



Inspection Report on

Ferndale House

**Ferndale House Resource Centre
Station Road
Ferndale
CF43 4ND**

Date Inspection Completed

9 December 2021

09/12/2021

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About Ferndale House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Rhondda Cynon Taff County Borough Council Adults and Children's Services
Registered places	26
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

Ferndale House is a registered care home providing personal care and accommodation for 26 adults who may also have dementia care needs. The home also has a day centre facility operating from the ground floor of the home. The home is located in the village of Ferndale, Rhondda Cynon Taf. The home is owned and operated by Rhondda Cynon Taf County Borough Council has nominated a responsible individual to oversee the operation of the home. A manager is in post who is registered with Social Care Wales

The ground floor day centre facility was closed on the day we inspected. People receive care from support workers who are suitably trained and supported. They have accurate personal plans that detail their individual care needs; plans are dated and identify review dates. Day to day issues are effectively communicated via a care monitoring system. People, and their representatives, are complimentary about the positive relationships they have with care workers and management. Support workers report they feel well supported and are happy in their roles.

A good standard of hygiene and infection control is maintained to reduce risks of cross infection. Support workers can access personal protective equipment (PPE) easily and we saw this being worn appropriately.

Well-being

People have a voice and the service supports their rights and choices. People's individual needs inform their personal plan, and care and support is adapted to suit their circumstances. The service asks people and their relatives about their wishes, involves them in the planning of their care, and supports them to have meaningful outcomes. People's needs, and risks to safety and well-being, are thoroughly documented and reviewed. All documents in the care plan are dated and have a set review date.

We talked to relatives over the telephone. We received good feedback about the standard of care. People speak highly of the care workers, they told us they are kind, patient and respectful, as well as considerate about their individual situation, wishes and dignity. We hear that management is approachable and co-operative. Up to date written information about the service and advocacy access is available. Some of the comments were: *"The care is amazing"* and, *"I can't praise them too highly, they go above and beyond"*.

The service safeguarding systems reflect present government procedures and ensures that current systems and processes are in place to safeguard people from harm. Care workers receive specialist training in addition to core training to support them to meet people's individual needs. Care workers demonstrate they know their responsibilities and are able to keep people safe and well supported.

People live in comfortable accommodation. They are able to spend time in their own bedrooms or in the home's indoor and outdoor communal areas. We found people's bedrooms to be personalised and generally decorated to a good standard. There are suitable arrangements in place for the staff team to report any maintenance issues so these can be addressed. A good standard of hygiene and infection control is being maintained to reduce risks of cross infection. Support workers can access personal protective equipment (PPE) easily and we saw this being worn appropriately.

Care and Support

The service considers a wide range of information about people prior to them moving in to the service. Information is gathered from the person, relatives and relevant professionals and an initial support plan is developed. We saw evidence that personal plans were comprehensive and provided clear guidance to care workers as to the support needs and planned outcomes for individuals. Care workers we spoke with told us they felt the plans are clear, reflected individual needs and gave the information needed to support people. Where possible people and or their relatives are involved in developing their plan. Risk assessments are in place and reviewed regularly. The service works closely with specialist health care professionals.

People have positive relationships with care workers and management. The relatives we spoke to were very complimentary about the service, care workers and management. One person told us "I love it here" another told us *"There is nothing bad I can say about living here."* A relative told us *"I am very pleased with the care provided. I phone every week and the manager and staff give me detailed feedback. I am always made to feel welcome when I visit"*.

We observed positive interactions between care workers and people. There was an emphasis on recognising at an early stage signs that a resident may be becoming un-well or upset. Care workers we spoke with demonstrated good awareness of various techniques used with each individual to manage their behaviours. Support workers commented positively on the quality of the training they received, even though the pandemic had restricted training opportunities. Wi-Fi has been installed so that staff can access on-line training opportunities.

We saw people are supported to take part in a range of individual and group activities. We examined the medication policy and found it is comprehensive and up to date. Training records show support workers had training in the administration of medication and regular medication audits were undertaken. Daily medication room temperatures were recorded. There were no gaps in the recording of medication administered. This was confirmed in discussions with care workers.

Environment

People are protected and their safety is maintained. We found the entrance to the home was secure, but accessible by a call bell entry system. Before entering the property visitor identity was checked and the visitor book signed. We were asked to take a Lateral Flow Test for COVID-19 before being allowed to enter the building.

People benefit from a clean and safe environment. We found the home to be clean, tidy and free from any malodours. The home was arranged over four floors, with bedrooms on the top three floors, accessible by a central lift and two stairways. Each floor has an individual name, creating a sense of belongingness. The kitchen, offices, laundry and staff's rest room was on the ground floor. Each floor presented like a separate home, with the lower floor specifically for people with dementia. There are no rooms with an en-suite toilet although these facilities were available nearby. Bathrooms included hoists, which meant it was easier for people to get in and out of the bath. We saw a number of bedrooms, all of which were personalised. People told us that they were warm and comfortable at night. Each floor had two seating areas.

People benefit from the procedures that are in place for maintaining a safe environment. We saw that restrictors had been fitted to windows as a safety measure to limit their opening. We saw documentation that evidenced that PAT testing (Portable Appliance Testing), gas safety tests, fire equipment and legionnaire testing had all been carried out within the required time scales.

The service is committed to have a good standard of cleanliness and hygiene. Substances hazardous to health are stored safely. Medicines and personal files are only accessible for those with authorised access, to ensure confidentiality and safety. The maintenance records show that utilities, equipment and fire safety features are regularly checked, and serviced by authorised contractors. The home is minimising hazards, for example by checking water temperatures and using specialised safety features. People have a personal emergency evacuation plan specific to their individual support needs in case of an emergency.

Leadership and Management

The service provider has systems in place to support the smooth operation of the service, to ensure the care and support of individuals enables them to achieve their personal outcomes. Policies and procedures are reviewed and amended as required. The service is delivered in line with the statement of purpose (SOP). The service produces a written guide to provide people with information about the service. The written guide would benefit from being in a more accessible format, such as large print or using pictures/images etc.

Quality audits and checks are in place to ensure the service continues to meet people's needs. Communication with relatives is frequent to update them on developments and gain feedback about the service and share ideas for possible improvements.

The vision, values and purpose of the service are clear and actively implemented. The Responsible Individual carries out three monthly and six monthly quality assurance visits. These visits involve talking to people and support workers to gain their views on the service provided. The six monthly quality assurance reviews, in addition to talking to support workers and people, involve a detailed look at other aspects of the way the service is delivered such as environmental assessments. It also sets out areas of improvements that have been identified.

Support workers at the service are supported and trained and have completed mandatory training as detailed in the statement of purpose to ensure they are appropriately qualified to support people to achieve their personal outcomes. Care workers have regular supervision and annual appraisals, and regular support workers meetings are held to keep support workers up to date. Care workers are aware of, and understand, the recent All Wales Safeguarding Procedures. Recruitment documents are up to date with appropriate Disclosure and Barring (DBS) checks in place.

In response to the challenges of COVID-19, the service has provided training electronically. Support workers told us they could do the training at their own pace, and there was a lot more information available. Support workers told us they were happy in their work and complimentary of the manager of the service one said, *"I would recommend as a place to work here"*.

The service provides an active offer of the Welsh language. The manager told us that if a person wanted the statement of purpose or service user guide in Welsh this could be provided.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

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