

Ferndale Care Services Limited

Sherbourne Grange

Inspection report

18-20 Sherbourne Road
Acocks Green
Birmingham
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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	

Overall summary

This inspection took place on 31 July 2015 and was unannounced. Sherbourne Grange was last inspected on 3 July 2013 and was meeting all the regulations checked.

Sherbourne Grange provides accommodation and care to up to 16 people who have a learning disabilities, autistic spectrum disorder or physical disabilities. At the time of our inspection there were 16 people living in the home.

The home is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a registered manager who had been in post for several years and knew the people living there well.

Staff knew how to reduce the risks of harm from abuse and unsafe practices. Risks were managed and people and staff knew what the risks were and how they were to be managed. Staff knew what actions to take in emergency situations to ensure people were protected.

Staffing levels met the needs of people and were adjusted according to what was happening on each day.

Summary of findings

Systems were in place to ensure that staff cared for different people on a weekly basis so that they were aware of each person's needs and how they wanted to be cared for.

The appropriate checks were undertaken when new staff were recruited to ensure that they were suitable to work with the people that lived in the home. Staff were supported to meet people's needs through training, care planning and supervision. There was a stable staff team that provided continuity of care.

People were supported to have their medicines safely. Health care professionals were involved to ensure that they received the medical care they needed. Staff followed the advice of health care professionals where this had been given.

Staff were caring and ensured that people were treated with dignity and respect ensuring their privacy was

maintained. People were supported to remain as independent as possible and were involved in carrying out some tasks of daily living. People were supported to maintain and develop relationships with people important to them. People's family members were often also supported to receive practical and emotional support.

Staff ensured that people received food and drink that met personal preferences, cultural and medical needs and kept them as healthy as possible.

People were supported to take part in leisure activities on an individual and group basis that included holidays. People were supported to maintain and develop links with family members.

The provider had quality assurance systems in place to monitor the care and support people received.

Summary of findings

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.

People living at Sherbourne Grange were kept safe because suitable staff were employed and given training, information and guidance on how to keep people safe. Risks were assessed and systems put in place to minimise the risk of injury and people were supported to receive their medicines as prescribed.

Good



Is the service effective?

The service was effective.

People were cared for and supported by staff that had been trained well and supervised so that people received care according to their needs and care plans. People's rights were upheld and staff worked in line with the Mental Capacity Act and ensured consent was gained when providing for personal and health care.

Good



Is the service caring?

The service was caring.

People were supported by staff that maintained their privacy and dignity, treated them with respect and promoted choices. Independence was promoted through the development of daily living skills and taking responsibility for tasks. People's emotional wellbeing was promoted.

Good



Is the service responsive?

The service was responsive.

People's care needs were met in a personalised way that ensured their cultural, personal and individual lifestyle needs were met. People were supported to organise holidays that met their needs and to use local community activities. People's changing needs were met with the involvement of other agencies involved in their care.

Good



Is the service well-led?

The service was well led.

The registered provider had systems in place to monitor the quality of the service taking into account people's views to ensure that people's needs were met and the service improved on a continual basis. The registered manager providing good leadership and an open culture was evident in the home.

Good



Sherbourne Grange

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 July 2015 and was unannounced. The inspection was undertaken by one inspector.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/

incidents and safeguarding alerts which they are required to send us by law. We asked the provider to complete a Provider Information Return (PIR) so they could provide information about the service to us including what they did well. This was completed and returned to us as requested. We considered any information shared with us by the local authorities that purchase the care on behalf of people.

As part of our inspection we spoke with seven people that used the service, three visiting professionals, two staff and the registered manager and two directors. We looked at records that included the care records of four people that received a service, the recruitment and personnel records of two staff, and records relating to the management of the service including quality assurance records and medication records.

Is the service safe?

Our findings

People that used the service told us that they felt safe with the staff that supported them. One person told us, “I like it here and it feels safe.” We observed that people looked comfortable and relaxed with staff and that staff worked in ways that reassured people. The provider information return (PIR) told us that staff had undertaken safeguarding training and discussed how safeguarding was relevant in the service. Staff we spoke with were all able to describe a wide range of safeguarding concerns and described the action they would take in response to abuse being reported or suspected. The registered manager responded appropriately to any potential safeguarding concerns and ensured that the appropriate professionals were involved to protect people and uphold their rights.

People were supported and encouraged to be as independent as possible. One person told us they could cook their own meal but staff had to help them. People were protected from the risks of injury because risks had been assessed and plans were in place to minimise them. One person’s care records showed that they had a telephone whereby staff could check that they had arrived at their relative’s home because they travelled independently. We saw that people had been assessed for activities such as being able to cross the road alone and activities such as smoking and drinking alcohol. The registered manager told us that they used the services of a health and safety consultant to check the premises and equipment so that people were protected from unnecessary risks.

