

Day Opportunities Ltd

New Fern

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

New Fern is a residential care home providing personal care to people with a learning disability and autism. The service can support up to six people. At the time of our inspection there were three people living in the home.

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

Right Support

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. The provider worked with people to plan for when they experienced periods of distress, so their freedoms were restricted only if there was no alternative. People were supported in a safe, clean environment which met their sensory and physical needs. The provider made reasonable adjustments for people to include them in discussions about how they received support. Staff supported people to take part in their hobbies and interests in the local area and to maintain contact with family and friends.

Right Care

Staff promoted equality and diversity when supporting people and understood people's cultural and emotional needs. People received kind and compassionate support. Staff protected and respected people's privacy and dignity. Staff understood how to protect people from poor care and abuse. The provider had enough appropriately skilled staff to meet people's needs and keep them safe. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and health professionals because staff had the necessary skills to understand and support them.

Right culture

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and autism may have. Staff turnover was very low. This meant people received consistent support from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did. Managers evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. Managers ensured risks of a closed culture were minimised, so people received support based on transparency, respect and inclusivity.

Medicines were managed safely, and infection prevention and control processes kept people safe. Staff

worked with health professionals to support people's health needs. People's capacity to consent was assessed in line with legislation, and concerns about support were dealt with effectively. There was a clear vision of quality service provision and proactive support from external agencies to meet people's needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 26 November 2020 and this is the first inspection.

Why we inspected

We undertook this inspection to assess the provider was applying the principles of Right support right care right culture.

Follow up

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.

New Fern

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One Inspector, a member of the CQC medicines team and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

New Fern is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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

We gave the service 24 hours' notice of the inspection. This was because the service was small, and people were often out, and we wanted to be sure there would be people at home to speak with us. We carried out several visits and subsequent visits were unannounced.

What we did before inspection

We reviewed information we had received about the service. We asked the registered manager to send us

information relating to people's communication needs and asked the registered manager to gain consent from people and their relatives for us to visit or contact them. We sought feedback from health professionals who worked with the service. This information helped support our inspection and we used all this information to plan our inspection.

During the inspection

We communicated with three people who used the service and three relatives about their experience of the care provided. People who used the service who were unable to talk with us used different ways of communicating, including using Makaton, pictures, photos, symbols, objects and their body language.

We spoke with seven members of staff including the registered manager, senior support staff, support workers and night support workers.

We reviewed a range of records. This included three people's support records and three medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four professionals who regularly visited the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had clear measures in place to safeguard people from the risk of abuse. Staff were aware of the signs of abuse and who to contact if they had concerns.
- People, and those who mattered to them, had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.
- Relatives told us they felt confident people were safe from harm. One relative said, "I know [my relative] is safe. Staff spend a lot of time getting to know the people they support."

Assessing risk, safety monitoring and management

- The registered manager ensured people were safe through the implementation of agreed processes.
- Risks were considered on an individual basis. Staff were competent in supporting proactive risk taking to improve outcomes for people.
- Staff managed the safety of the living environment and equipment through checks and actions to minimise risk.

Staffing and recruitment

- The registered manager ensured safe levels of staffing so to meet people's needs.
- The provider had effective recruitment processes. Recent records showed staff being recruited safely, with appropriate checks and competencies.
- The numbers and skills of staff matched the needs of people using the service.
- Staff told us rotas worked well to ensure people's needs were met. One staff member said, "Everything works well for the people we support; staffing levels are very good."

Using medicines safely

- Staff supported people with medicines according to the provider's policies, and in line with people's support needs.
- Staff were trained and competent to administer medicines and knew how to support people's individual needs.
- The provider ensured people's behaviour was not controlled by excessive or inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles.

Preventing and controlling infection

- The provider used effective infection, prevention and control measures to keep people safe and staff

supported people to follow them. The provider had good arrangements for keeping premises clean and hygienic.

- The provider's infection prevention and control policy was up to date.
- Staff supported visits for people living in the home in line with current guidance.

Learning lessons when things go wrong

- The registered manager ensured opportunities to learn were reported, recorded and reviewed in line with the provider's policies.
- The provider managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned. People received safe support because staff learned from safety alerts and incidents.
- Staff told us they were confident in the registered manager's approach to lessons learned. One staff member said, "It's such a strong team. The manager is fantastic, one of a kind. Always on hand and supportive. We can go to her anytime."

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 were assessed prior to admission to ensure staff had the skills and knowledge to support them.
- Support plans reflected a good understanding of people's needs, including relevant assessments of communication and sensory support needs.
- Staff told us the provider had clear systems in place to promote people's choice. One staff member said, "Support plans are based around the person. We work with our behaviour specialist team to complete autism sensory assessments, so we know how to support people."

