

New Beginnings (Gloucester) Ltd

Fern Court

Inspection report

Down Hatherley Lane
Gloucester
Gloucestershire
GL2 9QB

Tel: 01452730626
Website: www.newbeginningsglos.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Fern Court is a residential care home providing accommodation and personal care to up to 13 people. The service provides support to people who may have a learning disability, mental health condition or autism. At the time of our inspection there were 11 people using the service.

Accommodation was divided between 2 buildings; Fern Court and Fern Lodge. Some rooms provide en suite accommodation. Everyone living at Fern Court had access to a communal living room, kitchen and dining area and had access to a shower and bathroom. The grounds around the property were extensive, accessible and secure.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

Based on our review of safe and well-led the service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture

Right Support

Staff supported people with their medicines. Staff followed recognised good practice in relation to medicine management.

People were being supported to have choice about their living environment and were being encouraged to personalise their rooms and communal spaces in the home. Changes had been made to the home to provide people with different areas they could enjoy.

Staff enabled people to access specialist health, dental care and social care support. Staff supported people living at Fern Court to access the local community and enjoyable activities which reflected their needs and interests.

The service had enough appropriately skilled staff to meet people's needs, keep them safe and support them to access the community.

Right Care

People's care, treatment and support plans reflected their range of needs. People's care plans were detailed and reviewed. The provider was in the process of implementing an electronic care planning system.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood and responded to their individual needs. Staff had received effective training and support to provide care effectively.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. A safeguarding lead had been nominated for Fern Court.

People could take part in activities of their choosing at home or in the wider community and pursue their own interests.

Right culture

People were now being supported to lead inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. The manager and provider recognised there was still room for improvement regarding this.

The provider had implemented a new management structure and continued to work with external professionals to help embed a stable and supportive management and staff team who support people to receive consistent care.

Mental Capacity Act

Staff supported people in the least restrictive way possible and in their best interests. Where people were living under Deprivation of Liberty Safeguards; staff understood the support they required.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 9 August 2022).

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 5 and 6 July 2022. A Breach of the legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements.

This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

For the key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed to Good. This is based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fern Court on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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.

Fern Court

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

Two Inspectors 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

Fern Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Fern Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A manager had been in place since March 2022, they have applied to CQC to become the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We considered the

feedback from the local authority and professionals who work with the service. We used the information the provider sent us in May 2022 in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 4 people who lived at Fern Court. We spoke with 8 people's relatives about their experience of the care and support provided by the service.

We spoke with 9 staff including the manager, deputy manager, 2 senior support workers, 4 support workers and an activity co-ordinator. We also spoke with the nominated individual of the provider.

We reviewed a range of records. This included 3 people's care records. A variety of records relating to the management of the service, including policies and procedures were reviewed. We sought feedback from 3 professionals who work with the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has changed to Good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had not always ensured current and contemporaneous records of people's care and medical needs had been maintained. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Assessing risk, safety monitoring and management

- Risks associated with people's care had been assessed. This included how to support people with risks associated with eating and drinking safely and epilepsy. Clear guidance was in place for staff to follow, including when people's needs and circumstances had changed.
- People had support plans in place which detailed what could trigger distress and how best to support them. Staff received training related to supporting people when they became distressed. The service was in the process of seeking additional Positive Behaviour Support Training, recognised by local authority commissioners.
- Staff were aware of people's risks and the support they needed to remain safe. Incidents were reviewed to identify any actions staff needed to take. Since our last inspection the number of incidents had reduced. One member of staff said; "We have more staff who know people. We're also getting everyone out more, this is really helping to reduce people's anxieties."
- People were protected from the risk of their environment. Changes had been made to the environment to ensure the home was safe and suitable for people's needs. Where required action was taken maintain the environment, including changes to fire doors.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to respond and safeguard people from abuse. The nominated individual had implemented systems to protect people from the risk of financial abuse. This included the recruitment of a finance manager who carried out routine audits to ensure staff were safely managing people's money.
- People were protected from the risk of abuse by staff who had the knowledge and understanding of the provider's safeguarding policies and procedures. One member of staff informed us they were due to receive training to become a 'safeguarding champion'. The nominated individual discussed the importance of this role to promote learning and understanding of safeguarding processes.
- People and their representatives told us they feel safe being supported by Fern Court. Comments included: "I feel [relative] is safe, I have no worries" and "it is safe. They are very good to [relative]."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met and a clear record was in place documenting the support people were being provided.
- Where people's needs or conditions changed whilst living under DoLS, the provider took appropriate action engaging with the persons professionals to ensure any restrictions remained in the person's best interest.

