Orchard Vale Trust Limited

Ferndale

Inspection report

131 Whitstone Road
Shepton Mallet
Somerset
BA4 5PS

Tel: 01749345885
Website: www.orchardvaletrust.org.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out a comprehensive inspection of Ferndale on 15 January 2017. This was an announced inspection. We told the provider three days before our inspection visit that we would be coming. This was because we wanted to make sure people would be at the service to speak with us. The service was last inspected in January 2014. The service was meeting regulations at that time.

Ferndale provides care and accommodation for up to three people who have autistic spectrum disorders. It is part of the Orchard Vale Trust group which offers care and support to people with learning disabilities and autistic spectrum disorders living in Somerset. At the time of the inspection two people were living at the service. Both people were living in their own self -contained living areas, with their own independent access as well as access from the main house. The main house had a central kitchen area as well as office space. The first floor contained living space for another person as well as including a staff sleep in area.

There was 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.

Accidents and incidents were not always being recorded. This meant staff might not be aware of when an accident had occurred or if additional support or monitoring was necessary following an incident. It also meant there was not a true reflection of accidents or incidents if the records were not accurate.

The service had not gained consent in respect of a person's care and support. The service had introduced a monetary rewards system for not displaying behaviours which challenged. Tasks included carrying out household jobs. However where the person displayed behaviours which challenged the service, financial penalties were imposed. For example small monetary amounts deducted from the daily allowance. There was no evidence to demonstrate this had been developed and discussed with the person in order to give them choices and consent to the design of their care and support.

Care records were person centred and contained specific information to guide staff who were supporting people. There were some parts of the care plans which included information about the person in a format which was meaningful for people. This included large print and pictorial information. However this was not always consistent, specifically around risk assessments. Staff said they knew people's needs because they had been supporting them for a long time and information was shared daily between the registered manager and staff. There was information about people's levels of risk and how it might be managed, also routines and personal preferences including some situations which might cause anxiety or stress.

Where appropriate people were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). Where a person had limited mental capacity but no DoLS authorisation in place, there was no evidence of their involvement in their care planning and review. The

service relied on annual review information from the placing authority. However these reviews did not always take place in a timely manner, resulting in some care planning information not being reviewed since 2015. This meant information might not be accurate in reflecting the person's current needs and adapting care plans to meet the changes which may have occurred.

Quality assurance systems were limited in that no recent surveys had taken place to gain the views of all stakeholders of the service including people living there, families, staff and other professionals who worked alongside the service. Staff told us they had 'round the table' meetings every three to six months.

People had access to a range of other professionals to support their health and wellbeing. Staff had motivated a person to lose weight by focussing on a healthy eating programme and increasing exercise including swimming and using an exercise bike.

Staff were supported by a system of supervision and training. New staff were required to complete a formal induction programme introducing them to the service's policies and procedures as well as working with other staff before working alone. Staff also undertook the Care Certificate within their first 12 weeks of employment if new to the role.

Staff recognised the importance of family relationships and friendships. People were encouraged and supported to develop and maintain social networks. People had access to a range of activities which supported them individually. Both people took a holiday in the summer months and were supported by staff to choose where to go and plan the holiday. People were supported by two staff members when they went on holiday due to the level of need.

The layout of the building was organised in a way which meant people were able to spend private time alone if they wished. There was also a shared dining kitchen area within the main house where people could socialize. For example, on the day of the inspection one person came into the main kitchen to talk with staff on duty.

Staff completed a recruitment process to ensure they had the appropriate skills and knowledge to carry out their role.

Staff members were available to support peoples' needs and engage in activities. Staffing levels were flexible so they could respond to people who at times required additional support. Staff on duty supported people respectfully. People told us that staff supported them to maintain their independence and we saw evidence of this within the care documentation we viewed. For example supporting people to develop life skills including cooking and supporting people to maintain links with the local community.

We identified breaches of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Accidents and incidents were not always being reported when they occurred.

Risk assessments were not always updated which meant information might not be accurate.

There were sufficient numbers of suitably qualified staff on duty to keep people using the service safe and meet their needs.

Staff completed a recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse.

Is the service effective?

Requires Improvement

The service was not effective. Restrictive practices were in place without evidence of consent or adequate assessment.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

People had access to other healthcare professionals as necessary.

Is the service caring?