Staff support: induction, training, skills and experience

- Staff received training to meet people's needs. Training was refreshed at regular intervals.
- Staff received support in the form of supervision, appraisal and recognition of good practice.
- The service checked staffs' competence to ensure they understood and applied training and best practice.
- Staff told us they received a detailed induction programme, including shadowing existing staff. One staff member told us, "We spend several weeks working with other staff to get to know the best way to support people."

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

- Support plans contained information about people's nutrition and hydration needs, including how they communicated their wishes and how they preferred to be supported.
- People were involved in choosing their food, shopping, and planning their meals.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. We observed staff offering emotional support to people who were anxious at mealtimes to encourage them to enjoy their meal.
- We observed staff engaging regularly with people to ensure they were included in mealtimes. One staff member told us, "This morning I used [the person's preferred communication] to support them to choose what they wanted for breakfast. They indicated they wanted jam and toast but then changed their mind. They took me to the kitchen and pointed to sausages."

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

- The building was safe, clean, and well-maintained.
- Staff ensured people had different areas available to use for their preferred activities, and private spaces to spend time with their families or visitors, or to have time alone.
- The provider had made effective changes to the environment to meet people's emotional and sensory

needs. This included the construction of a sensory garden and relaxation rooms to reduce people's anxieties after stimulating activities. This improved their daily quality of life.

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were assessed as part of a detailed admissions assessment including people, their relatives and other health professionals.
- The registered manager ensured people had regular access to health care to ensure their health needs were met and support was in place for longer-term needs.
- People had health passports which were shared with health and social care professionals to enable them to support people in the way they preferred.
- Managers had identified staff 'service champions' whose role was to ensure other staff knew how to support people effectively to meet their health outcomes. This included 'toolbox talks' during team meetings reviewing all the training and support information needed to support people.
- People were registered with a dentist and their oral hygiene needs were assessed as part of health action planning.
- Relatives told us staff ensured people's health needs were monitored and reviewed. One relative said, "Staff support people to see the doctor. My relative has an ongoing [health] problem; staff support them at the hospital and keep in touch with me about it."

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, 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 asked people for their consent before support was provided, and people's rights were respected.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.
- Staff could recognise when people experienced emotional distress and knew how to support them to minimise the use of restrictive practices.
- Following incidents, staff and managers held debriefing meetings to consider improvements in future support.
- We observed staff using proactive approaches to reduce people's anxieties and ensure effective emotional support was available. This enabled people to achieve their daily goals.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff treated people with real kindness, respect and humanity.
- Staff were calm, focussed and attentive to people's emotional and sensory support needs. People were well matched with staff and as a result were at ease, happy, engaged and stimulated.
- The registered manager actively promoted people's cultural and social needs and ensured staff were respectful and compassionate through regular observations and shared learning.
- Health professionals shared their observations of staff supporting people in the community. One health professional told us, "I have known [one of the people supported at New Fern] for many years. I was amazed to see how staff supported them in the community. I have seen several placements breakdown before this. Staff were compassionate and responded well to the person's triggers, communicating with them patiently and respectfully so they could enjoy the event they were attending."
- Relatives spoke about the positive impact staff approaches had had for people since they moved into New Fern. One relative said, "We are very happy. They have come on leaps and bounds. The staff are friendly and helpful; they are very welcoming. I think it's a caring service and don't think I would change anything."

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

- Support plans explained how people preferred to communicate, and enabled staff to support them to make informed choices.
- Staff supported people to express their views using their preferred method of communication. People were given time to listen, process information, and respond to requests.
- Staff supported people with their anxieties and were proactive in recognising and dealing with potential conflicts and tensions.
- One relative we spoke with told us, "We are really pleased with New Fern. Staff are brilliant. I get calls if something happens, and they keep me up to date."
- Health professionals told us how inclusive staff approaches were. One health professional said, "Staff look to meet all the needs of the people they support and are proactive in their approach to promoting decisions about independence, education, health, hobbies, relationships and life skills."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's needs, wishes and aspirations.
- People had the opportunity to try new experiences, develop new skills, and gain independence.
- Staff recognised potential anxiety triggers and knew how people communicated discomfort, pain and sadness. Staff were able to offer emotional support in a respectful way whilst maintaining people's dignity and privacy.

- Staff were skilled at supporting young adults transitioning from services for young people. Transitions involved relatives and those people who were important in people's lives. This ensured their quality of life was maintained, or improved, after they moved into New Fern.
- Health professionals who knew people supported at New Fern before they moved in told us how positive staff support had improved people's lives. One health professional said, "I have known [one person] for a long time, what a massive change, they are relaxed and using [their preferred method of communication] frequently. Staff should be very proud."
- Relatives explained how staff encouraged positive risk-taking and promoted independence. One relative told us, "My overall thoughts are New Fern is a good place [to live]. My relative has so much more freedom now and is becoming more independent. Staff teach people new skills and they are well supported."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 had clear support plans in place detailing their needs and preferences.
- Staff and managers reviewed support at regular opportunities and included people, and where appropriate, their relatives in decision making and goal setting.
- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans.
- Relatives told us how staff encouraged people to choose their activities each day. One relative said, "Staff are good with the people they support. My relative's life skills are much better [now]; they can peel vegetables and they go to football and swimming. Staff involve them in everything."