People told us that there were always staff around to help them when they wanted help. One person told us, “There is

always someone available to talk to.” We observed that staff responded to people’s request in a caring and consistent manner. The registered manager told us that there was very little staff turnover so that the needs of people were known by the staff. The registered manager told us and staff confirmed that staffing levels were adjusted to accommodate the people at the home to ensure that all personal care needs were met and scheduled activities, outings and health appointments were undertaken. A visiting professional confirmed that there was continuity of staff and the staff knew the people they were supporting well. They told us, “There are always staff available to give people support.” Staff confirmed that there were sufficient staff available to meet the needs of the people they supported. Staff spoken with told us that references, police checks were undertaken. Training was provided before they were able to start work at the home. This showed that people were supported by staff that had been checked for their suitability and that had received the training they needed to care for people safely.

People told us they received their medicines as needed. One person told us, “They [staff] give me my medicines morning, afternoon and night. We saw that during the day people were asked to go to the office for their medicines if they were up. A member of staff told us that they took the medicines to people who didn’t want to get up early. We saw that there were systems in place for the safe receipt, storage and administration of medicines. We saw that staff were vigilant in ensuring that people received medicines in a form they were able to safely swallow. For example, we saw that a doctor had prescribed a tablet for someone who was unable to swallow tablets. Staff quickly identified this and took actions to ensure the liquid form of the medication was obtained from the GP.

Is the service effective?

Our findings

People told us that they were confident in the staff and their abilities to meet people's needs. People living in the home told us about the different ways in which the staff had helped them. For example, talking to them when they felt sad, helping them to cook and clean their bedrooms. Staff spoken with told us that they felt supported to carry out their roles. Staff told us they had access to care plans if they needed any information but had also got to know people over time as they had worked there a long time.

Staff confirmed that they had undertaken training in topics such as moving people safely, fire safety and first aid. In addition they had received training in specific topics such as dementia and epilepsy to help them meet people's individual needs. For example, a healthcare professional confirmed that staff were monitoring how the well the person was eating and sleeping and noting changes that were discussed with medical staff to determine if this could indicate ill health. A visiting healthcare professional confirmed that they had provided some specific training for the staff and commented that staff were keen to undertake training as indicated by the fact that all staff had attended the training. One member of staff told us that during an extended period of leave they had been invited in on "keeping in touch days" which meant they maintained links with people and received training updates in readiness for their return to work. Staff confirmed that they received regular support from the senior staff. One staff said, "The manager is always available for advice and that they received regular supervision." This meant that staff were kept up to date and supported to meet people's needs in an individualised way.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) sets out what must be done to protect the human rights of people who may lack the ability to make decisions to consent or refuse care. People told us that they were able to choose when to get up and go to bed, what they did during the day and how they spent their leisure time. We saw that people were asked what they wanted to do during our inspection. We observed and heard people being consulted and asked for their consent before being administered their medicines. Staff we spoke with had knowledge of the Mental Capacity Act 2005. This showed that consent for day to day care was obtained from people wherever possible.

We saw that people who were not able to consent to care were supported in a caring way on a day to day basis and other decisions were made in their best interests in consultation with other people involved in their care so that their human rights were protected. A visiting healthcare professional told us, "[Person's name] has a good quality of life. [Person's name] knows the staff and staff know how they liked to be cared for previously. Staff anticipate [Person's] needs and seek advice where needed." Another healthcare professional told us that they had been involved in ensuring that adequate consent was obtained for people unable to give their own consent. The PIR told us and the registered manager confirmed that DoLS applications had been submitted to the local authority for people who were unable to leave the home themselves unescorted. We saw that other people were able to go to the local shop unescorted whilst staff were able to observe them discreetly and ensure that they returned or actions taken to encourage them to return to the home.

A wide range of food and drinks were available to meet people's individual needs. People told us they liked the food. People were able to contribute to menu planning and to participate in food shopping to ensure they obtained food they liked and which met their cultural needs and preferences. One person told us "I can make a sandwich and a drink, with staff." Another person told us they went out to the shops to buy food so that they could cook their own meals. Two other people told us they went to buy snacks from the shop.

Some people required the texture of their food to be altered to enable them to swallow it safely. We found that specialist assessments and guidelines had been undertaken and specialist advice sought where needed. A visiting healthcare professional told us that staff consistently followed the advice they gave. We saw that at lunchtime people were offered choices and people enjoyed their lunch.