Learning lessons when things go wrong

- The service had systems in place for staff to report and record any accidents and/or incidents. These were reviewed by the manager and nominated individual to ensure appropriate action was taken to protect people from harm.
- The manager, provider and staff had learnt lessons from the last 12 months. Staff spoke positively about the change in culture in the service. Staff openly challenged and raised issues of concerns. Staff and management discussed how Christmas is usually a difficult time for people living at Fern Court, however in 2022 staff had planned effectively to ensure everyone enjoyed a peaceful and enjoyable time.

Using medicines safely

- People's medicines were stored safely, and they received their medicines as prescribed. The deputy manager had embedded systems to ensure people were protected from avoidable risk.
- Some people were prescribed medicines that were to be administered 'as required' when they could be anxious or distressed or were in pain. Protocols contained clear guidance for staff to follow, including when to administer these medicines and how to review the effectiveness of their prescribed medicines.
- Where necessary, people were supported with homely remedies. These were over the counter medicines, such as pain relief that people could use if required. The home had sought approval from people's GP and had clear guidance to follow when using these medicines.

Staffing and recruitment

- Suitable staffing levels were in place to meet the needs of people using the service. Staffing levels were based on the occupancy of the home and people's commissioned hours. Where required the home used consistent and familiar agency staff to maintain safe staffing levels. The manager and staff spoke positively about recruitment and the reduction in agency staff at Fern Court and the impact this had on people's care. The manager told us, "Recruitment has not been an issue, it's getting the right people in. We are in a position where we can afford to be picky. We can't afford to get staffing wrong."
- People and their relatives told us there were enough staff to meet their loved ones needs. Comments included: "It does seem to be more stable than it was for the last two years" and "I think it is better. There is a different atmosphere, and they are working as a team."
- Staff told us there were enough staff and they had the time they needed to provide people's care.

Comments included; "We have enough staff to get everyone out and about. We work really well as a team" and "I think things have really improved. We have good staffing team who know everyone well."

- Staff were recruited safely. All required checks were made before new staff began working at the home. Disclosure and Barring Service (DBS) checks were completed alongside seeking references from staff's previous employers. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider was following current government guidance in relation to visiting at the time of the inspection.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to 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

- Staff were supporting people to be involved in their personal care and decisions at Fern Court. People were supported on a day to day basis on how they wished to spend their day. Two people wanted to visit the 'cwtch' (a comfortable cabin) to watch a film. We saw people communicating with staff what they would like to do, including going for walks or doing arts and crafts.
- People's care plans provided clear person-centred information on the person and their needs. Where people's needs or support had changed this had been communicated. Staff had worked with professionals to make changes to the support of one person who lived with epilepsy. Decisions had been made which promoted the person's privacy whilst maintaining their wellbeing.
- Where people attended medical appointments, staff kept a clear record of the appointment and any actions required to ensure staff took appropriate action to maintain people's health and wellbeing.
- Staffing levels at Fern Court was planned to ensure people received consistent support from staff. Staffing levels were adjusted to support people to access the community and at times where people may become anxious and require more support, such as Christmas and birthdays. One member of staff told us; "We plan ahead, we know what's important to people and we know the support they require."

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

- People were being supported to enjoy activities which reflected their interests and hobbies. Since our last inspection the home had recruited an activity lead. The activity lead and staff were looking at opportunities to support people to access the local community, including those people who were anxious to try new things. The activity lead told us; "[person] likes gardening and cathedrals. I found a gardening club at Gloucester Cathedral, they enjoyed it and have been back."
- One member of staff discussed how they were supported by management to look for new opportunities to engage people in the community. They told us they had supported one person who has often struggled to join group events in the community to enjoy a group session which they wanted to go to again.
- Each person had a clear plan of activities designed to promote their personal wellbeing. The management and staff talked openly about increasing opportunities for everyone living at Fern Court, taking into account their needs and anxieties. Where people were more engaged with the community, support was provided for them to enjoy the activities which were important to them.
- People were supported to maintain and develop their personal relationships. Two people had developed relationships with others and were supported to attend events and spend time with their friends. One person told us about their boyfriend who was at a disco.
- People were supported to spend time with their family. People's relatives spoke positively about how the

service met their loved ones needs. Comments included: "They always keep us informed if she needs anything" and "Supporting him certainly on his activities, because I couldn't possibly do all the things they do with him. He's not just parked in front of the telly, let's just say. There's always the opportunity from going to the art and craft room or, going out for a walk or all the other things that they've got planned, the swimming and the art and riding and whatever else is important."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff understood people's communication needs. We observed staff engaging with people in accordance with their communication needs. Staff took time to support people to communicate and make their thoughts known. One member of staff was supporting one person with an activity, they spoke clearly with the person, communicating with them throughout.
- People's care plans contained clear information about people's communication needs, including any words or sentences which may cause people to become agitated.