Meeting people's communication needs

Since 2016 onwards all organisations providing 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.

- Support plans detailed people's communication needs and included how they preferred to be supported when they were upset or unwell.
- There were good visual structures, including objects, pictures and photographs available to people and staff. Staff recognised people's gestures and body language, and the other visual cues they used to communicate.
- Health professionals shared their observations of staff meeting people's communication needs. One health professional said, "I work with staff to ensure they can use Makaton to communicate with the people they support to a high level. Staff are very responsive. I knew one of the people supported before they moved into New Fern. I have seen a massive improvement in their confidence and a reduction in their anxiety because of the way staff support them with their communication."

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

- People were supported to keep in contact with family and friends. Relatives told us they could visit at any time and were always made to feel welcome.
- Staff provided people with person-centred support when helping with everyday living skills, hobbies and meaningful activities. Staff ensured adjustments were made so people could participate in the activities they wanted to.

- Staff worked with local organisations to ensure arrangements for social activities and education met people's individual needs. One example of this was to support the set-up of an education outreach worker who could attend on site when required.
- Health professionals shared their experience of staff supporting activities. One health professional told us, "Activities are organised around education and are varied and meaningful. Interactions between staff and the people they support are positive and effective."
- Staff told us how they ensured people had opportunities to engage in the hobbies they enjoyed the most. One staff member said, "Each person has a weekly planner we fill in every day. We ask people what they would like to do each day."

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints. They told us they believed they would be listened to by the registered manager.
- The registered manager knew how to access advocacy services should people need independent support to represent their best interests.
- Staff and managers treated all concerns and complaints seriously, investigated them and learned lessons from the results; these were shared with staff to improve people's lives.
- Relatives told they felt listened to when speaking to managers. One relative said, "They are very friendly; the manager is very good, and we can go [to them] when we want. The staff are really caring and flexible; they always answer the phone. I don't have any concerns."

End of life care and support

- Processes were in place to support people with end of life decisions.
- Staff knew how to support people and how to access the appropriate health professionals to ensure end of life needs were met.
- At the time of our inspection there were no people receiving support who were at the end of their life.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- We observed a person-centred approach in people's records, and in the feed-back we received from relatives, staff and health professionals. We observed several instances where people's choices were promoted.
- The registered manager instilled a staff culture which valued and promoted people's individuality, protected their rights, and enabled them to develop and flourish.
- Relatives shared their experience of staff approaches to inclusion. One relative said, "I like the manager and we are in contact with staff all the time. Staff meet all [my relatives] needs, and they keep me up to date. We have a good relationship."

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 understood their responsibilities to be open and transparent.
- Staff and managers apologised to people, and those important to them, when things went wrong.
- We observed the registered manager supporting people and relatives to explore and understand the provider's complaint process.

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

- Managers and staff had clearly defined responsibilities and worked together to meet people's needs.
- The registered manager had the skills, knowledge and experience to perform their role.
- Staff worked together to share information and review events to improve support for people. One example of this was the process for reviewing incidents which included reflective practice. This enabled lessons to be learned.
- Health professionals shared their experience of joint working with staff and managers at New Fern. One health professional said, "The registered manager always makes sure they are available for our statutory visits."

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

- The registered manager was aware of their role in supporting people's rights and in maintaining equality standards.

- The provider sought regular feedback from staff, people and those important to them, and used the feedback to develop the service.
- Staff involved people in changes to the service and accommodation and were respectful of people's feelings and emotions during times of transition and change.
- We observed discussions about new people moving into New Fern and how staff and managers recognised people's anxieties when making these arrangements.

Continuous learning and improving care

- The provider and registered manager had clear plans for the future of the service and used lessons learned to inform service improvement decisions.
- The provider invested in staff, embraced change, and updated processes in line with legislation and guidance to inform improvements to people's support.
- Staff told us how the registered manager supported staff development opportunities. One staff member told us, "We get good support with our studies and the manager is really helpful. The training and support [opportunities] are continuous."

Working in partnership with others

- The provider had good links with the local community. For example, local schools, emergency services and disability organisations had visited New Fern as part of community outreach projects.
- Staff and managers worked well in partnership with other health and social care organisations, which helped to give people a voice and promote their independence.
- Health professionals shared their observations from working with staff and managers. One health professional told us, "The registered manager ensures all the people's health needs are met in a timely fashion and always responds to our requests for information."