

# National Autistic Society (The) Fernery House

## Inspection report

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## Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe?            | Good ● |
| Is the service effective?       | Good ● |
| Is the service caring?          | Good ● |
| Is the service responsive?      | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

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

People were safe and well-supported at Fernery House. There were enough staff to meet people's needs. Risks to people's health and well-being were managed with minimum restriction. Medicines were managed safely and the service was clean and fresh throughout. Accidents or incidents were investigated and measures put in place to reduce re-occurrence.

People received an effective service. Their needs and preferences were assessed, and care was delivered by a staff team who were trained and supervised. Staff supported people to live healthy lives and to eat and access health care when needed. People chose what to eat and drink and were supported to be involved in shopping for and preparing their meals. People's rooms were designed and decorated to their taste; they had keys to their rooms and were able to refuse access if they chose.

People received individualised care. Staff at the service were caring, warm and respectful. People were involved in decisions about their care and encouraged to be as independent as possible.

The registered manager followed up concerns and complaints and used them to improve the running of the service. Staff and relatives were complimentary about the registered manager and the deputy. Staff morale was good and relatives were pleased with the service delivered.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 24 October 2018).

Why we inspected

This was a planned inspection based on the previous rating.

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good 

The service was well-led.

Details are in our well-Led findings below.

# Fernery House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The service was inspected by one inspector.

#### Service and service type

Fernery House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The Provider Information Return was not received until the first day of inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us. We used this information to plan our inspection.

During the inspection-

We spent time with three people who lived at the service. People did not speak with us directly about their care, however we spent time with members of staff and people and observed their interactions. We spoke with four members of staff including the deputy manager and the lead manager who was responsible for overseeing a group of four services. We also spoke with two relatives of people living at the service.

We reviewed a range of records. This included one person's care records and four medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records were reviewed relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from abuse. Staff understood how to report concerns and records showed that any concerns had been reported and any identified actions implemented. We spent time with people living at the service and staff. People were relaxed and comfortable with the staff team. One relative told us, "Yes it's safe."

Assessing risk, safety monitoring and management

- Risks to people were assessed and plans were in place to reduce these risks whilst minimising restrictions to people's freedom and choice. Staff followed these plans and updated people's care records when any new risk was identified. Staff worked with people to develop plans to help them stay safe and well.

Staffing and recruitment

- There were sufficient numbers of staff, safely recruited. A member of staff told us, "We have enough staff here and people can do what they want." Checks were carried out on new staff to reduce the risks of employing unsuitable people. The provider had a policy of seeking references from all employees' previous employment in health and care. Agency staff were used by the service; the same staff were booked to ensure consistency. One agency member of staff had worked at the service for three years.

Using medicines safely

- Staff managed medicines safely. Medicines were stored, administered and disposed of safely. Regular medication audits were carried out. When an error was identified immediate action was taken, for example staff re-training and competency checks.

Preventing and controlling infection

- Staff followed procedures to reduce the risk of infection. Staff had access to gloves and aprons, suitable waste disposal was available. Staff received infection control and food hygiene training. The service was clean and fresh throughout.

Learning lessons when things go wrong

- Incidents were recorded and investigated by the manager. Where needed actions were put in place to prevent reoccurrence. This included learning from incidents at the provider's other services.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed and care was delivered in line with best practice guidelines. This meant they supported people to live as full a life as possible developing their independence, following their interests, and maintaining their health.

Staff support: induction, training, skills and experience

- The provider ensured staff had the necessary skills and knowledge to deliver care and support. Staff told us they had an effective induction, "You are not just thrown into it." Staff attended an induction course delivered by the provider which included training in autism.
- All staff at the service completed mandatory training required by the provider. Staff had regular supervision which they said was helpful.
- One relative told us, "They do everything well, the language stuff, they use the speech and language therapist, behavioural support and visual supports around the house. You feel really confident when you have someone with autism there. It's really evident that they work really hard and are autism friendly. You really see it in action there."

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

- People were supported to eat and drink enough. Staff supported people to choose their meals; pictures of meals were available to support people in choosing. People were encouraged to be involved in shopping and meal preparation. Some people made their own meals. People had any specific dietary needs or choices catered for.

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

- Staff worked closely with health providers and other services to deliver effective care, support and treatment. Staff followed people's health action plans to ensure they received the care they needed. When people, or staff, had concerns about their health relevant professionals were consulted

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

- People's individual needs were met by the design and decoration of the service. Individuals' rooms were decorated to their taste and had pictures and photographs of their interests. People had keys to their rooms. During our visit we observed one person discussing the taps they would like when their bathroom was re-furnished.
- One person at the service had their own shed, which they had decorated, in the garden. The shed was



locked and the person had complete control over access.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff always sought consent and consulted people about any care or intervention. People were supported by staff to make as many decisions as possible. Staff provided accessible information, spent time explaining to people, and ensured they had taken all necessary steps to involve people as much as they were able. Decisions were only taken in people's best interests once people had been assessed as lacking capacity to make a specific decision.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness, respect and compassion. People presented as comfortable and relaxed with staff. Staff spoke with people in a warm and friendly manner; it was evident they knew people very well and had established relationships.
- Staff described people's achievements with enthusiasm; they demonstrated a genuine interest in helping people achieve goals.
- One person liked elaborately decorated clothes. Staff had all been involved in helping make their clothes. One staff member skilled at clothes making supported the person to make clothes of their own design.
- Staff were knowledgeable about what upset people and how to communicate and provide appropriate support. For example, they explained in detail about the effect lack of sleep had on one person and what they did to try to help.

