

Braintree Health Care Limited

Fern Lodge

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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Fern Lodge is a care home providing support for up to eight people who have a learning disability and or associated mental health needs. There were eight people living at the service when we visited. The service is located close to a number of supported living flats and staff from this service also support people living in the flats. The supported living service is separately registered under Braintree Health Care Limited.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

This was an extremely caring service which was well managed and put people first. People were supported by a staff team who were highly motivated and passionate about their role and went the extra mile when needed.

People were treated with dignity and respect and staff understood the importance of maximising people's independence and opportunities. People received person centred care which met their needs and preferences

Staff understood the need to protect people from harm and the steps they should take if they suspected abuse. Staff were aware of their responsibilities to keep people safe and took steps to protect people and reduce the likelihood of harm.

Risks were assessed, and checks undertaken on the building to ensure people lived in a well maintained and safe environment. However, we have recommended that health and safety checks are more formalised, to further protect people.

Medication systems were well organised, and the staff worked with health professionals to monitor their health and wellbeing and ensure that people were enabled to live as full a life as possible.

There were sufficient numbers of staff available to keep people safe and meet their needs. The staff team was stable with a number of staff had worked at the service for some time. Recruitment procedures were thorough and reduced the likelihood of the service employing individuals who were unsuitable to work in this type of service.

Staff received training to ensure they had the skills they needed to support people with complex needs. Staff were highly motivated to access training and told us that they were well supported.

People lived in a very comfortable and homely environment and their personal spaces were highly personalised.

People's health was monitored, and staff worked with a range of health professionals to promote people's wellbeing. There were clear arrangements in place to support people should they have to attend hospital.

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.

Care plans were detailed and informative. Daily recordings were undertaken along with handovers to ensure good communication and continuity of care.

People were supported to have an active life and maintain contacts with those important to them. There was a complaints procedure in place to respond to concerns.

The registered manager was highly regarded and provided stable leadership. They were visible, accessible and supportive.

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

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

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

Rating at last inspection

The last rating for this service was good (published 21 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Outstanding ☆

The service was exceptionally 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.

Fern Lodge

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. The Expert by Experience had experience of caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to our inspection we reviewed information we held about the service. This included any safeguarding referrals and statutory notification that had been sent to us. A notification is information about important events which the service is required to send us by law.

The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

We spoke with the manager, five members of staff, one person living in the service and five family members. We reviewed care and support plans, medication administration records, recruitment files, staffing levels and records relating to the quality and safety monitoring of the service. At the end of the inspection we provided feedback to the registered manager.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people and reduce the likelihood of abuse. Staff received training in safeguarding and were clear about the actions that they needed to take to protect people.
- Staff expressed confidence in the management of the service and told us any concerns would be listened to and taken seriously. A relative told us, "We never had a reason to believe they mistreated my relative in any way, more over they are treating them with full respect and they are not missing anything from their life, thanks to the effort [of staff]."

Assessing risk, safety monitoring and management

- There were systems in place to manage risk and reduce the likelihood of harm.
- Risk assessments were in place and a range of specialist equipment was in place, such as airwave mattresses to reduce the likelihood of skin damage. Several people had been identified as being at risk of choking and there was information in place to guide staff on the texture of food they needed to keep them safe.
- A relative told us, "My relative is in the safest place they could be...this is an emotionally and physically a real home ...My relative is not the easiest person and has real challenging moments but they [staff] manage, recognizing the traits and trying to prevent it." Another person told us, "My relative has numerous conditions and almost each one of them life threatening, they need exceptional carethey [staff] are doing a fantastic job."
- Checks on the building and the equipment was undertaken to ensure that ongoing maintenance issues were identified. This included water temperatures, fire safety and moving and handling equipment. The administrator told us they regularly completed safety walk-around the building, but these had not been documented. We could not see that they had identified a low surface radiator that was warm to touch. Once identified this was immediately addressed.

We recommend that health and safety checks are more formalised, and an audit trail made of actions.

Staffing and recruitment

- People received support from regular staff who knew them well.
- The registered manager ensured that there were enough staff on each shift to enable people to receive the support they required.
- The staff team worked together to avoid the use of agency staff which meant that people were supported by staff they knew well.
- There were clear arrangements in place for the recruitment of new staff. Disclosure and barring checks were undertaken, and references requested from previous employers before staff commenced employment.