People's healthcare needs were met and there were close working relationships with a variety of healthcare professionals. One person told us, "They [staff] took me to hospital when I wasn't well." We saw that psychiatrists, GPs and speech and language therapists were involved in people's care. People were supported to attend appointments at clinics for health reviews such as blood monitoring to ensure that medicines were at the correct

Is the service effective?

levels or for monitoring health conditions and regular weight monitoring and medication reviews. A health facilitator told us that the staff advocated on behalf of people to ensure that their health needs were met and barriers to receiving healthcare were removed. There was a holistic approach to managing and sharing information with health professionals and other people involved in people's care. One healthcare professional told us that the staff ensured that people's rights to healthcare were achieved and discharge from hospitals only happened when it was right for the person.

The registered manager told us that the ethos of the home was to enable people to remain in their home for as long as possible as they aged or health needs deteriorated. We saw that a multi-agency approach with other professionals ensured that the diverse needs of people were met holistically.

Is the service caring?

Our findings

People told us that staff were caring and kind. One person told us, “The staff are always kind. They never shout.” Another person told us the registered manager was nice and kind. Staff spoken with knew what people’s likes and dislikes and what could upset them so they were able to reassure people in a caring and individualised way. For example, bereavement of family members had led to one person identifying a plot of land where they could place flowers when they became upset. The registered manager told us that she and the other owner of the service were involved in all aspects of people’s care and had developed close relationships with the people that lived there and their families.

We saw that the people living there cared for and supported each other by helping each other carry out tasks such as cleaning and laundry. We saw that staff intervened when they thought one person was taking on too many tasks for the other person to ensure they were not being used by the other person. We saw that people were comfortable in the presence of staff and felt comfortable choosing the people they wanted to speak with. During our inspection one person called the registered manager to a meeting to discuss an issue that was upsetting them. We saw that the manager listened to and then reassured the individual about their concerns and the steps that had been put in place to support them to be protect them from having to do things they did not want to do We saw that advocacy and other services had been involved to support people when their wishes were being overridden by their relatives. We saw that people’s cultural, social and religious needs were taken into account and services were involved in ensuring that the wishes of people were paramount. For example, on one occasion a person had been upset by family not celebrating their birthday. The registered provider organised a barbeque with members of their own family to celebrate the person’s birthday. People were supported emotionally when their family members were at the end of their lives to help them understand their feelings and to come to terms with losing people close to them. This was done by supporting them to make a memory collage with their relative, attend the funeral and work with bereavement services to talk about their feelings after the family members death.

The registered provider had developed relationships with people’s families and often extended their caring role to the families as well. We saw examples of how the staff at the home were involved in supporting families of the people that lived at Sherbourne Grange and often mediated in complex family relationships in an effort to maintain contact with those important to people. Relatives of people living at the home were supported to attend medical appointments; booking online flights and facilitating the home’s maintenance person assist them in their own homes. This showed that there was a strong person-centred culture where relationships between the people who used the service and people close to them were supported by staff to ensure their emotional wellbeing.

There was an emphasis on individual preferred daily routines so that people felt happy and were able to make choices on a day to day basis about what they ate and where they spent their time. One person told us, “I like to spend time in my bedroom but I like to go downstairs for drinks and meals.” There were close links with families and relative’s so that people were to attend family events and religious celebrations if they wanted.

People’s privacy and dignity was maintained. One person told us they felt respected. They told us, “Staff have respect for me; they show this by doing as I ask and call me [person’s name]”. People had bedrooms and their en suite facilities where they were able to be supported with personal care in an environment in which they felt comfortable. We saw that some people had chosen to have a key to their bedroom so that they could lock their belongings away and maintain a private space where they were not intruded upon.

People were supported to remain as independent as possible. Some people were able to go out independently and to ensure their safety they had a mobile phone so that staff could check on them or they could contact the staff if they became upset. Staff were supported to develop or maintain some cooking, shopping, money management skills. We saw that equipment was available to maintain people’s mobility, for example, walking frames and wheelchairs.

Is the service responsive?

Our findings

People had been encouraged as far as possible to plan their care and support needs so that the care provided was personalised to their individual needs. We discussed one person's care records with the individual and they confirmed that the contents were accurate and they knew about the records. We saw that care records were written from the perspective of the person receiving care and were reflective of their needs and personalities. Care records were reviewed regularly with the individual, family and professionals involved in their care so that they reflected people's individual and changing needs. For example, one person was not able to finance the number of cigarettes they smoked. An agreement had been put in place for the cigarettes to be held by staff and the individual would ask for them throughout the day. This system was not working as once the agreed number had been smoked the person continued to ask for more. The individual told us that a new agreement had been drawn up so that they were given a daily supply so they could see how many they had left and could manage when to smoke them. Another person's needs had increased considerably and the planning and carrying out of care and support had changed so that their needs were appropriately met. Equipment needed to meet changing needs was provided, for example, ceiling hoists had been fitted so that comfort was maximised during moving and handling procedures. Staff were responsible for ensuring that two or three named people were the focus of their attention on a weekly basis. The people allocated to staff were changed on a weekly basis ensuring that all staff were knowledgeable about people's needs.