Good

The service was caring. Staff were compassionate and treated people with dignity and respect.

People spoke highly of the staff and told us that they were supported with kindness.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Requires Improvement

The service was not always responsive. People's care plans were not reviewed regularly which had the potential to affect how staff responded to their needs.

People were supported and encouraged to actively engage with the local community and maintain relationships that were important to them.

Staff worked closely with health and social care professionals to achieve positive outcomes for people.

There was a system in place to receive and handle complaints or concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led. There were limited quality assurance checks in place. People were not being consulted about how the service was run.

Records for the operation of the service were not always being maintained.

The aim of the service was to focus on ensuring people had fulfilling lives and experiences.

The staff team told us they were supported by the registered manager. They were enthusiastic and positive about the service.

Ferndale

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 15 January 2017. The inspection team consisted of one adult social care inspector. Before the inspection we reviewed previous inspection reports and other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

We spoke with two people who lived at the service. We also spoke with the registered manager and two staff members. Following the inspection visit, we spoke with a relative and received information from two external health and social care professionals about their views of the service.

We looked at care records for two people, two staff training records, two recruitment files, medicine records and other records associated with the management of the service.

Requires Improvement

Is the service safe?

Our findings

Two people living at the Ferndale had limited verbal communication. We spent time with people and observed the support provided to them. The positive and friendly interactions between staff and people indicated they felt safe and at ease in their home. People approached without hesitation staff for assistance and reassurance throughout the day.

Accidents and incidents were not always being reported when they occurred. For example, daily records showed that a person had experienced a fall in December 2016. An accident record had not been completed for this fall. In another instance a person had fallen in the community in September 2016, an accident form had been completed but the incident had not been reported in the daily log. This meant staff might not be aware of when an accident had occurred or if any additional monitoring was necessary as a result of the incident.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where risks had been identified the care plans contained guidance for staff on how they could minimise the risk. However some of the risk assessments had not been regularly reviewed. One file showed a review of someone's behaviour patterns had taken place in December 2014. This person sometimes became anxious or distressed which could lead to them behaving in a way which might challenge staff or cause anxiety or damage to property. It also gave the amount not earned due to the behaviour. However, there was no evidence of a behavioural review following an incident. This meant there was no evidence of analysis in order to highlight any trends, patterns or causes.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were systems in place to support people to manage their finances. There were records of balances and receipts so that staff could show people how much money they had to make purchases within their personal budgets. People had their own bank accounts and access to money. Staff supported people to manage their money in a way which supported budget control. For example, staff reminded one person of the amount of weekly allowance they should draw from the bank to use each week. The staff had supported the person to gain advice from the bank about this and a system was put in place so the person did not overdraw money from their account. This meant they were able to maintain a level of financial independence.

People living at the service had a range of complex needs and this was reflected in how the service was staffed. For example, staffing levels varied for different activities, such as going out or when people went on holiday. The service made sure staffing levels were flexible in order to be able to respond to the changing situations. A staff member said, "We make sure people can do the things they want and there is always enough staff available to support people". Staff told us they worked with people to keep them safe while

allowing them to try new experiences and increase their independence. Examples included supporting people to access community events including going shopping, swimming and eating out. A staff member said, "We have worked hard with (person's name) to get them in public places. It's very fulfilling but can take a long time. We have to go at their pace". There were sufficient and competent staff available to accompany people during their active pursuits, to ensure they could participate in the activities they wanted to do, while managing the risk involved.

There were systems in place to protect people from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff accurately described the correct sequence of actions and outlined the different types of abuse. Staff told us they supported people in a way that kept people safe. They said they would challenge their colleagues if they observed any poor practice and would also report their concerns to the registered manager. There was a poster on the noticeboard giving details in pictorial format on how to support people in how to raise a safeguarding alert. This included appropriate contact details.

The Care Quality Commission (CQC) had received notifications as appropriate when there were any concerns regarding people's well-being or safety.

Recruitment processes were robust; all appropriate pre-employment checks were completed before new employees began work. For example Disclosure and Barring checks were completed and references were followed up. The recruitment process identified applicants had the appropriate skills and knowledge needed to provide care to meet people's needs.

