



# Inspection Report on

**Ferndale House**

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

## **Date Inspection Completed**

14/06/2023

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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	9 December 2021
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People and their families are very happy with the care and support provided at Ferndale House. People told us they like living there and we saw people at ease in their environment. Care staff are compassionate and respectful. The service has systems to ensure care and support is of a good standard. People benefit from detailed and outcome-focused personal plans which are reviewed regularly. The service gets the right support for people at the right time, working closely with other agencies. Policies and procedures are in place to help protect people from harm or abuse. Improvements are needed around the storage of medication. The service has auditing systems and meets the legal requirements in relation to Responsible Individual (RI) visits and quality of care reviews. The environment is clean and well-maintained. Infection control measures are of a good standard. Care staff are recruited following robust recruitment checks, receive regular supervision, and feel supported in their work. Improvements are needed around staff training.

## Well-being

People are treated with dignity and respect at Ferndale House. We saw people very well-settled in their environment, receiving warm and caring support. People told us they are very happy with the support they receive. People's relatives highly praised the quality of care and support. The service has very good relationships and lines of communication with relatives, who told us staff keep them informed and updated. Friends and relatives can visit.

People are supported to be as healthy as they can by getting the right care at the right time. The service works closely with external health professionals to refer any concerns, facilitates ongoing support from professionals such as district nurses, and follows appropriate guidance. Personal plans are sufficiently detailed and reviewed regularly. Meal options are balanced, and portions appear appropriate. The service has a sufficient supply of personal protective equipment (PPE) and we saw this being used appropriately. People receive their prescribed medication as directed. Improvements are needed around the storage of medication.

People live in an environment that supports them to meet their needs. Ferndale House is a refurbished building for older people with residential care needs, and for those who may also experience dementia. Bedrooms are comfortable and personalised, with sufficient communal areas available. Suitable mobility aids are in place to help people where needed. The home is clean, well-maintained, and well-situated to the local community.

There are systems in place to help protect people from abuse and harm. Policies and procedures support good practice and can assist staff to report a safeguarding concern should this be needed. Care staff report they feel confident if they raised an issue with the manager, it would be responded to. Pre-recruitment checks are robust and regular supervision supports continued development. Incidents and accidents are logged, and appropriate actions taken by the service in response. Improvements are needed around staff training.

We were told the home could not provide a service to people in Welsh at the time of the inspection and would need to make efforts to facilitate support in Welsh if needed.

## Care and Support

Care and support is extremely warm and positive at Ferndale House. We saw kind and compassionate interactions from care staff towards people, with people appearing well cared for and appropriately dressed. Care staff did not appear rushed, nor were people having to wait long for assistance. People told us they are “*very happy*”, “*so pleased they live there*”, “*the staff are amazing*”, and they “*couldn’t rate it highly enough*”. People’s relatives told us staff are “*caring, really thoughtful*”, “*nothing is too much trouble*”, and they “*speak to her lovely, treating her as someone who’s important*”. A visiting professional told us “*this is the best home I’ve worked with*”.

Care staff have up-to-date knowledge of people’s needs. Personal plans are individualised, detailed and outcome focused. Daily recordings and supplementary monitoring charts are in place, giving important information about people’s progress and identifying changes in care needs. We saw plans are reviewed regularly. We viewed evidence of appropriate and timely referrals to health professionals, with recommendations and direction acted upon by the service and personal plans updated accordingly. Deprivation of Liberty Safeguard (DoLS) applications have been made where people lack mental capacity to make decisions about their care and accommodation and need to be deprived of their liberty to keep them safe. This information is reflected in their personal plans.

People benefit from a balanced diet and varied menu. On the day of inspection, we viewed a variety of options on the menu, with people offered alternatives if needed. We saw evidence of people having drinks to help keep them hydrated and observed them being supported at mealtimes. Dietary preferences are understood and available to kitchen staff, who explained to us in detail about some people’s specific dietary needs. This information corresponded with information in people’s personal plans.

