

Forward Plus West Midlands Ltd

Fordrough Cottage

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Fordrough Cottage is a residential care home providing the regulated activity of accommodation for persons who require nursing or personal care to up to four people. The service provides support to people with a learning disability or autistic spectrum disorder. At the time of our inspection there were three people using the service. People had their own bedrooms and shared a lounge, dining room, kitchen and garden. We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support: Relatives told us they were concerned about recent changes in the staff team. The manager agreed recruiting the right staff had been a challenge but felt this issue was now resolved. Staff supported people to have the maximum possible choice, control and independence over their own lives. People were supported by staff to pursue their interests. The service worked with people to plan for when they experienced periods of distress, so their freedoms were restricted only if there was no alternative. The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms. Staff supported people to pursue their hobbies and interests. Staff enabled people to access specialist health and social care support in the community. Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care: People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood people's cultural needs and provided culturally appropriate care. Relatives spoke positively about the staff team. One relative described the staff team as 'respectful.' Relatives told us staff protected people's dignity. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People could pursue interests tailored to them. The service gave people opportunities to try new experiences which enhanced and enriched their lives.

Right Culture: Relatives told us communication with staff about their loved ones could be improved. Staff knew and understood people's care needs well. Staff were responsive to people and helped them live the quality of life of their choosing. Staff placed people's wishes, needs and rights at the heart of everything they did. The manager evaluated the quality of support provided to people and involved people, their relatives and other professionals when appropriate.

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 interests; the policies and systems in the service supported

this practice.

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 requires improvement (published 11 September 2019).

Why we inspected

The inspection was prompted in part due to concerns received about the care people were being given. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe effective and caring sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Fordrough Cottage

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

Service and service type

Fordrough Cottage is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Fordrough Cottage is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been appointed and was in the process of applying to register.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 08 September 2022 and ended on 23 September 2022. We visited the service on 08 and 12 September 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We communicated with one person who used the service about their experience of the care provided. People who used the service who were unable to talk with us used different ways of communicating including Makaton, British Sign Language, objects and their body language. We spoke with 11 members of staff including the home manager, the nominated individual, the quality and compliance manager, a senior support worker and support workers. We reviewed a range of records. These included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with three relatives about the care their loved ones received and a professional who had recently worked with the service.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All relatives told us their loved ones were safely cared for at Fordrough Cottage. Some felt they were not always informed of incidents which had occurred in a very timely way. We spoke to the manager about this who agreed to ensure clear and timely communication about any issues of concern.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise signs of abuse and report it. They told us they felt confident to raise any safeguarding concerns with the management team.
- Safeguarding concerns had been shared with the local authority and investigated appropriately.

Staffing and recruitment

- Relatives told us they were concerned about recent changes to the staff team. The manager explained although they had difficulty in recruiting staff with the right skills for the role, they felt they now had a good skill mix in the team. A relative told us; "The new staff do seem to know most things about my [relative] because they have taken the time to build a good care plan."
- Staff recruitment and induction processes promoted safety. This included using Disclosure and Barring Service (DBS) checks to provide information including details about convictions and cautions held on the Police National Computer.
- Staff spoke positively about the induction process and knew how to consider people's individual needs wishes and goals.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People were supported to manage risks to themselves wherever possible and make decisions about how to keep themselves safe.
- People's care records helped them get the support they needed. Staff could access high quality care records easily. Care records were accurate, up to date and stored securely.
- Staff told us they completed regular training to help them assess and monitor risk.

Using medicines safely

- We found a tray of medicines in excess of the total recorded for a person in the medicine's cupboard. It had been locked away but had not been recorded in the medicines count. We spoke to staff about this who explained the extra tray was sent in error by the pharmacy. They planned to return them but had not

recorded this or actioned it when the stock was counted. The extra tablets were returned to the pharmacy during the inspection. Keeping an accurate medicines stock count helps prevent people running out of tablets or having excessive stock which would go past its use by date.

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). Staff ensured people's medicines were reviewed by prescribers in line with these principles.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating, when medicines were given covertly, and when assessing risks of people taking medicines themselves.
- Staff received checks to ensure once they were trained, they maintained safe medicine's administration practices.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. During our visit we saw a bin with no lid containing waste from a Covid-19 lateral flow test in it. Staff explained that this was an office bin which had been used incorrectly and removed it straight away. The bin had been in a locked room reducing risks to people. We saw no other concerns relating to disposal of clinical waste.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service followed government guidance to support people in receiving visitors safely. People were also supported to visit family members safely. It was clear people highly valued staying in touch with and being able to see their family members regularly.

Learning lessons when things go wrong

- People received safe care because staff learnt from safety alerts and incidents.
- Staff managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learnt.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after.
- People had care and support plans which were personalised, holistic, strengths-based and reflected their needs and aspirations. Plans included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- There were clear pathways to future goals and aspirations, including skills teaching in people's support plans.
- Staff told us the care plans helped them to understand how people wanted to be supported. One staff member told us during their induction; "The care plans are good and really helped."