Medicines were managed by staff who understood the system for the service. Both people living at the service had risk assessments in place to show how they would manage their own medicines. This was closely monitored by staff by providing both people with their individual medicine dosage system every Sunday. Staff responsible for dispensing the monitored dose system signed the records to show what had been given to the people. Staff said, "The system works well and they are more than able to take their own tablets when they need them. We keep an eye on things all week."

Creams and liquid medicines were dated when opened. This meant staff would be aware when medicines were likely to become less effective or expired. Where a person was prescribed PRN medicine (medicine to be administered only when required) there was clear guidance for staff to follow, in order to determine when it should be used. A homely remedy procedure was followed to make sure any medicines administered which were not prescribed were recorded and could be clearly audited.

The environment was clean and well maintained. People's living areas were kept clean. There were regular repairs and maintenance work to the premises. All service certificates were in place and up to date including electrical, fire systems and gas to ensure they were safe to use.

Requires Improvement

Is the service effective?

Our findings

The service was not following current best practice in respect of the core principles for adults with learning disabilities who display or are at risk of displaying behaviour that challenges. This guidance was published by the National Health Service (NHS) following the investigation of Winterbourne View. It advocates, "Active avoidance of restrictive and punitive approaches to managing behaviour that challenges at all times." The findings from this inspection demonstrated the service was not taking account of this 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 Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Capacity assessments had taken place for both people. This resulted in a DoLS authorisation being put in place for one person and its conditions were being adhered to. Another person had been assessed as lacking metal capacity in some areas including decision making. However, they did not meet the criteria for a DoLS authorisation.

Where a person displayed behaviour which may challenge, they were assessed as having limited capacity in some aspects of their day to day life, which may affect their understanding of decisions made by staff about how they received care and support. For example, they were receiving monetary reward for carrying out daily tasks. There was a brief rationale for why this would be a positive outcome for the person. It included, 'they respond well to money and had a passion for shopping'. However, the reward system also included a list of behaviour codes which meant, if the person displayed certain characteristics in the code, then money would be deducted from the daily allowance. Records showed that on two occasions, in December 2016 and January 2017, money had been deducted for throwing an object and shouting, banging and slamming. There was no evidence this person understood the reasons behind the deductions, or that steps were being taken to engage with the person to try and understand trigger points that may have caused these actions. Staff were directed to feed back the reason why money had been deducted between 17:00 and 17:30 on the day of an incident. There were no records to show this had occurred.

This person's care plan also included guidance in 2014 that would restrict the person's movements. For example, One day for temper outbursts, reviewed at the end of twenty-four hours. Property damage, one day reviewed after twenty four hours and physical aggression one week. When this was raised with the registered manager they told us it was old information, never enforced and should be removed. We spoke with staff on duty, spoke with the person and looked at their care records. There was no evidence to show

these behaviour penalties had been implemented, however, it clearly demonstrated the potential to restrict the persons' liberty of movement, whether or not the person resists. Following the inspection feedback the registered manager sent the commission an action plan which included the immediate review of the person's behaviour management plan and to review the restrictive terminology for this person.

During our review of financial information we were told by the registered manager that a person was making monthly payments to the service to pay for the cost of replacing a shower door which the person had damaged. There was no evidence of how this decision was reached with the person and no records available to demonstrate they had consented to it.

This was a breach of Regulation13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to access a range of health and social care professionals, including GP's, social workers, psychologists, opticians and dentists. People had access to regular health checks and illness prevention. A professional told us, "They (staff) are very good at picking things up if they (people using the service) are not well."

New employees were supported to undertake the Care Certificate within the first 12 weeks of employment. Once successfully completed staff were encouraged and supported to undertake further training which was specific to their roles and meeting the needs of people using the service. Training included understanding autism, safeguarding vulnerable adults, as well as other core training areas such as food safety and infection control.

Staff told us they felt supported by the registered manager. Staff told us there was an 'open door' policy and the manager was visible in the service. This supported staff informally whenever they wanted advice or guidance. Staff were being supported in meetings (called supervision) with a senior staff member, where they discussed how they provided support to help ensure they met people's needs. Annual appraisals were taking place with the registered manager and provided an opportunity for staff to review their aims, objectives and any learning development plans.

