

## New Beginnings (Gloucester) Limited

# Fern Croft

### Inspection report

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#### Ratings

### Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

#### Overall summary

The inspection took place on the 29 and 30 January 2015 and was unannounced.

Fern Croft is a home for up to seven adults. People living at the home have a range of needs including learning disabilities. At the time of our inspection there were six people living at the home.

The home 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.

Medicines were generally well managed although high storage temperatures during the summer meant that medicines were not always stored correctly. Some work was needed to maintain the laundry walls so that a hygienic environment could be maintained.

People were protected from abuse by staff who understood safeguarding procedures. Robust

# Summary of findings

recruitment procedures were applied ensuring that people were protected from the employment of unsuitable staff. There were enough staff with the right skills and knowledge to keep people safe and meet their needs.

People were supported by staff who received appropriate training and had the right knowledge and skills to carry out their role. People's rights were protected by the correct use of the Mental Capacity Act (MCA) 2005. People were supported to eat and drink a balanced diet that respected their choices. People's health and well-being was actively promoted through the use of appropriate resources obtained through establishing links with national support organisations.

People received support from caring staff who respected their privacy, dignity and the importance of independence. There was regular consultation about how the service was provided to capture people's views. People received personalised support that enabled them to pursue their interests at the home and in the community. There were arrangements in place for people to raise concerns about the service.

The registered manager maintained an accessible presence at Fern Croft. People using the service and staff were kept informed about developments in the service and staff were clear about their roles. Quality assurance checks on the service including the views of people using the service and stakeholders had been completed as a way of ensuring the quality of the service provided.

# 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 always safe.

Medicines were not always stored correctly.

Some work was needed in the laundry to ensure a clean environment could be maintained.

People were protected from abuse because staff understood how to protect them.

There were enough staff, suitably recruited, to keep people safe and meet their needs.

Requires Improvement



### Is the service effective?

The service was effective.

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

People's rights were protected by the correct use of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards.

People were consulted about meal preferences and supported to eat a balanced diet.

People's health and well-being was actively promoted through the use of innovative use of appropriate resources.

Outstanding



### Is the service caring?

The service was caring.

People were treated with respect and kindness. Their care reflected their preferences and routines.

People were supported to be as independent as possible in their daily routines.

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

Good



### Is the service responsive?

The service was responsive.

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

People were enabled to pursue their interests in the home and the community.

Good



# Summary of findings

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

## **Is the service well-led?**

The service was well led.

The service benefited from an accessible and approachable manager.

Staff were kept informed about developments with the service and were clear about their roles.

Quality assurance systems were in place to monitor the quality of care and safety of the home.

**Good**



# Fern Croft

## 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 29 and 30 January 2015 and was unannounced. Our inspection was carried out by one inspector. We spoke with two people who use the service. We also spoke with the registered manager, the administrator, the maintenance worker and three members

of care staff. In addition we spoke with two visiting health care professionals. We carried out a tour of the premises, and reviewed records for three people using the service. We also looked at three staff recruitment files.

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.

Following our inspection we spoke with a two social care professionals and a health care professional who had been involved with people using the service.

# Is the service safe?

## Our findings

People's medicines were stored securely and storage temperatures were monitored and recorded. However we found that temperatures for the medication trolley and one of the cupboards had been recorded as higher than the correct limit during some days in July 2014. There was no evidence that any remedial action had been taken when these higher temperatures were recorded. If medicines are not stored properly they may not work in the way they were intended and so pose a potential risk to the health and wellbeing of the person receiving the medicine. We discussed with the registered manager how the situation may be managed during future episodes of hot weather.

Medicines were administered, handled and disposed of safely. One person told us they were given their medicines at the right time of day. Staff responsible for administering medicines had received training and had passed competency assessments. Medicines Administration Records (MAR charts) were accurate and individual protocols were in place for medicines prescribed to be given as necessary, for example, to control asthma. Where people had been assessed as lacking mental capacity to consent to taking medication a decision taken in their best interests had been recorded. There were records of medicines being received into the home and being disposed of when required. At the time of our inspection the service was preparing for the introduction of a new medicines administration system from a new supplier.

