

New Beginnings (Gloucester) Ltd

Fern Court

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on the 12 and 13 November 2015 and was unannounced.

Fern Court is a care home for up to 13 people with learning disabilities and autism.

Fern Court had 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.

People were not protected against the risk of being cared for by unsuitable staff because robust recruitment procedures were not being applied. Although safety checks were in place for the environment of the home there was no evidence of a check for the electrical wiring.

There was a lack of current checks on the quality of the service by the registered provider. This placed people at risk of receiving care and support that was not safe.

Summary of findings

People were protected from abuse by staff who understood safeguarding and safeguarding reporting procedures. People's medicines were safely managed and they were supported by sufficient numbers of staff.

People received support from caring staff with the knowledge of people's individual needs. People's privacy and dignity was respected and their independence was promoted. People's rights were protected by the correct use of the Mental Capacity Act (MCA) 2005. People's health care needs were met through regular healthcare appointments and liaison with health care professionals.

People received personalised support that enabled them to take part in activities of their choice. One person had chosen to start playing tennis and this had been arranged for them. There were arrangements in place for people to raise concerns about the service.

The registered manager was approachable to people using the service, their representatives and staff.

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 not fully safe.

People were not protected against the appointment of unsuitable staff because robust recruitment practices were not operated.

There was no evidence of a safety check for electrical wiring.

People were safeguarded from the risk of abuse because staff understood how to protect them.

People's medicines were managed safely.

Requires improvement



Is the service effective?

The service was effective.

People were supported by staff with the knowledge and skills to carry out their roles.

People's rights were protected by staff's knowledge of the Mental Capacity Act (2005).

People were able to plan menus and meals and were supported to eat a varied diet.

People's health needs were met through on-going support and liaison with relevant healthcare professionals.

Good



Is the service caring?

The service was caring.

People were treated with respect and kindness.

People had developed positive relationships with the staff team.

People's privacy, dignity and independence was understood, promoted and respected by staff.

Good



Is the service responsive?

The service was responsive.

People received individualised care and support and were consulted to gain their views about the support they received.

People were enabled to engage in individualised activities in the home and the community.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

Good



Summary of findings

Is the service well-led?

The service was not as well-led as it should be.

There had been no quality assurance checks on behalf of the registered provider for over six months.

The registered manager was accessible and open to communication with people using the service, their representatives and staff.

Requires improvement



Fern Court

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 12 and 13 November 2015 and was unannounced. Our inspection was carried out by one inspector. We did not ask people using the service questions about their care and support. People were unable to communicate with us due to their complex needs. However we saw how staff interacted with these people and observed people eating their lunch. We spoke with the registered manager, the deputy manager, three

members of support staff and a visitor. We carried out a tour of the premises, and reviewed records for three people using the service. We also looked at six staff recruitment files. We checked the medicine administration records (MAR) for people using the service.

Before the inspection, the provider completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we looked at notifications the service sent to us. Services tell us about important events relating to the service they provide using a notification.

Before and following our inspection we received information from a social care professional and a health care professional who had been involved with people using the service.

Is the service safe?

Our findings

People were placed at risk of being cared for by unsuitable staff because robust recruitment procedures were not being applied. We checked the recruitment information for six staff employed at Fern Court. Three members of staff had been employed without checks on their conduct during all of their previous employment or their reasons for leaving previous employment which involved caring for vulnerable adults. This was contrary to the registered provider's policy which stated "Home manager needs to go back as far as reasonable to get a reference for the candidate who has worked in health and care settings". Information about conduct in previous employment for one member of staff had been received although it was not from a person currently in a suitable position to give such information.

Disclosure and barring service (DBS) checks had been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. However a risk assessment had not been completed in relation to information on a DBS check for one member of staff. This was contrary to the registered provider's policy which stated "If the decision is made to employ someone with a disclosure, the home manager must ensure a risk assessment is in place". In addition information had been received from one applicant which indicated they may pose a risk to people using the service. No risk assessment had been completed as part of the decision to employ this person.