People were supported to eat and drink enough and maintain a balanced diet. Staff were familiar with people's choice of foods and encouraged people to take a balanced and healthy diet. For example one person had been encouraged by staff to start a healthy eating and exercise programme due to a diagnosis of a condition which affected certain food types. A staff member told us, "We are all really proud of (person's name) because they have done so well and as well as losing weight they are getting fit at the same time." When asked the person told us, "I feel better. I like swimming and the bike (exercise bike)." The service was operating a 'token economy' system as part of encouraging the person to lose weight and improve their fitness. For every pound in weight lost the person was rewarded with a pound in money. Staff told us that it was having a positive success and was a motivating factor in helping the person to continue.

Some people liked to make their own meals and snacks and were supported to do this with staff. Both people had a kitchen area in their individual accommodation. Each person had their own dining are but could use the main house if they chose to.

The design, layout and decoration of the service met people's individual needs. For example, people had personalised their personal living space so it was very individual to them. One person had their art work around their living space and had made their own kitchen tiles which they were very proud to show off. Another person had a personal preference for minimal decoration. A relative told us, "It was wonderful that

(person's name) was involved in the building and design of their annexe. They were there a lot when it was being built."

Good

Is the service caring?

Our findings

People were relaxed and at ease with staff. We observed people approach staff for support throughout the day and to engage in friendly conversation. Both people had their own independent living areas which adjoined the main house. Staff told us people liked their own space but had the opportunity to come into the main area of the house at any time. One person came in and out from their own annexe, frequently engaging with staff. Staff understood when people needed space and time on their own. For example, one person had very specific routines and staff acknowledged and respected this. A relative said, "(Person's name) is fantastically cared for. We couldn't wish for more."

Due to people's complex health needs we were not always able to verbally seek people's views on the care and support they received. However we observed staff were respectful and spoke with people in a kind and reassuring way. We observed staff relationships were relaxed and friendly and there were easy conversations and laughter. Staff, were familiar with people's communication techniques and able to support and engage with them. A staff member said, "(Persons name) has to have the time to get over what they want. It's about being patient and listening carefully". Staff explained to people what they were doing for them and why.

People were supported in a way which ensured their privacy and dignity was upheld. Staff protected people's privacy. They knocked on the doors to peoples own accommodation and requested consent before entering people's personal living space. Staff introduced us and explained the reason for our visit. This helped people feel more comfortable in our presence.

Where visual surveillance equipment was used to make hourly checks on a person's well-being, this had been agreed through a DoLS, authorisation with regular reviews in place. Staff used the system by checking on the person every hour. By making a visual check each hour meant the person did not require a member of staff to be with them at all times. This supported the person's independence. A staff member told us, "There is no recording and we use it very sparingly every hour".

One person liked to go out into the local town every day. They were supported to do this by staff that took them into town and picked them up when they wanted transport. Staff said the person recently had a sore leg and so they supported them more frequently. Staff showed interest in what they had done in town and who they had seen. This stimulated conversation and the person was animated in sharing the information.

Care plans contained information about what was important to people and their personal likes and dislikes. Photographic records of how people spent their time and any new activities were kept which were meaningful to people as well as staff.

Prior to and following this inspection visit we received information from a professional who had some responsibility for the wellbeing of people who lived at the service. Links with professionals were good. They told us the service kept them fully informed of any concerns or incidents that arise. They were confident of the quality of care and support people received and had no concerns.

People were supported to maintain the relationships that were important to them and one person relative told us they were always made to feel welcome when they visited the service. In addition, the service had provided transport to enable one person to visit their family over the Christmas period. Their relatives told us, "It was lovely to have (person's name) here with us."

Requires Improvement

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood how they wished to be supported. Staff spoke knowledgeably about people's daily routines and their likes and interests.

The two people residing at Ferndale had been living there for some time. Records showed external professionals had carried out reviews of placements but some of these were every two years and not always annually. However the services own reviews were sporadic. One behaviour review plan had been reviewed in December 2014; the next review was April 2016. There had been no review since that time. Another person's behaviour support plan was last reviewed in 2015. There had not been a review recorded since then. This showed peoples needs were not being reviewed regularly to reflect any changes or actions taken in respect of how people were receiving their care and support. We discussed this with the registered manager who acknowledged the care plans were in need of updating and told us they were in the process of doing this.

