

Community Homes of Intensive Care and Education Limited

Fearnley House

Inspection report

86 Straight Road
Old Windsor
Berkshire
SL4 2RX

Tel: 01753863752
Website: www.choicecaregroup.com

Date of inspection visit:
16 March 2017

Date of publication:
18 April 2017

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 ●

Summary of findings

Overall summary

Fearnley House is a care home without nursing for four people with learning disabilities or autism. At the time of the inspection, three people lived at the service. The service is situated in a busy residential area of Old Windsor, Berkshire. The service is a single storey bungalow house with four bedrooms and a communal bathroom, lounge, kitchen and dining room. The service is located adjacent to another of the provider's service.

At the last inspection, the service was rated good.

At this inspection we found the service remained good.

Why the service is rated good:

People were protected from abuse and neglect. The service had good assessment, mitigation and documentation about risks to people. This helped prevent people from any harm. There was safe deployment of staff to ensure people's care was safe.

Staff received appropriate support to perform their roles. The service was compliant with the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

We found the staff were very kind and loved their roles. We saw that staff listened to what people had to say and held meaningful conversations with them. This included using alternate means of communication. People's right to privacy was respected and staff demonstrated dignity in the care they provided.

We found care plans were very person-centred and contained appropriate details. People's preferences, wishes and aspirations were identified and documented. Staff helped people to have an active life in the community. We made a recommendation about the provision of sensory equipment for people.

The service had a positive workplace culture. There was good oversight of the service's care from the registered manager and the provider's representatives. The provider ensured that the quality of the care was regularly assessed. Where care to people could be improved in any way, the provider made appropriate changes to enable this.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

Fearnley House

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 checked 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 was a comprehensive inspection.

This inspection took place on 16 March 2017 and was unannounced.

The inspection was carried out by one adult social care inspector.

Prior to the inspection, we reviewed information we already held about the service. This included the Provider Information Return (PIR), previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We asked the local authority teams, clinical commissioning groups (CCG), the fire authority and environmental health for information to aid planning of our inspection. We checked information held at Companies House, Information Commissioner's Office and the Food Standards Agency.

We spoke with people who used the service, the assistant regional director, the registered manager and six care workers. We also asked three relatives to provide feedback about the service.

We looked at four people's care records and other records about the management of the service.

Is the service safe?

Our findings

The service continued to provide safe care to people.

People were protected from abuse and neglect. The registered manager displayed confidence in their knowledge of types of abuse, signs of abuse and the action they would take if they suspected or witnessed abuse. We were told safeguarding and whistleblowing policies were in place and made available to all staff. We saw that signage with relevant contact telephone numbers was in the service's kitchen. The registered manager was clear about their role in managing safeguarding concerns.

Risks to people from the building were managed to ensure the risk of harm was reduced. We saw there were appropriate risk assessments in place that included fire risk, Legionella, electricity and gas. A maintenance person came to the service regularly to ensure routine checks and repairs were carried out.

People's care documentation showed they had appropriate risks assessments specific to them. This included the pre-admission report. A person was progressively moving into the service from another location. We found that before the person lived at Fearnley House, appropriate information about the person's risks were recorded. In other people's files, we saw risk assessments about mobility, epilepsy, behaviour and choking. These were updated annually with the person's keyworker, and sooner if a person's health had changed.

Accidents and incidents were appropriately recorded by staff. These were reviewed by the registered manager and also communicated to the provider's central quality assurance staff. The provider used the accident and incident reports as a way of preventing recurrence.

People received safe care because of appropriate staff deployment at the service. Where shifts were unfilled on rotas, bank staff were used and routine staff completed additional hours. No agency staff were used at the service. We were told staffing numbers would increase further when the new person moved in. We found personnel files contained all necessary information about staff members, as required by the relevant regulation.

People's medicines were safely managed by the staff. Staff had relevant training and competency assessments in medicines safety before they were allowed to administer on their own. This provided the knowledge and skills they needed to perform medicines administration safely. A pharmacist audit in August 2016 found staff compliance with best practice for medicines management. The registered manager provided assurance to us that changes to the measurement of room and refrigerator temperatures would be implemented. This was in line with the pharmacist's findings.

Is the service effective?

Our findings

The service continued to provide effective care to people.

People received care from staff that had the necessary knowledge, skills and experience to perform their roles. The service provided an induction programme, mandatory training, supervision sessions and performance appraisals to staff. We found staff received additional training in specialist areas, such as epilepsy. This meant staff could provide better care to people who may be at risk of harm.

The service was compliant with the Mental Capacity Act 2005 (MCA). Consent was legally obtained and documented. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had applied for standard DoLS authorisations when people's liberty was restricted for their safety.

People were protected from malnutrition and dehydration. We found records showed people were weighed monthly to check for any weight loss. We saw there were satisfactory care plans for people's eating and drinking. Staff experienced difficulty with weighing one person because of their mobility. The assistant regional director and registered manager told us they would explore alternative methods to ensure the person's risk of malnutrition was assessed. People were involved in making choices about the weekly menu, but still free to change their decision about what to eat. We saw fresh fruit, snacks and drinks were readily available for people when they wanted them.

People had good access to healthcare from a range of professionals. All people's records we viewed showed the involvement of a wide range of professionals. For example, we saw dietitians, GPs, psychologists, opticians, dentists and psychiatrists were involved to help people maintain a healthy life.

Is the service caring?

Our findings

The service continued to provide compassionate care to people.

A relative wrote to us to say, "It is of the greatest importance to us that my son...lives in a loving and healthy environment. Choosing Fearnley, even though it is a considerable distance from us, was the perfect decision. [My son] comes home every Sunday, so I know the staff well on my regular trips to collect him, as well as attending his medical appointments, and I know that they are caring and thoughtful in respect to [his] needs and his profound learning difficulties."