People were protected from risk of infection through action taken following audits in line with national guidelines on infection control. At the time of our inspection visit the annual infection control audit and report for the service was due to be completed. The cleanliness of the premises had been maintained and a recent inspection of food hygiene by the local authority in August 2014 had resulted in the highest score possible. However we found the laundry was in need of some attention with some areas of blown plaster on the walls. These areas were not easy to clean to maintain a hygienic environment. We discussed this with the registered manager who on the second day of our visit told us that remedial work was planned for the following week.

People were protected from abuse by staff with the knowledge and understanding of safeguarding policies and

procedures. Information given to us at the inspection showed all 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. One member of staff stated they felt confident any safeguarding concerns would be dealt with if reported to management. Staff demonstrated an interest in the safeguarding process beyond initial reporting stating "I would want it followed up". People using the service said they felt safe living at Fern Croft. When asked if they thought it was a safe place to live one person said "Yes I do". Information about safeguarding was available to people using the service in a suitable format using pictures and plain English. People were protected from financial abuse because there were appropriate systems in place to help support people manage their money safely.

People had individual risk assessments in place. For example for the safe use of the kitchen, road safety and trips out of the home. These identified 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. The registered manager described a positive approach to risk taking at the service which had resulted in people enjoying holidays abroad. People were protected from financial abuse because there were appropriate systems in place to help support people manage their money safely. 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, scalding and electrical faults.

People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also 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. People's care and support needs were being met by sufficient numbers of suitable staff. People using the service told us there were enough staff, one said "There is a lot of staff here". Staff told us there were enough staff to meet people's needs and the occasional shortages caused by staff absences due to sickness were well managed.



# Is the service effective?

## Our findings

People using the service were supported by staff who had received training for their role. They confirmed that staff knew what they were doing when giving care and support. One person told us “staff know what they’re doing and know important things about me” another said “they’re all good staff here”. A visiting health care professional gave positive views about how staff worked as a team and how they were supported by the registered manager. Staff told us they had received training in nail care, handling medicines, manual handling and Mental Capacity Act 2005 (MCA). They told us they felt the training provided by the service was enough for their role. One member of staff told us they would approach the manager if they felt they needed more training. Information given to us at the inspection visit confirmed the training that staff had received.

We saw evidence of further training planned which was relevant to the needs of people using the service. For example one person using the service had recently been diagnosed with a developing medical condition. As part of preparing staff to support the person in the future, staff had recently gained experience supporting a person with the same condition at another care home operated by the registered provider. This was an innovative approach to understanding the support needs of the person. Staff had already completed some training appropriate to the person’s medical condition and more was planned.

Induction training in line with national standards had been arranged for staff new to the role of providing care and support to people. In addition the service was making preparations for the introduction of the new Care Certificate qualification. Staff had regular individual meetings called supervision sessions with the manager every eight weeks. One member of staff described their supervision sessions as “very good”. The registered manager told us how sessions were based around a specific subject relevant to the support of people’s needs such as risk assessments of people’s medical conditions.

People’s rights were protected 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. Staff told us they had received training in the MCA and demonstrated knowledge of the need to assess people’s mental capacity around specific decisions. The manager was aware of a recent court ruling regarding the liberty of people in care homes. As a result standard applications had been made for five people whose liberty was being restricted. Where people lacked capacity to make certain decisions, assessments had been made of their mental capacity. We saw assessments relating to managing finances and taking medicines. We saw examples of best interests meetings held with contributions from health and social care professionals and important others.

People were regularly consulted about meal preferences. Minutes of the monthly service user’ meeting showed how people were asked for their opinions on menus and their views noted for action by the manager. One person described how they enjoyed macaroni cheese and were able to make this a regular meal choice. They also told us “today I had baked beans with toast because that’s what I wanted.” They also commented that meals were “nice and hot”.

People’s healthcare needs were met through regular healthcare appointments and liaison with health care professionals. One person told us “I see the doctor a lot”. Another told us they had visited their doctor and the dentist. People attended their GP surgeries, dentists and appointments with the podiatrist. One person had appointments with a specialist medical professional to manage a medical condition. The relevant support plan reflected this involvement and gave clear instructions and outcomes for staff supporting the person.

