse</b>           | ✓ Met this standard |
| <b>Supporting workers</b>  | ✓ Met this standard |
| <b>Assessing and monitoring the quality of service provision</b> | ✓ Met this standard |

## Details about this location

|                         |  |
|-------------------------|--|
| Registered Provider     | Mr & Mrs K Bhanji  |
| Registered Manager      | Miss Nelisiwe Mthabela   |
| Overview of the service | Fernbank Nursing Home is a care home and may accommodate a maximum of 34 older people. The home is a large detached house with bedrooms on the ground and first floors. The home provides care for a culturally diverse range of people. |
| Type of service         | Care home service with nursing   |
| Regulated activities    | Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury  |

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

|   | Page |
|---|------|
| <b>Summary of this inspection:</b>                        |      |
| Why we carried out this inspection                        | 4    |
| How we carried out this inspection                        | 4    |
| What people told us and what we found                     | 4    |
| More information about the provider                       | 5    |
| <b>Our judgements for each standard inspected:</b>        |      |
| Consent to care and treatment                             | 6    |
| Care and welfare of people who use services               | 7    |
| Safeguarding people who use services from abuse           | 9    |
| Supporting workers  | 10   |
| Assessing and monitoring the quality of service provision | 11   |
| <b>About CQC Inspections</b>                              | 12   |
| <b>How we define our judgements</b>                       | 13   |
| <b>Glossary of terms we use in this report</b>            | 15   |
| <b>Contact us</b>   | 17   |

## Summary of this inspection

---

### Why we carried out this inspection

---

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

This was an unannounced inspection.

---

### How we carried out this inspection

---

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 April 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

---

### What people told us and what we found

---

People using the service told us that they liked it at the home and that staff were kind. One person said, "it is always good. The staff are nice, friendly and helpful." Another person said, "the staff look after people properly. When you call them they come. I have good relations with staff." One of the relatives we spoke with said, "It's very good. They do their best." The visiting health professional said, "staff are very cooperative and welcoming. They did what I asked them to do."

There was a warm and positive atmosphere at the service. The service was clean and presented well with photos of social events on display. We observed staff working kindly and carefully with people using the service. They spoke with people who use the service without rushing. The people we spoke with said they felt safe at the service. Staff told us that they were supported in their work and there was good teamwork. We saw that staff had received regular staff supervision and appraisal. Staff were knowledgeable about safeguarding matters and we were shown evidence that staff had received safeguarding training

We were shown evidence that a range of quality checks and audits were carried out and the manager described what further work was being planned such as relatives meetings, surveys and staff training.

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

---

## More information about the provider

---

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

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

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

---

### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

---

### Reasons for our judgement

We spoke with five people using the service in detail, observed staff, looked at care plans and spoke with the staff, manager and people visiting the service. The people using the service said that they had been asked for their views about care provision and had given their consent. One person said, "staff talk to me nicely. They tell me what they are going to do. There is a nurse and I can do physical exercises."

When we spoke with another person there was an extract from the person's care plan on display in their room. We went through this with the person who was able to confirm that care was provided as set out in their plan. Similarly, we were told by a third person that care, which involved a great deal of manual handling, was provided smoothly and to the person's wishes, "it has always been good," the person said.

The two visiting relatives we spoke with were able to describe the care arrangements that had been made for their relative. Both people using the service had been at the home for a number of years and their needs had changed over time. We were told that care provision had consistently been reliable and that it took people's views into consideration. We saw evidence on a case file where consent had been obtained from a person's relative about resuscitation as well as care matters.

The manager told us that development work is to take place in relation to the Mental Capacity Act 2005 (MCA). For example, staff would receive additional training and the manager said she intended to develop the home's forms after that to include mental capacity issues further.

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

---

**Our judgement**

---

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

---

**Reasons for our judgement**

---

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at four care plans and spoke with people using the service as well as staff about the care provided. The care plans were clearly set out with separate sections for risk assessments, care plan objectives and reviews. They were easy to follow and the risk assessments had been reviewed regularly.

When we spoke with people we could see that staff were providing them with care as set out in the care plans. One person we spoke with described how staff helped him with a mobile hoist. He said, "staff are good at that. They help and it works fine." We identified that the manager and staff had a good overall understanding of the needs of people using the service. They were able to describe each person's needs and how they were addressing any arising issues. For example, we used case tracking with four people and we were able to discuss in detail the care arrangements for each person. Further evidence about this was provided by a visiting healthcare professional who said that staff had done what he had asked for after his first visit. He said staff were, "good at following through the plan of care."

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We observed staff working with people using the service in a person centred way. For example, staff spoke with people in a friendly manner about what they were going to do, such as assist with lunch or to help transfer a person to a chair using a mobile hoist. Staff told us that there was sufficient equipment for the manual handling they needed to do and told us they had undertaken manual handling training. This was confirmed when we looked at staff training records.