People had developed compassionate care relationships with staff. We observed this throughout our inspection. The staff team was small, which meant continuity in the care provided to people. People communicated in different ways with staff. However, each staff member knew the people well, and were able to understand what the person expressed during interactions. Each person had a key worker who was responsible to ensure people's care was assessed, reviewed and documented appropriately. Meetings were held every three months and included, where possible, the person's relatives.

People were able to be actively involved in the everyday operation of the service. There were monthly meetings with people to encourage them to tell staff or communicate any wishes or preferences. The service had received a number of written compliments about the care. One of the compliments we reviewed stated, "[We] were both most impressed by the way you chaired [the person's] review. You did it very efficiently and were very thorough. So much so, in fact, that the social worker had no questions for you at the end!" We reviewed another compliment card which stated, "This card is...to say thank you for taking such good care of [the person] on holiday with plenty of TLC and lots of interesting things to do."

People's privacy was respected by the staff. People's bedrooms were decorated according to their own preferences. Staff always gained the permission of people before they entered their bedrooms. The service stored people's care documentation securely. This ensured that visitors to the service could not view confidential personal information. We saw staff respected people's dignity. This was reflected in the way staff interacted with people. We also saw people's dignity was maintained in the way staff provided support to people. This ensured people's care was kind and they enjoyed living at the service.

Is the service responsive?

Our findings

The service continued to provide responsive care to people.

A relative told us, "One of the most important things for us is that the staff are involved with...day-to-day visits, events and classes - it is so much more than just a caring regime and, in addition, as [my love one's] needs have become greater over the past dozen years or so, the home and the caring staff have met these needs with energy and affection."

People's care was person-centred. We saw people were active members of the local community, and noted many pictures of them when they participated in various external events. People had weekly plans of activities, and some people attended college to increase their independence in particular areas, for example cooking. The provider offered a generous array of internal events which people could choose to attend. These were often based on celebrations like Halloween or Christmas, but there were others held like talent competitions. People had some access to sensory equipment at the service, but we found more could be provided to enhance people's lives.

We recommend the service obtains more sensory equipment for people to improve people's social stimulation.

We viewed four people's care documentation. We saw the records clearly recorded people's likes, dislikes and preferences. One person liked to tear up paper as part of their behaviour. We saw that staff enabled the person to do this, and witnessed them enable this at the inspection. Staff were aware this was one of the person's unique traits, and ensured the person was calm and relaxed.

Care documentation about people's individual care was very detailed but easy to read and understand. We looked at some specific examples where staff had documented people's care in a very personalised way. We examined one person's file that had an assessed high risk of choking. The speech and language therapist had provided relevant information to the service after their assessment of the person. Staff had created a specific care plan, which was followed closely. We observed this at lunch when the person was assisted by a care worker. The staff member had excellent knowledge of the care plan's content, as we saw they followed the steps of care without deviating from the established requirements.

Further evidence of personalised care was presented at the inspection with regards to care of people's epilepsy. Staff had considered potential risks of people's seizures, how to deal with the person's care if a seizure occurred and what follow-up actions should be taken. Files we reviewed contained very detailed information about people's epilepsy. A person who was in the process of moving in to the service had equipment in their room which was intended to decrease any harm the person may sustain in the event of a seizure.

The service had a robust complaints process in place. Appropriate signage was available in the service which explained how to make a complaint. This included information in an easy-to-read format. We found

people were also able to freely express to staff concerns or things that worried them. People, relatives and other stakeholders could make formal complaints if necessary, and these were handled in line with the provider's policy and procedure. We were told there were three formal complaints since our last inspection. The service held records of these complaints. The registered manager displayed good knowledge about the provider's complaints process and was able to clearly explain how they would manage any concerns raised about the service. The assistant regional director explained the provider's policy was being revised to include more information about organisations that could assist people and relatives with complaints. At the time of the inspection, this was being rolled out to the provider's services.

Is the service well-led?

Our findings

The service continued to provide well-led care to people.

At the time of the inspection there was a registered manager. 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 positive culture at the service. We spoke with six staff at the inspection. Staff gave us positive feedback about the registered manager, assistant regional director and provider. Staff were satisfied working at the service. When we asked why, one staff member responded, "We really like working with our service users." When the staff member said this, the other staff present agreed with the comment. Staff described the management team as open, approachable and friendly. Staff pointed out some minor concerns about the building and equipment. We provided this feedback to the registered manager and assistant regional director. The provider had gained planning permission to alter the building to include a bedroom for staff sleeping over at night and an improved bathroom. We saw staff meetings were held regularly and reviewed the minutes from the most recent meeting. Various topics were covered, which included reminders about the provider's key working principles, people's care and staff requests.

A relative stated, "...the new head of home worked at Fearnley some years ago and, having maintained contact, knows the client group really well. I cannot express how important this is for both staff and those who make Fearnley their home. Morale is excellent as a result. Support from the home for my wishes regarding my son are also exemplary...so I know, after so many years, of what I speak, when I say that this is the best home my son could have, and one in which he takes - and gives - joy."

The quality of people's care was regularly assessed. We found this was completed in a number of ways. The registered manager completed several audits about the service to identify any areas for improvement. These included checks on areas such as care documentation and infection prevention and control. The assistant regional director also performed a monthly management review. We reviewed the most recent one from March 2017. We found this was a comprehensive review which examined various factors of the management of the service; people's care, supervision of staff, internal audits, incidents or accidents and complaints. Actions and target dates were set and the responsibility to achieve the changes was recorded. The assistant regional director reviewed completed actions at the next inspection.

Our last rating was displayed within the service and on the provider's website. This meant people and others knew the service was previously rated good by us.