People had health action plans and hospital assessments. These were written in an individualised style. They described how people would be best supported to maintain contact with health services or in the event of admission to hospital. We saw evidence of people attending health care appointments in the form of letters about hospital appointments and letters regarding referrals to health care professionals. 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. Information about promoting health and healthcare appointments was available in suitable formats for people to refer to. Minutes



## Is the service effective?

of staff meetings showed where there had been discussions about people's health needs and any action that staff may need to take to support people was recorded.

The service had established strong and effective links with national support organisations where these related to needs related to medical conditions of people using the

service. Information provided by these organisations could then be used as a resource for staff supporting people. For example one person's health needs required a special diet to be provided. A personalised plan was in place for staff to follow in supporting the person. This reflected information provided by the relevant support organisation. Recipes, free samples and newsletters were also provided.

# Is the service caring?

## Our findings

People we spoke with told us staff treated them with kindness. When asked about staff, one person using the service told us “they treat you kindly” and “what they buy you at Christmas is very lovely”. One staff member told us “You have to treat them as you would like to be treated yourself”. People benefited from consistency of support provided by a small staff team who knew people well. A visiting health care professional told us “They (staff) know people here very well; they know their likes and dislikes”. One person told us “I know the staff pretty well”. A social care professional who had visited a person using the service told us the person was “well cared for when they visited them”. Another social care professional told us “they know their service users very well” and commented positively about the good relationships between people and their key workers in the staff team. A health care professional commented that the service was “very caring”.

Staff were respectful and caring in their interactions with people. We observed staff supporting people during lunch time. Staff interacted with people appropriately, checked on people’s well-being and responded promptly to requests about the meals being served. One person was reluctant to sit down at the meal table. Staff spent time with the person and discreetly coaxed them to the table. Another member of staff, attentive to the situation ensured that the person received a hot meal by warming it up in a microwave just before the person sat down to eat.

One person chose to spend one day a week practicing their religious beliefs. They did this entirely within the home as was their choice. The registered manager and staff were aware of how the person would spend their day and respected this allowing the person time alone. The person’s preferences for how they observed the day were clearly recorded for staff to refer to.

People were involved in decisions about how they spent their day and aspects of how the service was provided. Minutes of service user meetings demonstrated how

people using the service were able to express their views. People were consulted about activities, menus, any changes to the environment of the home and asked if they had any concerns. Meetings were held on a monthly basis. Information about advocacy services was available at the service. One person had used the services of an independent advocate where decisions had to be made regarding future life plans. . People from the service had also joined a local user led self-advocacy group.

People’s privacy and dignity was respected. When asked if staff respected their privacy of their room one person told us “yes they do, they always have done”. Both people we spoke with confirmed that staff knocked on their door before entering their room and this was the practice we observed during the inspection visit. One member of staff told us “It’s their bedroom, their home we only go in if asked”. Staff gave us examples of how they would respect people’s privacy and dignity when providing care and support. One member of staff said they would respect people’s views about receiving personal care in relation to male or female staff.

The registered manager had become a ‘dignity champion’ under the Department of Health dignity challenge. This enabled the service to receive information in the form of action packs and take part in surveys about dignity in care. As a result the service had a clear vision regarding dignity and this had been discussed at staff meetings and resources were available to staff to promote individualised care where dignity was upheld.

Staff also told us how they would promote people’s independence when supporting them with personal care, offering choices of clothing for example and encouraging them to undertake tasks they may have found challenging such as doing up their buttons on their coat instead of doing this for them. One person maintained some independence through taking responsibility for cleaning their individual room. Another person had some responsibility for managing their own money when on trips out of the home.

# Is the service responsive?

## Our findings

People received individualised care and support. One person told us how they enjoyed trips out to local cafes and how their choices regarding handling money was respected. They told us “I pay for my own drinks because I want to”. The service had approached medication storage and administration 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. Records in people’s support plans demonstrated how decisions had been reached with the response of the person recorded. Some people had chosen not to have medicines in their room and their choice was respected. A risk assessment for one person demonstrated that risks outweighed the benefits for individual storage. Where people had medicines stored in their room they were able to receive them on an individual basis from staff. A visiting health care professional confirmed from their observations staff provided personalised care to people.

