

Mr & Mrs K Bhanji

# Fernbank Nursing Home

## Inspection report

Finchley Way  
London  
N3 1AB

Tel: 02083493426

Website: [www.fernbanknursinghome.co.uk](http://www.fernbanknursinghome.co.uk)

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### Ratings

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

# Summary of findings

## Overall summary

This focused inspection took place on 12 June 2017 and was unannounced.

We carried out an unannounced comprehensive inspection of this service on 7 December 2016 and 4 January 2017. Breaches of legal requirements were found, in respect of safe care and treatment, and meeting nutritional and hydration needs. We rated the service as Requires Improvement.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for this service on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Fernbank Nursing Home is registered to provide accommodation and personal care for up to 34 people and specialises in dementia care. The home is run by a private partnership. There were 23 people using the service at the time of this inspection.

The service had a registered manager, which 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.

At this inspection, we found that the provider had followed their plan and legal requirements had been met. Records and feedback showed that people were supported to eat and drink enough, and that they were provided with more choice around meals and snacks. There was good oversight of their malnutrition and dehydration risks, and we found that action was taken where concerns were identified.

Procedures to minimise the risks of people developing pressure ulcers were now consistently followed. Individual choking risk assessments had been developed. Staff followed people's individual care plans in relation to choking risks.

Referrals to community specialists for support with concerns relating to people's care and treatment took place where appropriate. Procedures had been reviewed and streamlined to enable quicker access.

The way the service was being managed identified risks to people's safety and welfare, and took action to address concerns arising from this. There was a willingness to learn from audits and concerns so as to improve services to people.

People we spoke with told us they would recommend the service to others, which matched the sentiments of recent online feedback we saw from relatives. Staff spoke highly of the support they had for their roles in

the service.

## 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. Procedures to minimise the risks of people developing pressure ulcers were now consistently followed. Individual choking risk assessments had been developed and staff followed related care plans. Referrals to community specialists for support with these matters had taken place where appropriate.

Good ●

### Is the service effective?

The service was effective. People were supported to eat and drink enough. Where people were at higher risk of malnutrition or dehydration, systems of monitoring their welfare, for example what they ate and drank, were effectively implemented and reviewed.

Good ●

### Is the service well-led?

The service was well-led. The way the service was being managed identified risks to people's safety and welfare, and took action to address concerns arising from this. Learning from audits and concerns took place so as to improve services to people.

Good ●

# Fernbank Nursing Home

## 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.

We undertook this unannounced focused inspection of Fernbank Nursing Home on 12 June 2017. This was to check that the provider now met the legal requirements relating to the two breaches identified at our previous inspection.

Before the inspection, we checked for any notifications made to us by the provider, any safeguarding alerts raised about people using the service, and the information we held on our database about the service and provider.

The inspection was carried out by one adult social care inspector. The service was inspected against three of the five questions we ask about services: is the service safe, effective and well-led? This is because the service was not meeting some legal requirements or required improvement in those areas.

There were 23 people using the service at the time of our inspection. During the inspection process, we spoke with two people using the service, two care staff, the registered manager and Mr Bhanji.

During our visit, we looked at selected areas of the premises including some people's rooms and we observed care delivery in communal areas. We looked at care records of three people using the service including care plans and monitoring charts, and some management records such quality auditing tools and the service-wide weight monitoring chart.

## Is the service safe?

### Our findings

At our last inspection, procedures to minimise the risks of people developing pressure ulcers were not consistently followed. Individual choking risk assessments had not been developed. Referrals to community specialists for support with these matters were not always timely. This meant the provider was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that the provider had addressed these safety concerns.

A few people needed regular repositioning, to help them avoid skin deterioration and pressure ulcers. Individual charts were kept in their rooms to help demonstrate that they were being moved to different positions in a timely manner. The charts had been filled in throughout the day and night across the previous week, and indicated regular repositioning support. They included checks of any visual deterioration of the person's skin in a number of vulnerable areas. One of these people was able to confirm good support with repositioning to us. Staff we spoke with knew who needed repositioning and the individual reasons why. This all helped to demonstrate that these people were being cared for safely.

The registered manager and staff informed us that no-one currently had a pressure ulcer. We noted that people's care files included an individualised risk assessment and care plan in respect of skin integrity that was reviewed on a monthly basis. This now included the precise date of when the review took place. Copies of referrals for community Tissue Viability Nurse support were kept where needed.

The registered manager told us that four people using the service who were at risk of choking whilst eating or drinking. We saw detailed choking risk assessments in place within these people's files that reflected each person's individual circumstances. This included questions about their posture, their alertness and their cognitive functioning. The results of the risk assessment prompted the reviewer for further action depending on the overall level of risk. For example, to refer for community Speech and Language Therapy (SALT) input. Records showed this occurred where appropriate. The risk assessments were reviewed monthly, to help ensure that further risks were addressed. Specific care plans were also developed and kept under review, for staff to follow in respect of the main risks and support the person needed.

We saw at lunch that two person's care plans for choking risk were being followed, for example, in terms of the consistency of meals provided and the staff support they needed. We checked people who stayed in their beds at lunch and found them to have been supported to sit up for their meals, which reduced choking risks. Staff told us the design of the beds in people's rooms supported people to sit up easily.

Staff and the registered manager told us that training on choking was provided by a training organisation, and had been followed up with in-house discussions. Staff could tell us of people's specific risks relating to choking and how they provided support. Where appropriate, this was in line with SALT guidelines that we saw had been displayed in relevant people's rooms for ease of access.