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

- People were supported to express their opinions and be actively involved in decisions about their care. A relative told us, "I'm involved in the planning, so is [Name], we regularly review what they want to do."
- Each person had a keyworker who was responsible for learning as much as possible about them and what they wanted and needed. One member of staff told us, "We involve people as much as possible, it is all about them."
- One person needed health checks as they had a familial risk of a specific illness. Staff had developed pictures, shared easy read information and shown them a video to explain what would happen to involve and prepare the person.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. One person did not allow anyone in their room without permission which staff respected. This person also did not like anyone knocking on their door; there was a large sign which told people not to knock. Another person needed continence products. Staff had supported the person to manage this themselves.
- Staff supported people to be as independent as possible. For example, where possible people managed their own money and made decisions about purchases. One relative told us, "[Name] hasn't got a lot of independence, but they encourage them to do as much as they can."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which was responsive to their needs. Staff told us about how people had developed at the service. Two relatives confirmed their loved one's had made progress. One relative said, "It's made such a difference to [Name]. They couldn't speak to anyone when they went there. They've been there two years and is now speaking to staff and key worker. That's down to their hard work and dedication and expertise."
- Staff met regularly with people to discuss their care. One person found it difficult to engage for longer periods of time. Therefore, staff met with them frequently for meetings of a few minutes.
- People had comprehensive care plans, however, some details were not up to date. The registered manager had identified this, and records were being updated and transferred to an electronic records system. Staff knew people and their needs extremely well and there had been no impact from this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew people well and responded to their individual communication needs.
- People's individual communication needs were assessed and recorded in care plans. In addition, staff had developed a communication corner in one of the lounges which had visual as well as written information.
- Staff gave examples of how they met people's communication needs. For example, supporting people with pictures and showing videos to people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Everybody had the opportunity to engage in activities they enjoyed. People regularly accessed the local community and went to events such as music festivals. In addition, people were able to go on longer trips. For example, one person loved to go shopping in Bath or London. Staff had also supported a person to visit their family who lived abroad.
- One relative told us, "I feel like [Name] has a nice life there, they are happy, confident and meeting people their own age."
- There were two vacancies at the service. The deputy manager explained they were currently assessing people for the service and the main consideration would be compatibility with people already living there.

Improving care quality in response to complaints or concerns

- Staff listened to concerns and complaints and responded to these. A relative told us, "They pick up on things quickly. I haven't had anything major to raise but they act quickly to put things right. I'm aware of the complaints policy, it's up at the service so is visual as well as in words."

End of life care and support

- The deputy manager told us they were currently developing end of life plans with people and their families but this was a sensitive issue. The service were doing a piece of work to ascertain people's understanding of death. Currently nobody at the service was approaching the end of their life.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a clear vision and credible strategy to deliver high-quality person-centred care.
- Staff and relatives told us the service had improved since the current registered manager had been in post. One relative told us, "The registered manager seems to be really experienced and is methodically working through everything that needs to be done at the house." A member of staff said, "It's changed for the better. The deputy and the registered manager are fantastic."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager informed people's families, care managers and the local authority safeguarding team when things went wrong.

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

- The registered manager understood their regulatory responsibilities and notified any significant incidents to the commission and the local authority when needed.
- The provider had a corporate system of governance. The registered manager conducted a quality audit of the service every six months. This identified shortfalls in service delivery and resulted in the development of an action plan. Actions completed had been signed off. This was checked at the next audit. The system in place had identified shortfalls in records and improvements needed to the environment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they were encouraged to think of improvements and to discuss these. Staff meeting minutes showed people could attend for part of the meeting, if they wished, to discuss any issues of things they wanted.
- People were encouraged to be involved in running the service, for example choosing colour schemes and the planned layout of the garden.
- Family members were encouraged to give feedback on the service. A family member said, "I'm very involved as a parent, I speak to [Name] every day. They've been fantastic, I've been recovering from an operation and they've brought [Name] to me."
- Staff involved people in recruitment. Prospective employees would be shown around and given the

opportunity to meet people. Staff took account of how people reacted to them and the interviewees communication style.

#### Continuous learning and improving care

- The service maintained a record of accidents and incidents showing the details, action taken and outcomes. Incidents from other services were also used to inform improved practice. This supported any future learning from such events.

#### Working in partnership with others

- The service worked in partnership with other organisations to support care provision. For example, a range of health professionals such as psychologists and speech and language therapists.