

North Ferriby Nursing Home

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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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

North Ferriby Nursing Home is a residential care home providing personal and nursing care to 30 people at the time of the inspection. The service can support up to 38 people.

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

We received positive feedback from people about the support provided to them. People felt safe and well cared for and said staff were kind. Relatives were positive about the management of the service and the good standard of care their family member received.

People received their medicines on time and as prescribed. There were enough competent, skilled staff to keep people safe from avoidable harm and the risk of abuse.

Staff's knowledge of the people they supported was good and they were able to tell us about the risks associated with people's care and how to minimise these.

Staff received suitable training and support to enable them to carry out their role. Appropriate recruitment procedures were in place to ensure staff were suitable to work in this service.

Staff consulted with people about their care. 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 interest; the policies and systems in the service supported this practice.

Staff assessed people's needs and provided appropriate care and support. Staff were caring and helped people to maintain their independence. They respected people as individuals.

People, staff and relatives told us the service was well led. The registered manager had systems in place to monitor the quality of the service and made improvements where necessary.

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 15 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 caring.

Details are in our caring findings below.

Good ●

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 ●

North Ferriby Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, a specialist advisor who was a nurse, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

North Ferriby Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service about their experience of the care provided. We spoke with eight members of staff including the registered manager and three care and nursing staff. A visiting GP provided feedback about the service.

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

After the inspection

We looked at training data, induction records and some policies.

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

- The service had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm.
- People we spoke with told us they felt safe and able to raise any concerns they might have.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People felt safe and happy when supported by staff. One person said, "Staff are nice, they all talk to me and keep me safe."
- Staff had good knowledge of the people they supported. They were aware of risks associated with people's care and how to monitor and take action to reduce these risks.
- Care plans contained guidance for staff to follow to keep people safe.
- There were regular checks on equipment to ensure it was safe and fit for purpose.
- Accidents and incidents were recorded and evaluated for any recurring themes or patterns. This helped to identify any action necessary to prevent reoccurrence. For example, at the request of one person a lock was fitted, and a nurse call bell relocated in their room to reduce the risk of others entering.

Staffing and recruitment

- Staff were recruited safely and there were enough competent staff to care for people. We received mixed views when we asked people if staff were always available to support them. One said, "Been a bit short staffed lately due to people going on holiday." Another told us, "Lots of staff around looking after us."
- The registered manager regularly reviewed staffing levels to meet people's changing needs.

Using medicines safely

- Medicines were safely managed. People received their medicines as prescribed. A relative told us, "I have never seen any evidence of [Name] being in pain."
- Medicines were stored correctly and disposed of safely. Staff kept accurate medicines records.

Preventing and controlling infection

- Staff followed good infection control practices to prevent the spread of healthcare related infections.

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.

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

- Care and support was planned and delivered following an assessment of people's needs and preferences. This was reviewed and updated to ensure people continued to receive the right care and support. One relative said, "They keep me informed very well when there are any changes and I am involved in regular reviews."
- We saw good practice guidance was followed, for example in relation to maintaining good dental care.

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

- Staff worked with other health and social care agencies to provide effective care.
- Guidance and support from healthcare professionals was sought and followed. A healthcare professional told us, "Staff are efficient in calling the GP if they are concerned about any resident."
- Information was shared with other agencies if people needed to access services such as district nurses or hospitals.

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

- People had enough to eat and drink throughout the day and those who required assistance received the support they needed. People told us they enjoyed the food and were given choice. One person told us, "There is a good variety, all very nice. I have a two-course breakfast, three-course lunch and two-course tea."
- The dining experience was pleasant. Some people chose to eat in their bedrooms and others sat together in the dining area.

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

- People lived in a homely, clean environment. They had access to private space to spend time with friends and family, and areas to sit together with others and socialise if they chose to.
- People had been encouraged to personalise their rooms.

Staff support: induction, training, skills and experience

- Staff had suitable skills and knowledge to meet people's individual needs.
- Staff completed an induction before they started working at the home. They continued to receive training to meet people's needs.
- Staff received regular supervision and told us they were well supported by the management team. One

said, "[Registered manager] is my supervisor. I have one [supervision] every couple of months, they are useful. [Name] always has eyes on you so they know if you're doing okay."

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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity was assessed in line with best practice guidelines.
- Staff involved people in decisions about their care.
- People could make individual choices and decisions about their daily lives. One person said, "I have many years' experience of the care home system. I set up my care package myself."

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were comfortable and appeared well looked after. Staff were kind and respectful.
- People and relatives said staff were caring. One person told us, "Most are very kind, very caring. I can talk to all of them." A relative said, "It [the home] is excellent. The staff look after [relative] very well."
- Staff communicated with people with compassion and warmth. They were supportive in their approach and gave people time to respond.
- People were treated fairly and equally. Information about their diverse needs was assessed and recorded in care plans and available to staff.

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

- People were supported to make decisions; staff routinely offered people choices.
- People and relatives were able to contribute to care planning. A relative said, "Yes, our family had full involvement in setting up a care plan."
- The provider made information available to people to support them to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's rights to privacy and dignity was respected. One person told us, "All of the staff are most respectful."
- Care records were stored securely, and staff supported people with personal care discreetly and sensitively.
- People were supported to be as independent as possible.

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 were knowledgeable about people's preferences and how they liked to be supported.
- Care plans were personalised and reflected people's individual care and support needs. The information was kept under review and updated in line with any changes. A staff member said, "We have access to people's information which is current at all times."

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

- There was a range of activities for people to access. A communal area of the service displayed information about activities, which people could participate in.
- Relatives and visitors were not restricted to times when they could visit the service. One told us, "It is open visiting."

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 met. These were recorded in their care plan.

End of life care and support

- The service was not supporting anyone with end of life care when we visited.
- Staff understood the importance of anticipating people's needs and told us they had worked closely with other professionals where necessary.
- People's care plans included their preferences for end of life care.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place.
- People had access to the complaint's procedure, which was displayed in the home.
- People and relatives knew how to provide feedback about their experiences of care, and the home.

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

- There was a welcoming atmosphere in the home and people were positive about the care and support they received. Comments included, "It's a good service. I would recommend the home." A relative said, "It's a very friendly, open family service."
- Everyone we spoke with gave positive feedback about the leadership and management of the service.
- Staff told us they felt listened to and described the registered manager as 'approachable'. One member of staff said, "I never feel like there is a closed door."

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; Continuous learning and improving care

- The service was organised and well-run; people were treated with respect and in a professional manner.
- The registered manager and staff understood their roles and responsibilities.
- Systems were in place to ensure the service was consistently monitored and quality assurance was maintained.
- People, relatives and staff were comfortable about raising any issues or concerns and were confident appropriate action would be taken to resolve these.

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

- People told us they were happy living at the home and they were supported with any personal preferences. Care records included information to raise awareness and enable support for any diverse needs.
- The registered manager was clearly visible within the home and engaged openly with people, their relatives and staff.
- Links with outside services and key organisations in the local community were well maintained.