Using medicines safely

- Medication systems were well organised and there were clear protocols in place for the receipt storage and administration of medication.
- A relative told us how staff monitored people's medicines and their effectiveness, completing a graph which showed the impact of their medicine on their relative. They said, "We had the supporting evidence to talk to a specialist nurse ... and in the last year we gradually reduced some of the morning medication ...so that my relative will have some more alert time."
- The amounts of medicines tallied with the medication administration records.
- There were clear protocols for the management of 'as and when' PRN medicines which guided staff on the circumstances that they should be administered. The use of homely remedies was checked with the GP to ensure that they were appropriate for people and did not react with their prescribed medicines.
- Staff received training on medicine administration and people's medicines were regularly audited to ensure that they were correct, and any errors promptly identified.

Preventing and controlling infection

- Staff practice prevented and controlled infection.
- The service was clean and fresh smelling.
- Staff had access to personal protective equipment such as gloves and aprons to minimise the risk of infection.
- Staff received training in the management and control of infection.

Learning lessons when things go wrong

- Systems were in place to learn from adverse events.
- Accidents and incidents were logged and overseen by the registered manager and where appropriate incidents were investigated and discussed with staff at handovers.

Is the service effective?

Our findings

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

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

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

- People's needs were assessed by the management of the service before care commenced to ensure that the service could meet people's needs.
- People's needs were reviewed on a regular basis in conjunction with their families to ensure that the service was continuing to provide effective outcomes.
- The registered manager told us that they kept up to date with good practice through contacts with a variety of organisations including skills for care.

Staff support: induction, training, skills and experience

- Staff received training to ensure that they had the skills they needed to support people.
- Staff training was provided in a range of ways, including face to face, workbooks and on line. The training included areas specific to people's needs and covered areas such as epilepsy and dysphasia. Staff were supported to undertake additional qualifications such as vocational qualifications.
- One relative told us, "Their training is brilliant, I have full confidence in their knowledge." Another told us, "If anybody is specialist in my relative's condition, it's the staff. They can detect smallest changes, what kind of day my relative is having, is it serious enough to call ambulance, what signs to look for. I trust them fully. Very energetic team, it makes a big difference, they just get on with any situation, professionally and with focus and determination to help."
- New staff received an induction to prepare them for the role. This included a period of shadowing and training. One member of staff told us that they shadowed their colleagues for almost a month before working independently. Staff new to the care sector completed the care certificate which is a nationally recognised qualification for staff.
- A relative told us, "The registered manager is determined they finish all courses in theory before they start, she is very much involved in introduction process to everything about every single resident, they don't have many changes in staff and they seem very united as a team and work well together."
- Staff were very positive about the support they received from the management of the service.

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

- People's nutritional needs were met, and they were supported to eat well.
- Meals were freshly prepared, and people's preferences were met. At lunchtime people were served different meals, one person had soup, others had sandwiches which were all prepared differently, some people had sandwich squares, others had sandwich triangles.
- Details of what people had eaten was recorded and reviewed. People's weight was monitored, and staff understood the risks relating to food for some individuals. They were clear about the guidance in care plans

from health professionals such as the speech and language service.

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

- Staff worked with agencies to ensure that people were supported appropriately, and their health promoted.
- Health folders were in place containing information about people's needs. People had personalised hospital passports and an emergency grab sheet. This meant if they had to go to hospital information would go with them about how best to meet their needs.
- People's records showed that they were supported to attend medical appointments such as dentists, district nurses, occupational therapy and neurology as and when necessary.
- Relatives told us that staff kept them up to date with changes in their relative's health. A relative told us, "I could not attend (a recent health appointment) so they updated me with all the details as soon as they got back."
- Where people had specific health conditions such as epilepsy there was a clear step by step guide as to the actions that staff should take to keep individuals safe and healthy.
- Oral health was addressed as part of the care planning process and outlined any specific requirements such as the type of toothpaste the individual required.
- A relative told us, "All the carers are very easy to talk to and what is very important is that they make a complicated health situation easy to understand for me."