There are infection control measures in place to help reduce the risk of transmission of potential sources of infection. Staff have access to a supply of appropriate PPE. There is an infection control policy in place which staff are aware of and understand their responsibilities around this. Domestic staff have daily cleaning schedules, which we observed during the inspection.

There are systems in place for the management of medication. Records show staff administer medication in line with the prescriber’s directions. The home has an up-to-date medication policy in place. Medication is audited.

## Environment

Ferndale House provides an environment that is clean, safe, and adapted to help people meet their needs. The home is a four-story refurbished building, located in Ferndale. The ground floor houses the kitchen and staff areas, as well as a currently unused day service facility. The first floor provides support for older adults who have residential care needs and experience dementia. The top two floors provide support to adults who have residential care needs. The home is clean, tidy, and free from malodours. Visitors are required to sign in before entry. Rooms are individualised to people's tastes and contain photos, decorations, and keepsakes, which promote a feeling of belonging. Each floor has a lounge area, where people can choose to spend their time. There are sufficient toilet and bathing facilities available on each floor. Dining rooms are located on each floor, where people can choose to have meals. Communal areas are tidy and uncluttered. The kitchen facilities are appropriate for the home and achieved a Food Hygiene Rating of 4, meaning it is 'good'. A good-sized garden area to the rear of the ground floor of the home has seating and is available for people to use.

The home environment is safe. Substances hazardous to health are locked in cupboards, in line with Control of Substances Hazardous to Health (COSHH) regulations. There were window restrictors in all bedrooms and bathrooms viewed. We saw fire exits were clear of clutter and obstructions, with no obvious trip hazards more generally. Daily cleaning and laundry duties were being maintained. There are maintenance people in place. Maintenance records confirm the routine testing of utilities, such as gas, electric and water. The auditing and servicing of equipment is up to date and fire safety tests and drills are completed. Personal emergency evacuation plans enable staff to understand the level of support people require in the event of an emergency and are easily accessible.

## Leadership and Management

People are supported by an experienced team of care staff who are recruited safely. Staff files show the correct recruitment arrangements and contain all legally required information, such as up-to-date Disclosure and Barring Service checks and proof of identity. Care staff start work once pre-employment checks are completed. New care staff complete an induction programme. Care staff are registered with the workforce regulator, Social Care Wales. Training records show most care staff do not have up to date refresher training in core areas of care, which falls short of what is expected. We advised this is an area for improvement, and we expect the service to take timely action to address this.

Care staff generally feel supported in their role. They told us they “*love working here*” and “*it’s like a close-knit family*”, with the manager being “*great*” and “*will help if she can*”. Turnover of care workers is low, with some having worked for the service for many years, helping facilitate continuity of care. Care staff have regular supervision and yearly appraisals to reflect on their performance, identify support they might require, and discuss any issues. The manager told us staffing levels are worked out based on people’s level of need. The rota showed target staffing levels were being met and was reflective of staffing on the day.

Governance, auditing, and quality assurance arrangements are in place to support the running of the service. These systems help the service to self-evaluate and identify where improvements are required. The RI has oversight of the service. We saw evidence of the RI undertaking the legally required three-monthly service visits and six-monthly quality of care reviews. We saw the service has procedures to deal with complaints and address them. The service is open and transparent, identifying and acting to resolve issues and making the legally required notifications to Care Inspectorate Wales regarding occurrences at the service.

Policies and procedures, such as for complaints, infection control, medication, and safeguarding, are in place. They give guidance to care staff, for example telling them what to do if they thought someone was at risk of harm. We saw medication was not stored securely on the first floor, contrary to the medication policy and represented poor practice more generally. We advised this is an area for improvement, and we expect the service to take timely action to address this.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
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58	Medication is not always stored safely.	New
36	Core training has not been provided to staff.	New

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