Improving care quality in response to complaints or concerns

- People's relatives told us they knew how to make a complaint to the service and felt their complaints would be listened to. Comments included: "I would talk to the manager, but I never have complained" and "I would just talk to the Manager."
- The management acted on complaints and concerns in a timely manner. We reviewed the providers response to recent concerns. They took action to respond to the concerns and taken on board wider learning. For example, learning had been taken from the last year in relation to cultural concerns and communication. The manager told us, "We have built more faith with families. We didn't have open communication."

End of life care and support

- At the time of our inspection, no one was being supported with their end of life care and support.

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 our last inspection we rated this key question Requires Improvement. The rating for this key question has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection quality assurance and monitoring systems had not always been fully embedded and were not always effective at identifying and addressing shortfalls. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made regarding the management of the service and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The nominated individual had implemented new quality assurance systems to support the management of Fern Court. This included a rolling programme of audits which covered health and safety, finances, medicines and staff supervision and training. Where shortfalls had been identified these were added to an action plan.
- Any actions were allocated to a member of staff or management to take action. Actions were then carried out and signed off by the nominated individual to ensure actions had been taken appropriately to drive improvements.
- An independent consultant also carried out spot checks of Fern Court. They had carried out a recent check in January 2023 and identified some areas for development around staff supervision, recruitment and actions plans.
- Staff leaders were responsible for carrying out daily checks to ensure people people's records were carried out. These were checked by the management.
- The nominated individual discussed changes they had made to drive improvements and staff ownership. One member of staff told us; "The support is spot on now. It's driving improvements, it is a happy place to work."
- The provider and manager had informed the CQC of significant events in a timely way, such as when people had passed away, where there had been suspected abuse and any significant injury. This meant we could check appropriate action had been taken.

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

- The nominated individual, manager and senior staff at Fern Court had focused on promoting a positive culture at Fern Court. Staff demonstrated a strong desire to achieve good outcomes for people, which they demonstrated by taking ownership in promoting people's engagement in the community and identifying

new challenges and opportunities. People's relatives spoke positively about the service. Comments included: "[Relative] is happier, they don't need me as much. It's because things have improved, staff take responsibility. It is much better" and "[Relative] is happy, which makes me happy. It's improved, it is the best place he's lived."

- The manager, deputy manager, staff and representatives of the provider were open and transparent throughout our inspection and were clearly committed to providing good quality care. Staff discussed changes in the last 18 months and how they were supported. One member of staff told us, "It has really improved. We're supported to make changes. I did not spend much time with [person]. At my supervision I discussed this. I supported [person] with an activity. I do that more now. The management support our ideas, it is really positive for [people]."
- Staff told us they felt supported by the management and provider. One member of staff told us, "I am focused on person centred care. I was given support from [nominated individual]." They discussed the changes they had made including driving staff engagement and implementing a new medicine competency assessment.

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 manager and provider understood requirements in relation to duty of candour and had an open and honest approach. The nominated individual discussed actions they have taken since joining the provider in August 2023. This included establishing positive relationships with other organisations and commissioners.
- The service had policies in place to ensure the staff team understood their responsibilities under the duty of candour.
- Concerns were actively listened to and acted upon efficiently. The management shared learning from concerns with the staff to continually develop the service. The management and staff had reflected on concerns about the service. The nominated individual had implemented new structures to drive improvements and promote good outcomes for people they supported.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives views were sought. People were encouraged to voice their opinions about the service and how they were supported. People were involved in planned decoration of Fern Court. People were supported to decorate their own rooms and also supported to make group decisions on communal spaces, including colours and furniture.
- People's relatives spoke positively about their involvement and felt communication continued to improve at Fern Court. One relative discussed how they were involved and informed of their loved one's care. Relatives discussed improvements about staffing, communication and the atmosphere in the home.
- Staff spoke positively about working at Fern Court and the improvements being made.
- The manager and nominated individual had made opportunities to engage with local authority and safeguarding professionals. This had included meeting with local authority commissioners to focus on professional relationships. One professional spoke positively about improvements at the home and the caring culture of staff and management at Fern Court.
- One person living at Fern Court was being supported with a transfer to another service. The manager discussed how they were working with the person's social worker and the new service to manage the transition successfully and support the person with this transition whilst promoting their wellbeing.