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

- People lived in a very comfortable and homely environment. There was a range of communal spaces for people to use which included an area where they could do crafts or access sensory equipment.
- People's personal spaces were highly personalised and all very different depending on people's needs and what they enjoyed.
- Each room included a relaxation or lounge area as well as a sleeping area with doors leading out into the garden. All rooms were ensuite and some people's room had been fitted with a Jacuzzi bath which was clearly important to those individuals.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Best interest decisions were in place for areas such as the delivery of personal care and the administration of medicines.
- Staff had completed training in MCA and were clear about best interests and how to support people with decision making. Throughout the inspection we observed staff offering people choices and listening to their wishes.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People at this service had a range of complex needs. This did not impact on the care they were provided and each person and staff member was completely dedicated to the people they cared for. We observed that people's care was exceptionally compassionate and kind.
- People were supported by a staff team who were highly motivated and passionate about their role. Staff were very proud of the service they provided and told us that they "loved" working at Fern Lodge and described it as "a happy place." Staff went the extra mile doing things for people in their own time, such as decorating a person's room to ensure it is exactly as they wanted. We could see this had a positive impact on the person.
- One member of staff told us it was "like one big family" and that they thought that all care homes had a high staff turnover until they started work at Fern Lodge as, "staff stay here." This is because staff are highly supported and motivated to carry out their role by a leadership that role model excellent values.
- People were supported by compassionate and caring staff. All the relatives spoke highly of the dedication and commitment of staff. A relative told us, "Carers are really there for the residents and their needs are in the centre of everything they do every day. They [staff] are a young team but interested in their work, they smile a lot, lifting the spirits of residents. They talk to people constantly... it's a real and close relationship which stays professional and safe."
- Staff knew people very well and were incredibly creative in how they engaged with people. Staff had really thought about people who used touch and sound to communicate and provided several different sensory items to support their communication. They knew about every person's interests, their families and personalities which supported communication. We observed lots of laughter and banter and it was evident that staff and people living in the service had meaningful relationships.
- There was a clear person-centred culture and good communication to ensure that the staff team were working together to achieve the best outcomes for people. A staff member told us, "The communication is brilliant, I never feel afraid to ask anything, but I know what is happening."
- The service had open and honest relationships with relatives and involved them where possible. A relative told us "I would say they go over every standard every day, nothing is too hard for them: taking my relative for family events in the past, looking at what new activities and interest they might develop, observing reactions and sharing with us as a family so we don't miss anything. It's difficult to put all their actions in words, but this is a real care home with big heart."
- Staff advocated for people, they specifically requested a specialist speech and language therapist for one person as they believed they could better enjoy a wider range of food. This visit meant that the person was now able to try different foods which suited their taste buds. They also challenged other professionals

involved in the lives of people at the service to ensure their needs were better supported. This was improving the quality of life for people as they were not waiting for reviews and changes were implemented quickly. .

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

- People were treated as individuals and their differing communication needs were clearly documented and known by staff.
- The service worked in creative ways to help people to express their views and choices. Where people did not have the capacity or the ability to verbalise their preferences, staff worked with their relatives and other professionals to gradually build up knowledge and trust.
- Care plans documented what was important to people, such as, they liked to dress smartly, or they feel the cold so always wears a jumper to keep warm.
- Staff were skilled in helping people to express their wishes and were constantly observing what made people happy and adapting the care to increase these experiences.
- A relative told us that their relative had blossomed since living at the service and how successful staff are at communicating with them. They said, "My relative trusts them and they know how to say things, so she will understand. They use different methods...pictures and they have iPad...They all have the patience of all the saints." Another relative told us, "Somehow they understand what my relative wants, their likes and dislikes and they just follow what my relative wants. They treat them as a real person and respect what my relative wants."