We carried out a formal observation for 40 minutes over the lunch time period using the Short Observational Framework for Inspection (SOFI) tool. There were a number of people using this service who have dementia. The results of our SOFI observation were positive. We saw that people eating lunch received regular positive engagement with staff. This was through staff either assisting people to eat, settle for lunch and in general exchanges of conversation throughout the meal. We saw that each member of staff acted with the same overall manner of friendliness and helpfulness to people using the service. There was a calmness to the mealtime and we saw that staff worked well together by

helping each other. For example, one member of staff checked that all people had received their meal and another chatted with people at the dining room table at intervals throughout the meal.

We saw that there had been a number of equality and diversity initiatives taken which had produced an overall welcoming atmosphere at the service. This was commented on favourably by people using the service, staff, the visiting healthcare professional and relatives. We identified other actions that had contributed to the positive atmosphere. For example, one person using the service told us that they asked the cook to make Asian style meals. They said, this had been successful and the quality of the Asian meals had grown. Other people we spoke to confirmed this. We also saw that each care plan had an equalities statement at the front and we saw similar equalities and dignity statements throughout the home. The manager described how she had worked with staff to create a positive team spirit. Staff told us that teamwork and working well together were some of the best things about working at this service.

**People should be protected from abuse and staff should respect their human rights**

---

## **Our judgement**

---

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

---

## **Reasons for our judgement**

---

We spoke with the five people using the service about how safe they felt at the home. Overwhelmingly, the response was that the home was safe, staff were helpful and help was provided. One person said, "Yes, this is a friendly place. Staff help." We saw that there was a calm, friendly and open atmosphere at the service. We observed that staff worked with people well and were considerate and patient.

We observed that the activities co-ordinator assisted staff by having a presence throughout the day. She worked with people on a one-to-one basis as well as in groups in the lounge. The activities co-ordinator told us that some people using the service would tell her any concerns they may have during her activities sessions. She was then able to advise the manager if needed.

The staff we spoke with said that they had undertaken safeguarding adults training. We looked at the staff training records and we saw training certificates which confirmed this. Staff were aware of what constituted abuse and were able to say what they would do if they witnessed abuse.

We spoke with the manager about safeguarding. We identified that the manager had a firm understanding of how to address matters. These included the reporting of abuse to the local authority and the safeguards that may be needed to protect other people using the service.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

---

## **Our judgement**

---

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

---

## **Reasons for our judgement**

---

Staff received appropriate professional development. We spoke with four members of staff. Staff told us that they received training relevant to their work as well as supervision. We saw staff training records and staff supervision records which confirmed this.

All the members of staff said they felt supported in their work. One member of staff described working at the home. "I like the work. I feel at home here. Staff work well together. They understand the residents. There is a family environment." Another said, "the manager is supportive. I get on well with everyone."

Training was discussed with the manager. We were shown the staff training matrix and certificates of training. The manager said that training was a mix of in-house training, DVD training and external training. The external training was usually provided by the local council. We saw that relevant training had been provided to staff. However, we did note that staff needed to receive Mental Capacity Act 2005 (MCA) training. The manager said that this was planned. This is an essential part of staff training especially for a service providing dementia care.

We discussed staff supervision arrangements with the manager. She described the system in use which involves the nursing staff supervising care staff. The manager supervises the nursing and other staff, such as catering, administration and maintenance staff. We were shown supervision records to confirm this as well as staff appraisal records.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

---

### Our judgement

---

The provider was meeting this standard.

The provider had an effective system in place to regularly assess and monitor the quality of service that people receive.

---

### Reasons for our judgement

---

The manager explained the initiatives in place used to assess and monitor the quality of the service. The manager completed a monthly medication audit which was shown to us. Staff confirmed that the manager did checks on them including medication checks. The manager told us that the deputy manager carried out a regular care plan audit. However, there were no records kept of this. We did not have concerns about the care plans but the provider may wish to keep written records of these audits.

We identified that other quality and monitoring checks in place included staff supervision, regular meetings with the activities co-ordinator as well as reviews of activities records and fire and maintenance checks. We reviewed a sample of these records. The manager told us that there were relatives meetings held periodically and that annual surveys were completed. There had not been a 2013 survey so far. However, we did see that there were displays in the communal area that included opportunities for people to provide feedback about the service.

We identified that the quality and monitoring initiatives could be strengthened by carrying out regular health and safety and infection control monitoring. The provider may wish to include such monitoring in the overall quality assurance initiatives.

## About CQC inspections

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

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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

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

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

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

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

## How we define our judgements

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

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

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

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

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

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

---

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

---

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

---

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

---

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

## Glossary of terms we use in this report

### Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

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

## Glossary of terms we use in this report (continued)

---

### **(Registered) Provider**

---

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

---

### **Regulations**

---

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

---

### **Responsive inspection**

---

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

---

### **Routine inspection**

---

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

---

### **Themed inspection**

---

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

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---