We found that the registered person was not operating effective recruitment procedures and did not ensure all the required information was available. People were placed at risk of being supported by unsuitable staff. **This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People had individual risk assessments in place. For example there were risk assessments for using vehicles, showering and activities such as horse riding. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. Risk assessments had been reviewed on a regular basis. People had individual plans in place to direct staff on how to manage them when they became distressed. Staff were directed to try a number of interventions before offering a

person medicine. Not all staff had received training in how to manage people's distress however the registered manager described how enough trained staff were allocated to each shift. There were plans for the remainder of the staff to receive the training. People's safety in relation to the premises and equipment had been managed with action taken to minimise risks from such hazards as legionella, fire and portable electrical appliances. There was no record of a check on the electrical wiring. Following our inspection the registered manager confirmed that a record of this check could not be found and a new check would be arranged. People also had personal fire evacuation plans. A general health and safety audit was also undertaken. A plan for dealing with emergencies that may interrupt the service was in place.

People were protected from the risk of abuse because staff had the knowledge and understanding of safeguarding policies and procedures. Information given to us following the inspection showed all, apart from the most recently recruited staff, had received training in safeguarding adults. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service. Information about safeguarding including contact details for reporting a safeguarding concern was available. Staff told us they would report any safeguarding concerns to the registered manager and were confident these would be dealt with correctly. One member of staff shared their experiences of reporting a recent safeguarding incident. They felt the situation was dealt with "quickly and appropriately". A visitor told us they felt their relative was safe at Fern Court. People were protected from financial abuse because there were appropriate systems in place to help support people manage their money safely.

Adequate staffing levels were maintained. The registered manager explained how the staffing was arranged to meet the needs of people using the service. They explained how staffing would increase as new people moved into the service and arrangements at night would be two waking night staff as opposed to one waking and one sleeping. When we spoke with staff they described staff numbers as "adequate", "pretty good" and "good". When asked if they felt staffing levels were sufficient a visitor commented "from what I see, yes".

People's medicines were managed safely. Medicines were stored securely and records showed correct storage temperatures had been maintained. Facilities existed for

Is the service safe?

storing medicines in individual rooms and two people were making use of this at the time of our inspection visit based on risk assessments. Senior staff responsible for administering medicines had received training. All staff were now completing medicines training to allow greater flexibility in supporting people who may need medicines during activities outside of the home. Medicines Administration Records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts we examined. Individual protocols were in place for medicines prescribed to be given as necessary. Any medicines errors were monitored

and recorded with medical advice sought if necessary. The registered manager told us that there were no common themes in the six errors identified in the twelve months up to October 2015.

People were protected from risk of infection through action taken following audits in line with national guidelines on infection control. Although monthly audits had been carried out, no annual report had yet been completed. We discussed the fact this was part of the national guidelines with the registered manager and deputy manager and they agreed to remedy this. The cleanliness of the premises had been maintained and an inspection of food hygiene by the local authority in May 2015 had resulted in the highest score possible.

Is the service effective?

Our findings

People using the service were supported by staff who had received training suitable for their role. Staff told us they had received training in handling medicines, safeguarding and Mental Capacity Act 2005 (MCA). They told us they felt the training provided by the service was enough for their role and received regular training updates. One staff member commented “Our training is updated quite often”. Recently the Care Certificate qualification had been introduced for new staff. The Care Certificate sets out the learning competencies and standards of behaviour expected of care workers. Individual meetings called supervision sessions were held with staff and the manager or a senior staff. One staff member told us they received enough support although another staff member felt supervision sessions should be more frequent. The registered manager told us there were plans for annual staff performance appraisals and staff had been informed of this.