Support plans were written in an individualised style and began with the statement “I’ve helped put together my care plan; It’s all about me, my choices, needs and how you need to support me so I can be as independent as possible at Fern Croft. Support plans had been kept under review with the manager reviewing one person’s plan in turn each month. Some people had individualised information about them on the wall of their rooms presented in a suitable format. This was for their own reference and as a reminder to staff about what was important to people, how they liked to spend their time and their wishes and goals in life. Additional information was contained in each person’s ‘personal planning book’. These had been produced in consultation with people and provide a record for their life story, important people and their wishes and dreams. In

one person’s case the importance of a religious figure had been appreciated and they had been included with important people. Support plans were presented in a suitable format using pictures and plain English.

People were supported to take part in activities and interests both in the home and in the wider community both individually and as part of a group. Activities included swimming, visits to an activity centre and trips to cafes. People were also supported to maintain contact with family and friends. Three people had occasional overnight stays with family and another had been on holiday to America with their family.

There were arrangements to listen to and respond to any concerns or complaints. Information sent to us before the inspection stated. “The staff continuously promote to the service users the fact that Fern Croft is their home and they have every right to make changes, where they feel they need to and know that they will also be listened to”. Information explaining how to make a complaint was available in a format suitable for people using plain English, symbols and pictures. Where appropriate this was available in people’s individual rooms. We looked at two complaints received from representatives of people using the service appropriate responses had been given despite the fact the complaints did not relate directly to the service provided to people living at Fern Croft.

The registered manager told us that the monthly service user meeting was the main forum for any complaints to be raised. Minutes of service user meetings included a section for “service user concerns” where the responses of each person present were recorded. Information sent to us in the PIR stated “If someone doesn't feel comfortable in discussing their views at the meetings they are made aware that they can speak to someone they feel comfortable with.” People told us they would speak to staff or the manager if they were unhappy about anything.

# Is the service well-led?

## Our findings

In the PIR the registered manager described the promotion of an open culture at the service. "I believe in running the home in a very proactive manner, through open and effective communication which is conducted in regular meetings with both staff and service users". When we visited the registered manager described the benefits of being based 'on site' with an office right at the entrance to Fern Croft. They were visible and accessible to people using the service, staff and visitors and could be aware of events at the care home. This was demonstrated during our inspection visit where people felt free to approach the manager in the office. A visiting health care professional told us "the manager's door is usually open". A member of staff told us "you can go to her, she is open to discussion." A social care professional we spoke with following our inspection told us the manager was "very approachable" when suggestions were made regarding the support of a person and were "up for new ideas".

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 training, activities and new systems such as medicines. Staff comments were also recorded. A staff member told us they were clear about what they should do in their role. Staff were aware of whistleblowing procedures and of outside agencies such as the local authority that could be contacted. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Part of the vision of the service had been established through the promotion of dignity through the 'Dignity Challenge'. Links had been made with the local community. Links had been established in the local community through activities and positive relationships with immediate neighbours were reported by the registered manager.

The home had a registered manager who had been registered as manager of Fern Croft since 2010. 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 when they occurred. When we asked them about the manager, a person using the service told us "she does her job properly" and said the service had "the best manager". A visiting health care professional praised the manager, telling us they thought the service was "very well run" and added "I've never had any worries here." Staff also gave positive views about the management of the service. They described the management as "open, honest and helpful" and "approachable". During our visit we saw how the manager was available to respond to any requests from people, visitors and staff.

People benefitted from checks to ensure a consistent service was being provided. The PIR stated "We have a Quality Assurance system within the home where we have a visit from the Group Manager every two months who checks all aspects of the home and writes a report and action plan regarding this. We also do Quality Questionnaires for our service users every six months and as an organisation we have a yearly quality questionnaire where service users, staff, family members, health professionals, funding authorities and others relevant to the home receive a form to complete, so the home can be evaluated. All of this information is documented and a report is sent to the home manager, with an action plan attached". We saw an example of a recent home visit monthly report. Areas covered included fire safety, finances, staff training and feedback from people using the service. Any action identified was recorded. The recent report for January 2015 had identified maintenance issues for action at the front of the property. We saw the results of the last six monthly quality questionnaire exercises which had been presented in a development plan for the whole of the provider's organisation. These were broad objectives for the whole organisation. Progress was due for review in February 2015.