

The Brandon Trust

Ferncroft

Inspection report

41 Old Lodge Lane
Purley
Purley
Surrey
CR8 4DL

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12 June 2023

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10 July 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Ferncroft is a residential care home providing personal care to up to 6 people. The service provides support to people who have learning disabilities and/or autistic people. At the time of our inspection there were 4 people using the service.

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

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 that 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. The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Care:

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Staff and people assessed risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care because trained staff and specialists could meet their needs and wishes. People and those important to them were involved in planning their care. Staff evaluated the quality of support provided to people. However, we found that some areas of the provider's governance arrangements were not sufficient enough to ensure all areas of service delivery were in line with best practice guidance and adhered to legislative reporting requirements. Action was taken promptly after the site visit to address these concerns.

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 good (published 12 September 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good.

We undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remains good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ferncroft 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Ferncroft

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.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

Ferncroft 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. Ferncroft is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us 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 met the 4 people using the service and spoke with 4 staff, including a support worker, team leader, registered manager and the head of quality. We also spoke with 1 person's relative. 1 person showed us round their bedroom and showed us the environment. We reviewed 2 people's care records. We reviewed records relating to staffing, training and the management of the service. We reviewed medicines management processes.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff were respectful of people's protected characteristics and people received support free from discrimination.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. Information was collected on current and historical risks with clear information to staff about what action to take should certain behaviours present.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe. Staff were aware of what risks people were able to manage themselves, and where they needed support from staff, with a focus on supporting people to develop their daily living skills and become more independent.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risk. At the time of our inspection whilst the windows on the first floor were restricted these restrictors were not in line with best practice. After the inspection the registered manager sent us evidence to show appropriate restrictors were now in use.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- Safe recruitment practices were in place to ensure suitable staff were employed to support people. This included undertaking criminal records checks, getting references from previous employers, checking people's identity and their eligibility to work in the UK.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and 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 that people's medicines were reviewed by

prescribers in line with these principles.

- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- People's care records outlined how they communicated if they were in pain, so that staff were able to administer pain relief when required.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no visiting restrictions, and friends and family were welcomed at the service. People were also supported to visit their families to maintain these relationships.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- When things went wrong, staff apologised and gave people honest information and suitable support.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. Following our last inspection staff were now up to date with their mandatory training. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, communication tools, positive behaviour support, human rights and all restrictive interventions.
- Updated training and refresher courses helped staff continuously apply best practice. Staff were also accessing training through the local authority and commissioning teams. They were due to attend oral health training being delivered by the specialist dental department from a local NHS Trust.
- The service checked staff's competency to ensure they understood and applied training and best practice.
- Since our last inspection, staff were now receiving regular support in the form of continual supervision, appraisal and recognition of good practice.

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

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.

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

- People received support to eat and drink enough to maintain a balanced diet. This included supporting people to have a diet that met their individual needs, including one person who had diabetes and required a low sugar diet.
- People were involved in choosing their food, shopping, and planning their meals.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. One person was working with staff to develop their independent cooking skills and staff were supporting them to learn how to cook their favourite meal.
- Staff supported people at mealtimes in line with their needs. For example, one person needed regular reminders and prompts throughout their meal to keep them focused. We observed staff doing this in a polite and encouraging manner.

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

- People had health actions plans which were used by health and social care professionals to support them in the way they needed.
- People were supported to attend annual health checks, screening and primary care services. Staff supported people to attend medical appointments as and when required.
- Staff supported people to maintain a healthy lifestyle and people were supported to have regular exercise. One person was also being supported to reduce the amount they smoked.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs. People freely walked around and accessed different parts of their home. They appeared comfortable and relaxed at the service.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. One person showed us their bedroom. It was personalised and included resources that supported their hobbies and interests.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means, and this was well documented.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- People required depriving of their liberty to ensure their safety in the community. Staff followed appropriate processes to ensure legal authorisation for these arrangements, and they were reviewed annually.

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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance systems did not always ensure that all processes were in line with best practice and that all regulatory and legislative requirements were adhered to.
- The registered manager had not identified that the window restrictors in place did not adhere to best practice requirements as outlined by the Health and Safety Executive. The registered manager had not notified CQC as legally required of the outcome of DoLS authorisations. Prompt action was taken after the inspection to address both issues to ensure greater governance and oversight of the service to ensure people were safe and service delivery was in line with best practice.
- The provider's governance system had been updated in the months prior to our inspection. This included a programme of self-reporting and reviews of specific areas of service practice. For example, medicines management and larger service wide audits. The provider's quality team was available to support services and spot check the quality of service provision.
- Action plans were produced which incorporated areas requiring improvement from all audits undertaken, and the quality team monitored these plans to ensure actions were completed in a timely manner.

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

- Management were visible at the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say.
- The team leader worked directly with people and led by example. They prioritised people's needs and ensured they were comfortable and happy at the service. We observed them communicating with people politely and with respect, in a manner that was understood by the person they were speaking with.
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.

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

- People, and those important to them, worked with managers and staff to develop and improve the service.
- Staff encouraged people to be involved in the development of the service. There were regular meetings between people and their key care worker where they reviewed the support they received and identified if there was anything additional they would like.

Continuous learning and improving care; working in partnership with others

- The provider engaged in local forums to work with other organisations to improve care and support for people using the service.
- The provider was involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area.

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 service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.