People’s consent to care and treatment was always sought appropriately and this was supported by the correct use of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make certain decisions for themselves. The DoLS protect people in care homes from inappropriate or unnecessary restrictions on their freedom. People had assessments of their mental capacity in relation to decisions such as living at Fern Court and managing their behaviour. The registered manager was aware of a court ruling regarding protecting the liberty of people in care homes. Applications had been made to restrict the liberty of 10 people using the service with decisions still awaited for eight of these. Staff

demonstrated an understanding of the principals of the MCA such as assuming people had mental capacity, the need to assess people’s mental capacity around specific decisions and acting in their best interests.

People were consulted about meal preferences at residents meetings. Minutes of meetings showed how people were asked for their opinions on menus and if there was anything they would like to be added to the menu choices. We observed lunch being served to people and noted that staff gave and respected peoples’ choices of the food and drink they were served. Staff also checked on people’s enjoyment of the meal they had chosen. A calm atmosphere was achieved for people to enjoy eating their lunch. The registered manager described how special diets were provided for some of the people using the service based on their health needs.

People’s healthcare needs were met through regular healthcare appointments and liaison with health care professionals. Records had been kept of people’s attendance at healthcare appointments. People attended their GP, dentist and other health care appointments as needed. People had health action plans and hospital assessments. These described how people would be best supported to maintain contact with health services or in the event of admission to hospital. Staff told us how they supported people to access health care appointments through ensuring that appointments were attended and providing practical support such as transport. Care plans for health care needs were detailed and included actions to maintain health care appointments where necessary. We received the views of a health care professional who commented positively about the support provided to two people using the service they had been involved with. They told us any advice given about improvements to the support provided for people were followed.

Is the service caring?

Our findings

People had developed positive caring relationships with staff. Throughout the inspection we observed staff communicating with people in a respectful and caring way responding to people's requests and explaining to them the purpose of our visit. Staff were patient, allowing people time to complete tasks and assisting them where necessary. We observed staff supporting people during lunch time. Staff interacted with people appropriately speaking to them respectfully and checking on their well-being. Some people's choice to eat alone was respected. One member of staff commented "My duty of care is to the service users and that is the main thing". Information was available about people's life histories and preferences for staff to refer to. This included information about how to respond to people if they became distressed. The registered manager described how a person's preferences in relation to their diversity were known and supported by the service.

People were supported to express their views and to be involved in decisions about their care and support. People and their representatives were involved in the planning and reviewing of their care and support. People had total communication profiles in place. These enabled staff to understand people's individual methods of communication and respond appropriately. For example, one person's profile described how they would show tiredness stating "I may fall asleep on the sofa". Information about advocacy services was available to people and one person had used the services of an advocate.

Staff gave us examples of how they would respect people's privacy and dignity when providing care and support. For example when supporting people with personal care they would ensure doors were closed and other people did not enter the room. They also described how they would manage the needs of one person where issues around dignity may arise when bathing. Detailed support plans reflected staff's approach to preserving people's privacy and dignity. One person's care plan gave information about situations where their privacy and dignity may be compromised and gave clear directions for staff to follow to prevent this. We observed staff knocking on doors before entering people's rooms.

People were supported to maintain independence. Staff recognised the importance of promoting people's independence. They told us "you don't want them to lose what they can do for themselves" and they would supporting people "with whatever they can do for themselves". We were given an example of how they would act to promote independence such as supporting one person through the use of verbal prompts to prepare their own lunch and tidy up the kitchen afterwards. People were also supported to maintain contact with family in response to their wishes. The provider information return (PIR) stated "There are no visiting times or restrictions on visits to service users and visitors are welcomed at any time". People had care plans to guide staff in supporting them to maintaining contact with family. A visiting relative told us they liked the policy of allowing them to visit at any time.

Is the service responsive?