Respecting and promoting people's privacy, dignity and independence

- Respect and dignity were embedded into the values of the service. Staff had an excellent understanding of the rights of individuals and what this meant for the people living at Fern Lodge.
- Staff reflected the view that disability should not be a barrier to people leading a full life, and we observed that people were enabled to be as independent as possible, such as in food preparation or in using public transport. One person told us, "[I like to be] busy, always busy. [I like] going out by bus, or car. [Today] we went on a bus, into town for coffee."
- Care Folders had pictures of people celebrating events such as birthdays, which were important to individuals.
- A relative told us, In the last care home, my relative was forced to go to a day centre because that was the only activity they do. They could not wait to get him out in the morning, totally ignoring my relatives wishes... When we came to discuss the care plan and package in this place, the manager was fully on board and she simply said, 'There is no need for day centre they will get nothing from it. We will do much more here.' This gave us full confidence that our relative is in the right place. They go on a holiday two or three times a year, holidays they enjoy tremendously. The staff are handpicked to go with my relative ...They are treated no differently than any of us and that is exactly what we wanted."
- Care plans were specific about what tasks people could manage for themselves and how staff should support this. For example, for one person who was rarely able to eat independently, staff had made sure that they highlighted that they were left handed and on the rare occasion that the person was able to help themselves, staff knew exactly what to do to support them.
- For another person the staff were pushing the commissioners to consider a more independent living environment as they had recognised that this would be better for the person. In order to support this further and increase their skills they had access several household items for the person to use so they could demonstrate that they were more able to care for themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received person centred support which met their needs and preferences. They were supported to have as much choice and control over their life as possible.
- People's care records were detailed and informative. They provided information to staff on people's personal histories, cultural backgrounds, needs and on what was important to people as well as what they enjoyed.
- Guidance was provided for different scenarios such as when the person was having a good or a bad day, when increased support would be needed. Specific information was provided on how to ensure that people were comfortable such as using pillows and other aids and we observed this in practice.
- Care plans were in the process of being reviewed and the service was working with individuals and the local authority to review the support provided.
- Staff were familiar with people's care plans and people were supported by regular staff who knew them well. Staff were proactive and took steps promptly to minimise people's discomfort and anxiety.
- Handovers were undertaken, and daily records were maintained to ensure that staff had the information they needed to support people in a consistent way in line with their needs.

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 supported to live as full a life as possible and were enabled to participate in activities which interested them.
- Activities were very person centred and we observed that they were all different reflecting the very different personalities of the people using the service. On the day of our visit some people went out into the local town. Others stayed behind and attended a sensory session which they clearly enjoyed.
- One person told us "My relative has great activities ...depending on their health and goes out at least two-three times a week, to the pub, coffee shops, walks, or just some shopping. They will go to cinema... The important thing is they keep trying and not giving up. When I come there is always somebody with them, interacting, talking. Another told us, "They take my relative on outings to the coast and concerts and they have a busy life like any other person. I could not believe my ears when they told me they go bowling regularly, it's fantastic what they are doing with my relative."
- Staff worked together with people and their relatives to identify interests and plan holidays.
- Staff supported people to maintain relationships with those important to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Peoples communication needs were known and understood by staff. Care plans addressed people communication needs and advice taken from specialist services were appropriate.
- Documentation including in symbol format were available to help people

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and in accessible formats. No complaints had been received.
- All those we spoke to told us that the management of the service was approachable, and they would not hesitate to raise a concern and were confident that it would be addressed in a professional and open way.

End of life care and support

- No one who used the service at the time of our inspection had reached the end of their life.
- There was however awareness that the service supported people who had complex needs which could impact on their life. Staff had started to explore the issue with individuals and their family and care plans contained some information about people's end of life preferences. This was an area that the registered manager was planning to strengthen.
- Staff had recently undertaken training on end of life care with the local hospice.

Is the service well-led?

Our findings

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

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

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

- Fern Lodge had an open inclusive culture and people received person centred care.
- The registered manager had worked at the service since it opened twenty years previously and knew all the residents and their needs.
- We received numerous accolades about the registered manager and how they led the service both from staff and relatives.
- One relative told us, "The registered manager is centre of this place and for her it's the people who are in her centre. She simply does not take no for an answer, from her superiors or local authorities. Our biggest worry is if and when she decides to retire, who will replace her.this means we will probably have to clone her."
- Another said, "The management here is first-class. She is everything what we want and above.... She is a friendly, approachable and on the top of everything."
- The registered manager was aware of the duty of candour and had made appropriate notifications.

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

- Staff told us that the registered manager operated an open-door policy and they would not hesitate to raise any concerns. One member of staff told us, "The registered manager really does care, even when she is off, she checks in."
- There were systems in place to monitor and review the care. A relative told us, "The registered manager is an amazing lady, energetic, doesn't miss anything, she is on the top of everything, she watches and checks, and guide rest of the team. I never heard that she raised or needed to raise her voice. She is very patient and brings the best out of her team. She is well organized. This is a very special place because of them."

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

- Relatives told us that the service worked in partnership with them.
- As previously outlined in the report staff morale was good, and they told us that they were involved in the development of the service, through discussions at staff meetings and handovers..
- Staff were creative at ensuring equality of care regardless of disability and rooms were organised to help people find their way around, with different textures and lighting.