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have. It also included mental health needs, communication tools, positive behaviour support, human rights and all restrictive interventions.
- People benefitted from reasonable adjustments to their care to meet their needs, and their human rights were respected. This was because staff put their learning into practice.
- Staff were knowledgeable about and committed to deploying techniques which promoted the reduction in restrictive practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.
- Staff were positive about the support they received from the management team and told us they felt confident to raise any questions or concerns.

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

- People received support to eat and drink enough to maintain a balanced diet.
- Where possible people were involved in choosing their food, shopping, and planning their meals.
- People could have a drink or snack at any time, and they were given guidance from staff about healthy eating.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.
- One person told us about their favourite foods and that they were able to enjoy these regularly.

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

- The interior and decoration of the service was adapted in line with good practice to meet people's sensory needs.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.
- The design, layout and furnishings in the home supported people's individual needs. For example, staff learned a person preferred baths to showers. The shower unit was removed and replaced with a bath.

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

- People had health actions plans which were used by health and social care professionals to support them in the way they needed.
- People were supported to attend annual health checks, screening and primary care services as needed.
- People played an active role in maintaining their own health and wellbeing.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff empowered people to make their own decisions about their care and support.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means, and this was well documented.
- For people whom the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. 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

- Relatives spoke positively about the staff team. One relative told us: "Staff are kind, polite and welcoming." Another said: "Staff try their best to help [our loved one]. ...we don't feel anywhere else would give better care."
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff ensured people were protected from exposure to any environmental factors they would find stressful.

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

- People were given time to listen, process information and respond to staff and other professionals.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. They were able to describe ways in which each person preferred to communicate.
- People were enabled to make choices for themselves, and staff ensured they had the information they needed.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence.
- Each person had a skill teaching plan which identified target goals and aspirations and supported them to achieve greater confidence and independence
- Staff were able to describe ways in which they protected people's privacy and dignity.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating of this key question has remained good. 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

- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life.
- Goals and aspirations were planned and then progress evidenced with photographs to enable people to review their own experiences.
- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans.
- Staff made reasonable adjustments to ensure better health equality and outcomes for people. This included ensuring people with sensory sensitivities were supported in a way which was comfortable to them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information in formats they could understand.
- People had individual communication plans which detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff worked closely with health and social care professionals and ensured people were assessed to see if they would benefit from the use of non-verbal communication aids.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.

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

- People were encouraged and motivated by staff to reach their goals and aspirations.
- Staff ensured adjustments were made so people could participate in activities they wanted to.
- People were supported by staff to try new things and to develop their skills.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.
- The service treated concerns seriously and investigated them, learning lessons from the results which were shared with the whole team.

End of life care and support

- At the time of our inspection no one was receiving end of life support.
- People who were not able to make decisions about their end-of-life choices were supported by staff seeking information from their loved ones.

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives told us although they did receive updates and information about their loved ones, it needed to be more detailed and timelier. For example, one relative told us they did not find out about an incident which had affected their loved one until they visited them. Another told us they only found out about something which had happened when calling up to ask about their loved one and felt they should have been informed at the time. We discussed this with home manager. They agreed to look into improving the quality of regular updates for relatives, as well as ensuring incidents were always shared in a timely way.
- Some relatives told us although they were involved in reviews of their loved one's care, they did not feel as consulted and included as they had been. They felt some key staff members who had sought their advice about preparing to support people in various situations had left and newer staff had not taken this same approach. With permission we shared this information with the home manager who agreed newer staff may not be taking the same approach and advised this would be discussed with the staff team.
- Managers worked directly with people and led by example.
- Staff spoke highly of the manager and the wider management team. They told us they felt supported and able to share their views and concerns. One staff member told us; "[The management team] were very supportive to me [during a difficult time], they just spent a lot of time talking to me."
- A professional working with the service told us; "[The person receiving support]" seemed to interact especially well with [the manager] and seemed to like [them]."

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

- A duty of candour incident is where an unintended or unexpected incident occurs which results in the death of a person using the service, severe or moderate physical harm or prolonged psychosocial harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- The registered manager apologised to people, and their relatives when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of the inspection the government guidance stated staff did not have to test for Covid-19 unless they had symptoms. Although an email had been shared with the staff team explaining this, three different

staff members told us during the inspection they needed to test for Covid-19 and were not aware of the updated guidance.

- Although there was no risk to people from staff doing additional testing, the management team had not ensured all staff had read and understood the update about testing. We shared this with the manager who agreed they would review processes for sharing updates with staff to ensure they were received and understood.
- At the time of our inspection there was no registered manager in post. The home manager had taken initial steps towards the registered manager application process.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider sought feedback from people and their relatives and used the feedback to develop the service.
- Although there was disparity in the staff team regarding the most updated COVID-19 testing guidance, we did not find any concerns with use of policies and procedures. The provider kept up to date with national policy to inform improvements to the service.
- The provider invested sufficiently in the service, embracing change and delivering improvements. For example, new flooring had been added to the lounge area, people's bedrooms had been redecorated and plans were in place to improve the summer house.

Working in partnership with others

- The manager engaged in local forums to work with other organisations to improve care and support people using the service and the wider system.
- The service worked in partnership with other health and social care organisations, which helped give people using the service a voice and helped improve their wellbeing.