Our findings

People received care and support which was personalised and responsive to their needs. The provider information return (PIR) stated “Person centred plans developed with service users so that their needs, preferences, choices, strengths and weaknesses can be considered, documented and shared to enable support that is responsive to these issues.” The registered manager described the approach to providing activities on an individualised basis based on people’s choices. One person had requested to start playing tennis and this had started as a regular activity just for that person. The importance of swimming as an activity for another person had been recognised and the service had worked with health care professionals to ensure the person was able to take part in this. People were also able to take meals in the care home at times of their choice and when eating out people were able to go to where they chose even if this involved people going to separate venues. Medication storage and administration had been approached in a personalised way. Individual medication storage cupboards had been placed in the rooms of some people using the service. This was based on consultation with people with regard to their choice as well as an assessment of any risk.

Staff demonstrated knowledge of how to provide personalised care and recognised the importance of providing suitable activities based on a person’s choices. One member of staff told us how they had been involved in completing one person’s “person-centred plan”. This had been produced in consultation with the person and

recorded information about the person’s life, things important to them and their wishes and goals. Care plans also contained detailed information for staff to follow to support people and had been reviewed on a regular basis. A health care professional confirmed from their experience people received personalised care at Fern Court. They commented “they are all treated as individuals”.

There were arrangements to listen to and respond to any concerns or complaints. The provider information return (PIR) stated “concerns and complaints are responded to in good time and are seen as an opportunity to learn and develop, to allow for improvements and to promote changes”. Records showed, complaints were recorded, investigated and appropriate responses provided to complainants. The registered manager described how a recent complaint had resulted in a review of a person’s needs resulting in diagnosis and treatment of a medical condition. Another complaint had resulted in the completion of a risk assessment for visitors. A visiting relative told us “any concerns are dealt with straight away”. Information explaining how to make a complaint was available for people in a format suitable for people using plain English, symbols and pictures.

People were consulted about their views on the service provided at Fern Court. The minutes of the meeting held in May 2015 showed that people’s views had been asked and recorded on menus, activities and the environment of the care home. One person had requested to take up a specific activity. The registered manager described how the person was now enjoying this.

Is the service well-led?

Our findings

Although there were checks to ensure a consistent and safe service was being delivered, some of these had not been completed recently. The views of people using the service, their representatives and staff had been sought through surveys with the results recorded and any areas for action identified. However this had last been completed in September 2014 and would have been based on people's experiences of the service before this date. A home visit also took place carried out by a registered manager from another of the provider's services. However the most recent of these dated back to March 2015. A lack of current checks on the quality of the service provided may result in people experiencing shortfalls in the standard of service they receive. In addition unsafe staff recruitment practices and the lack of evidence of a check on the fixed electrical wiring had gone undetected until our visit.

The statement of purpose described the aims and objectives of the service. "The ethos at Fern Court that underpins all we do is to provide a safe and stable environment in which each individual can develop at their own pace. Values were described as putting people first, being professional, respecting each other, working as a team and a commitment to continuous improvement. Our conversations with staff showed that these values had been communicated to them resulting in effective team work. One staff member commented "Staff work quite well together". Minutes of staff meetings demonstrated that staff were kept informed about developments in the service. As well as discussion around the specific support needs of each person using the service, staff were informed about plans for activities, staffing and staff support arrangements.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

The home had a registered manager who had been registered as manager of Fern Court since March 2015. The manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred. The registered manager was supported by a deputy manager. They told us how they kept up to date with current ideas in the care sector by attending a national event for care providers. This had enabled them to find out about new developments such as a new medicines system which had been introduced at Fern Court and use of apprentices which was being considered. The registered manager told us how they aimed to be accessible and approachable and we witnessed this during our inspection visit. The registered manager and deputy manager provided a visible presence at Fern Court during the inspection we saw how they were available to respond to any requests from people, visitors and staff. Staff made positive comments about the management at Fern Court. One member of staff told us the registered manager was "very approachable". We also heard how managers worked shifts and supported people with activities enabling them to keep in touch with how people's needs were being met.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person was not operating effective recruitment procedures and did not ensure all the information specified in Schedule 3 was available.