There was now a separate file used for referrals for community healthcare professional support. The

registered manager explained that copies of referrals had been kept in her office, but these were now securely available for nursing staff to check and use. This helped ensure quicker and more comprehensive access to relevant professionals. The registered manager added that since our last inspection, they had established that some professionals such as dietitians did not need GP approval for accessing their service. Hence there were template referral forms for each professional with guidance on where to send the form. Records showed prompt referrals where needed, such as at the result of the advice of another community healthcare professional. One person told us of getting prompt community professional help when needed such as with the GP, and that staff support had been provided when they had to attend a clinic.

The registered manager showed us that individual risk assessments had been developed for the safety of people in their rooms. As with all risk assessments in people's files, these were kept under regular review and modified as per changed needs.

People told us of receiving a safe service. Their comments included, "It's very safe; they always come and help you" and "I'm lucky to be here."

## Is the service effective?

### Our findings

At our last inspection, there was insufficient evidence of ensuring people's nutritional needs were met. This included that charts used to record the treatment of people at risk of malnutrition and dehydration were not consistently completed. This meant the provider was in breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that the provider had addressed the above concerns relating to the effectiveness of the service.

People told us they received enough to drink. The registered manager told us that food and fluid charts were now being maintained for everybody in support of minimising malnutrition and dehydration risks. We found the charts to have been filled in throughout the day and night across the previous week. Fluid intakes had been totalled at the end of each day. Most charts we checked indicated that people had been supported to drink enough. Staff were encouraged to record whether the fluid intake was sufficient and what action they were planning if not. This helped to demonstrate that people were supported to eat and drink enough and that action was taken where risks emerged.

During lunch we saw good support provided for people who needed help to eat and drink. People were supported in a patient and friendly manner. Pureed meals were well presented. People were encouraged to eat independently, with adapted equipment where beneficial, but staff supported people to eat where needed. Where someone did not eat much, staff noticed and ultimately sat with them to provide support. The atmosphere was calm, and we saw a number of people clearly enjoying their meals and interactions with both staff and other people using the service. People told us of enjoying the food, for example, "I'm getting good food here" and "The food is balanced, and they take a note of what each person wants." Someone who needed support told us they always received it.

We overheard people being asked what they wanted for lunch around an hour before it was served. There were two main options, but alternatives were also provided such as vegetarian meals according to records of what each person chose each day. These records showed that options were also available at breakfast and supper. Supper continued to be based around sandwiches, but records across the previous week included some people eating hot meals such as sausages and mashed potato. It was evident that people were now being provided with more choice at supper. We saw pictures and equipment used to provide a choice of cakes and biscuits with afternoon tea, meaning choice at that time had also been improved on.

The service had specialist equipment that allowed someone to be weighed in a wheelchair if needed. Records showed that people's weight was being monitored on a regular basis, in some cases weekly. The registered manager explained that this was a result of concerns being raised by staff verbally or through unplanned weight loss. The registered manager informed us of actions taken in respect of different people depending on their circumstances, including community dietitian referrals and acquisition of fortified diets or supplements. Staff could also tell us of these processes for specific people. For example, where one person was not eating enough, they had identified when the person preferred to eat and what they would



tolerate at other times of the day. They told us of sharing this with the staff team so as to help the person to eat more. These processes all helped to demonstrate that the service was minimising people's nutritional and hydration risks. We also noted that some people's weight records indicated weight gain where this was part of their agreed care plan.

## Is the service well-led?

### Our findings

At our last inspection, the way the service was being managed was not always identifying risks to people's safety and welfare, particularly in relation to the concerns we identified. Whilst this was not a breach of regulations, the service was not consistently well-led and required improvement.

At this inspection, people provided positive feedback about the overall management of the service. One person said, "Matron (the registered manager) does attend to suggestions." Staff told us of feeling supported to undertake their care roles, and that concerns about people's care were discussed amongst the team and the registered manager to help resolve matters. As one staff member said, "There is a platform to talk here." Staff felt that the quality of the service had improved as a result of recent changes made such as with food and fluid charts, as they were "easier to understand." They told us of regular training and that a recent training course was held in two different sessions which helped more staff including night staff to attend.

The registered manager demonstrated how improvements had been made since the last inspection. She explained that she had liaised with the local authority's Quality in Care Homes team who had made regular support visits to the service. As part of that process, certain documents had been redesigned to make them a better fit for the service. This included through staff feedback on what worked well for them in supporting people with their care, such as food and fluid charts. The process to involve community healthcare professionals had been clarified so that people received better healthcare support where needed. This helped to demonstrate a positive and inclusive culture that aimed for improve on the quality of care people received.

We saw that audit records of people's care files were now better designed to check the accuracy of records and hence pick up on care concerns. The registered manager told us this was work-in-progress, as further accuracy was needed to ensure the audit identified matters such as a minor inconsistency that we found during our visit. However, records of audits of food and fluid charts had clear examples of identifying concerns and taking action to make improvements. As we found food and fluid charts were much more accurate and complete than at our last visit, the audit process was supporting the effective governance of the service.

The registered manager showed us that the first-aid box in the dining area was now suitably stocked with in-date items. The box contained a monthly audit of contents to help ensure it had the necessary items.

During our visit, we checked with the registered manager about notifications to CQC as our pre-inspection checks identified lower levels of notifications than expected. The registered manager provided us with copies of documents showing that notifications had been written and sent to CQC. However, we found that the email address used to send us two notifications had a spelling error, which the service had not corrected despite receiving auto-response emails informing them that the notification had not been delivered. Following our visit, we found that the registered manager had formally notified us of the two outstanding matters shortly after we left the premises. This helped assure us that our concerns were taken seriously.

As breaches identified at the last inspection had been addressed at this unannounced inspection, and the registered manager could also demonstrate transparency in terms of where some further minor improvements were needed, we concluded that the service is now well-led.