People were supported to attend their preferred place of worship and attended particular events of importance such as St Patrick's Day and Divali celebrations to ensure that cultural needs were met. One person confirmed they enjoyed attending their place of worship and another person told us they no longer wanted to attend their place of worship meaning that people's changing needs were met. Menus reflected cultural and personal preferences and medical requirements. The staff were flexible and able to provide choice and ensure continuity of care by staff that had got to know people over time.

People were supported to maintain and develop relationships that were important to them. We saw that people were supported to maintain regular contact with

relatives by regular visits to them and because they were invited into the home for events such as birthdays and barbecues. One person told us they visited their relative regularly and they looked forward to the visit. One person had expressed a wish to make contact with relatives they had not seen for a long time. They had been supported to develop links through local visits and via the computer meaning the person felt happier. Another person had been supported to attend hospital appointments with relatives so that they could support their relative through treatments.

People were supported to take part in leisure pursuits that met their individual interests. One person told us about their musical interests that they were supported to maintain. Another person had been supported to book a holiday that met their individual need. Other people told us they were going on group holidays. One person attended a day centre. The registered manager told us that people's individual interests were supported by staff. One person told us they had written to the Royal family congratulating them on the birth of a new baby and that they had received a response from the palace. They told us they were supported to attend a knitting class in the community and they then took the blankets to the dog's home because they cared about dogs. We saw that people had been supported to go on holidays to Graceland as they were a fan of Elvis. A visiting professional told us that an individual whose needs had increased and who was unable to express their current preferences was taken out to places they previously enjoyed going to. The healthcare professional was confident that staff knew the individual well and noticed changes in behaviours, sleep or eating patterns to suggest that changes were taking place and referred appropriately for assessment. We saw that the individual had not been eating well on the day of our inspection and the GP was called to check the individual.

People told us that they were happy in the home but they would speak to staff or the manager if they did not feel happy. We saw this happen during our inspection. The registered manager told us that there had been no complaints about the service since our last inspection. Staff told us that if a person told them they were unhappy they would raise it with the senior staff to be dealt with. The registered manager told us there was a complaints process in place to be followed if a complaint was received.

Is the service well-led?

Our findings

People living at Sherbourne Grange told us they were happy living there and felt well supported. We saw that relatives of people living in the home were sent questionnaires for comments about the service. Health professionals spoken with were very complimentary about the staff and service and confirmed that they worked well with health professionals ensuring that good practice was spread throughout the staff team which resulted in good outcomes for people and ensured that inequalities in health were tackled. There were meetings with people that lived in the home so they were able to say if they were happy and encourage choices about the home such as menus and décor in the home. The majority of staff had worked there for a long time and felt supported and happy working there. Both staff spoken with said they felt the registered manager was supportive and available for advice. The registered manager confirmed that staff meetings had been limited however, information and issues were passed on during supervisions and through the message book and this system worked for the home. Staff told us they were happy with way of passing on information.

There were systems in place to ensure that the staff received continual appraisal and development so that the quality of the care and service given to people was continually improved. Staff told us that they were happy that they could raise issues with the manager and senior management team and felt listened to. The registered manager had been in post since the home had opened and knew the people living there and had built good

relationships with professionals, staff and families. The registered manager ensured that she remained up to date with new legislation such as the duty of candour to report issues and had reported issues that needed to be reported to the relevant people. Health care professionals told us that from their observations the home appeared to be well led by the registered manager and senior staff.

The registered manager told us and records confirmed that audits were carried out by an external company to ensure that checks were carried out to ensure systems and procedures were safe. These included health and safety checks and guidance in recruitment and staffing issues such as disciplinary actions where issues of performance had been addressed. In addition, the staff in the home carried out regular audits on safe food preparation practices cleanliness in the home and medication. We saw that the medication audits had not identified some of the shortfalls we identified. For example, Although people received their medicines we saw that it was not always possible to audit the medicines accurately because it could not be identified if a code had been used to show that a medicine had not been required or whether it was a staff members initials. In addition the amounts carried forward from one month to the next had not been recorded so that it was not known how many tablets were available in the home. The manager carried out regular walks around the home and identified minor repairs which were addressed immediately. There was an on-going business action plan in place for larger improvements in the home. Actions taken include the development of a wet room with shower trolley