This contributes to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Focusing on the importance of supporting people to develop and maintain their independence was a clear aim of the service. It was important to the registered manager and staff team that people who lived at Ferndale were supported to be involved in activities and interests of their choice. For example, one person liked gardening. There was a polytunnel at the service where they enjoyed tending too and growing plants. They also grew vegetables which were used by the service. Another person was supported to attend events in the community. Both people liked holidays and there was an album made up by a staff member showing the previous year's holiday pictures. Staff who supported the person said it had been a very positive time, as the person had extended their range of activities in public spaces due to the experience of the holiday. They told us they were working with the person to arrange a holiday this year.

People were protected from the risk of social isolation because the service supported them to have a presence in their local community and access local amenities. One person regularly went into the local town. Staff told us they encouraged and supported social interaction where appropriate but acknowledged people were vulnerable and therefore it needed to be effectively managed.

The registered manager and staff were knowledgeable about how people wanted their care delivered. They told us that as it was a small service, decisions about any new admissions were carefully managed by balancing the needs of the person with the needs of the people already living at Ferndale. A staff member said, "It is really important we are sure we can meet a person's needs before they come to live here". Staff told us they had the time to respond to individual needs. For example, if one person needed to be supported to attend an appointment there was always another member of staff available at the house.

The staff team worked well together and information was shared amongst them effectively. When a new shift started there was a verbal handover and daily logs were completed. These recorded any changes in people's needs as well as information regarding activities and people's behaviour and emotional well-being.

However, as noted in the safe domain in this report. Accidents and incidents had not always been recorded and therefore restricted the level of information being shared by staff.

Staff were responsible for making daily records about how people were being supported and communicated any issues which might affect their care and wellbeing. Staff told us this system made sure they were up to date with any information affecting a person's care and support.

There was a policy and procedure in place for dealing with any complaints. This was made available to people and their families and provided people with information on how to make a complaint. A relative told us they had not felt any need to raise a concern, but felt confident if they did raise a concern with the registered manager it would be listened to and acted upon.

Requires Improvement

Is the service well-led?

Our findings

Monitoring visits occurred every two months by a senior manager within the organisation. This was to check operational systems at the service, some of which included notifications, safeguarding issues, staffing levels, reviews, challenging behaviour management as well as looking at the physical environment. The domains safe, effective and responsive in this report include regulatory breaches, due to sporadic reviews and the approach to behaviour management events. By not identifying these issues when monitoring the service meant the service was not being audited
effectively.

There was no evidence Ferndale was taking account of people's views of the service they received. This included people living at the service, staff and other stakeholders. The registered manager told us the organisation was planning to distribute surveys during 2017. This meant the service was not evaluating the quality of service provision and making changes to improve or develop the service.

This contributes to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There had been operational staff meetings taking place. Staff told us they had 'round the table' meetings every three to six months to discuss issues about what was happening in the service.

Roles and responsibilities were defined and understood by people and the staff team. The registered manager was also registered manager at another Orchard Vale Trust service. The registered manager told us they shared the time between the two services. The senior support worker had day to day oversight of the service. The registered manager was aware of what was happening at the service on a day to day basis through communication with staff. A staff member told us, "We have the contact details for the manager and can always get hold of him or another manager if we need to."

Staff told us that day to day communication was good and any issues were addressed as necessary. Staff told us they used the open communication as an opportunity for them to raise any issues or ideas they may have. They felt confident the registered manager respected and acted on their views. There was a clear shared set of values across the staff team. In our conversations with staff they frequently referred to the aim of supporting people to have fulfilled lives. One staff member said, "I am just passionate to make sure they [people living at the service] have the best possible quality of life. I think we are all committed to that."

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. Healthcare professionals we spoke with told us they thought the service was well managed and they trusted staff's judgement because they had the skills and knowledge to feedback to them about people's health and social needs.

Staff were motivated and keen to ensure the care needs of the people they were supporting were met. Staff told us, "It can be a challenge but because we are a strong team with great support it all works well". A

relative told us, "I think all the staff are very good at what they do. I have every confidence in them."

The registered manager recognised how important it was to have a competent skilled staff group. New staff were provided with a range of training reflecting the needs of the people living at the service, so staff understood conditions associated with autism and learning disabilities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Peoples risks were not being monitored regularly.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment There were restrictive control measures in place which had not been adequately assessed for or consented to.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not being adhered to by not recording accidents, monitoring the service and not carrying out timely reviews.