



Inspection Report on

Ferndale House

**Station Road
Ferndale
CF43 4ND**

Date Inspection Completed

14/06/2024

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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	14 June 2023
Does this service promote Welsh language and culture?	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 are treated with dignity and warmth at Ferndale House. People receive kind and compassionate care and support. People's well-being is promoted by living in an environment that is clean and safe. Systems are in place to help protect people from abuse and neglect. The service supports people to stay as healthy as possible, working closely and diligently with health and social care professionals. Detailed care documentation is in place to support care staff to meet people's needs. The service provides a balanced diet and varied menu. Systems are in place to promote the safe management and storage of medication. The service is well run and has effective governance, auditing, and quality assurance arrangements. Staff training and recruitment is safe and effective. Care staff are enthusiastic and positive about working at the service. The service provides good information to the public.

Well-being

People are treated with dignity and warmth at Ferndale House. Care staff are kind and patient in their interactions with people. People told us they were happy with the service they receive. We saw people are supported to take part in meaningful activities at the service. The service has very good relationships with relatives, who keep them informed, updated, and involved in their relatives' care. Friends and relatives can visit when they wish.

The service supports people to stay as healthy as possible. Issues with people's health and well-being are reported and referred to the relevant health and social care professionals in a timely manner, with subsequent guidance diligently acted upon. Personal plans are detailed and reviewed very regularly. Meal options are balanced, and dietary needs are understood. People receive their prescribed medication as directed.

People live in an environment which supports them to meet their needs. Ferndale House is a refurbished building for older people with residential care needs, and for those living with dementia. Bedrooms are comfortable and personalised. There are sufficient communal areas and access to an outdoor area. Suitable mobility aids are in place to help people where needed. The home is clean and well-maintained.

Systems are in place to help protect people from abuse and neglect. The service identifies potential risks to people or care staff and how to manage these. Care staff know their safeguarding responsibilities and how to report issues if they are concerned for a person's well-being. Care staff feel confident if they raise an issue with the management team, it will be responded to. Ongoing training ensures care staff are sufficiently skilled. Policies and procedures help support care staff to ensure people are safe. Recruitment is effective, and regular staff supervision supports continued development. Incidents and accidents are logged, with appropriate actions taken by the service. Ongoing quality assurance audits ensure systems remain effective and improvements are identified and addressed. Access to the service is restricted to authorised individuals.

Care and Support

People receive warm and compassionate care and support. Interactions between care staff and people are relaxed, calm and respectful, with care staff able to spend meaningful time with people. People appear well cared for and settled in their environment. People told us *“I feel safe – that’s very important, “I feel well looked after”, and “they look after me and they know me”*. People’s families told us *“they never complain, and they would say if they weren’t happy”*. Visiting professionals told us *“it’s a pleasure, I like coming here. They have time for people. They want to learn and get better”*.

Detailed care documentation is in place to support care staff to meet people’s needs. The service considers a wide range of information before people move in. The service works with people, their families, and professionals to ensure they have the correct information to support people. Personal plans are outcome-focused and contain detailed information about the type of care and support people need and how best to deliver this. Accompanying risk assessments are in place, for example where someone is at risk of falls, or they have specific health conditions impacting on their well-being. Plans are reviewed regularly and updated following any significant occurrences or changes in need. Daily recordings and supplementary monitoring charts are completed, giving important information about people’s progress, and identifying changes in care needs. Appropriate referrals are made to external health professionals, who act on recommendations and direction given. Deprivation of Liberty Safeguard (DoLS) applications are made where people lack mental capacity to make decisions about their care and accommodation.

The service provides a balanced diet and varied menu. A variety of options are available, with alternatives offered if needed. Food appears appetising and portion sizes appropriate. People have drinks to help keep them hydrated throughout the day and are supported at mealtimes when required. Dietary needs and preferences are understood and available to kitchen staff.

Systems are in place to promote the safe management and storage of medication. Medication is stored appropriately and can only be accessed by authorised care staff. This is an improvement acted upon since the last inspection. Trained care staff accurately administer medication in line with the prescriber’s directions. An up-to-date medication policy in place. Medication is audited regularly.

Environment

People's well-being is promoted by living in an environment that is clean, safe, and adapted to their needs. Ferndale House is a four-story refurbished building, located in Ferndale. The ground floor houses the kitchen, laundry, 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 live with dementia. The top floor provides support to adults who have residential care needs, with the second floor not currently used by people. The home is clean, tidy, and free from malodours. Visitors are required to sign before entry and upon leaving, with access restricted to authorised persons only.

Bedrooms are comfortable and personalised to how people like them. 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 and undertake activities. Communal areas are tidy, homely, and uncluttered. The kitchen facilities are appropriate for the service and achieved a Food Hygiene Rating of 5, meaning they are 'very good'. A good-sized garden area to the rear of the ground floor is patioed and has seating for people to use.

The service takes measures to ensure the environment is safe. Substances hazardous to health are locked in cupboards, in line with Control of Substances Hazardous to Health (COSHH) regulations. Window restrictors are in all bedrooms and bathrooms viewed. Fire exits are clear of clutter and obstructions, with no obvious trip hazards more generally. Daily cleaning and laundry duties are maintained. Arrangements for repairs and the maintenance of the service are in place. Records confirm the routine testing and maintenance 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 are in place to enable staff to understand the level of support people require in the event of an emergency.

Leadership and Management

The service is well run and has effective governance, auditing, and quality assurance arrangements. These help identify what is working well and where improvements are needed. The Responsible Individual (RI) has good oversight of the service, undertaking three-monthly visits to meet with people and staff, and completing six-monthly quality of care review reports. Policies and procedures, such as for complaints, whistleblowing, medication, and safeguarding, are in place. They give guidance to care staff, for example guiding them how to correctly manage medication. Procedures are in place to deal with complaints. The service is open and transparent, making the legally required notifications to Care Inspectorate Wales (CIW) regarding occurrences at the service.

Staff training and recruitment is safe and effective. Care staff files hold the correct recruitment information and evidence of required documentation, such as up-to-date Disclosure and Barring Service checks and proof of identity. The correct pre-employment checks are in place, and care staff are registered with the workforce regulator, Social Care Wales. New care staff start work once a detailed induction has been completed. Training records show care staff generally have up to date training in core areas of care, which is an improvement acted upon since the last inspection.

Care staff are enthusiastic and positive about working at the service. They told us they “*love working here*” and “*it’s like a home from home*”. They feel well-supported by the management team, telling us “*they’re quick to help*”. Many of the staff team have been in post for some time, helping to facilitate continuity of care and consistent support. Care staff have regular supervision and a yearly appraisal 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 the level of need of people. The rota showed target staffing levels were reflective of staffing on the day of inspection.

The service provides good information to the public. The Statement of Purpose sets out the service’s aims, values, and support provided, and is updated regularly. A written guide contains detailed practical information about the service and the care provided and includes information such as how to make a complaint and how to access local advocacy if needed.

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 inspection	N/A
58	Medication is not always stored safely.	Achieved
36	Core training has not been provided to staff.	Achieved

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