

# Chase Community Homes Ferndale

## Inspection report

6-10 Church Road, Brownhills, Walsall, WS8 6AA  
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Website: no website

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 6 May 2015 and was unannounced. At our last inspection on 22 August 2014 the provider was found to be meeting the regulations in all of the areas that we looked at.

Ferndale is a residential home for up to 13 adults with learning disabilities. There were 11 people living at the service at the time of our inspection. There were three areas of accommodation within the service; the main house, the cottage and the annexe. Each area had a lounge, kitchen and dining area enabling each person to live as a member of a small group within the larger community.

There is currently a registered manager in place. 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.

People at the service and their relatives told us that they felt safe. We found an open culture where people felt confident in raising any concerns that they might have. Staff understood how to recognise and report abuse and said that they would feel confident in whistleblowing if required.

Risk assessments were in place and risks were managed in a way that ensured people's independence was protected without unnecessary restrictions being

# Summary of findings

imposed. Procedures were in place to ensure that people got their medicines as needed. Accidents and incidents were logged and the manager took appropriate action to minimise risks.

People at the service, relatives and staff felt that sufficient numbers of staff were deployed to keep people safe and meet their needs. We found that staff training and supervision was effective and gave staff the skills and knowledge required to effectively support people.

Closed circuit television cameras (CCTV) had been installed in the month prior to our inspection. The provider had not followed all legal requirements before the installation of these cameras.

Staff understood the importance of obtaining consent and promoted choice throughout their care practice. We saw that people were actively involved in meal times; they had choice and made a contribution by assisting with tasks such as laying the table and loading the dishwasher. People's dietary needs were met and people accessed support from outside healthcare professionals regularly where needed.

We saw positive, caring relationships between staff and people living at Ferndale. People were relaxed and

comfortable with staff. Staff demonstrated a good knowledge of people's individual care needs and assist people in being involved with their care decisions using various communication tools. Staff ensured that people's independence, privacy and dignity were promoted and protected. People living at the service are supported by staff to maintain relationships with relatives and people close to them.

We saw a wide range of leisure opportunities taking place at the service. People, while encouraged to pursue activities and interests, were given choice around what they did and their levels of involvement.

People, relatives and staff are encouraged to share their views about the service and the care people receive. The manager has created an open culture where people feel able to discuss any issues or concerns they have and people feel that the manager is approachable. The manager has developed a team of motivated and committed care staff.

A range of quality systems and audits were in place within the service in order to identify issues and improve the care provided to people. Managers were developing methods of improving these systems when we visited.

# 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 safe.

People were protected from bullying, harassment, avoidable harm and potential abuse.

Risks were managed in a way that people's freedom and independence was protected. There were sufficient numbers of staff available to keep people safe and to meet each person's individual needs and preferences.

People received their medicines as needed and these were managed safely.

Good



### Is the service effective?

The service was not consistently effective.

Not all legal requirements had been met before the installation of CCTV cameras in communal areas within the service.

Staff understood the importance of gaining consent when supporting people and considered people's communication needs. Staff training, supervision and support was effective and people were supported by staff with the right knowledge and skills.

People enjoyed the food they had. They were offered choice and dietary needs were met. People had regular access to outside healthcare professionals.

Requires improvement



### Is the service caring?

The service was caring.

People were treated in a warm manner and had positive relationships with staff. People were listened to and were made to feel valued.

People were given information in a format that helped them understand and be actively involved in decision making. Staff supported people and encouraged independence.

Support was provided to enable relationships with family members to be maintained.

Good



### Is the service responsive?

The service was responsive.

People's needs were reflected in their plans of care and these were reviewed regularly. Representatives were involved in care planning where the person was not able to contribute themselves.

People were encouraged to pursue their preferred interests. A wide range of leisure opportunities were available for people to participate in.

Good



# Summary of findings

People, relatives and staff were able to express their views and give honest feedback on any issues or concerns they might have.

## Is the service well-led?

The service was well led.

People were supported by a motivated and committed team of care staff. The staff and management team demonstrated a positive, person-centred, open culture. The management team were approachable, supportive and caring towards people, relatives and staff.

The provider supported the registered manager in developing care standards. A range of audits were in place and managers were developing methods to improve internal quality systems.

**Good**



# Ferndale

## 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 6 May 2015 and was unannounced.

The inspection team included two inspectors. As part of the inspection we reviewed the information we held about Ferndale. We looked at statutory notifications sent by the provider. A statutory notification is information about important events which the provider is required to send to us by law. We sought information and views from the local authority. We also reviewed information that had been sent to us by the public. We used this information to help us plan our inspection.

During the inspection we met eight people who lived at the service. Not everyone was able to share their experiences due to their complex needs. 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. On the day of our inspection care staff were taking people out to complete activities. We completed telephone calls to care staff and relatives to obtain further information to be included in our findings. We spoke to two people who lived at the service and three relatives. We spoke to the registered manager, the service coordinator, the cook and six care staff. We carried out observations across the service, including observations of how people's medicines were managed and administered. We reviewed the records relating to medicines and five people's care in addition to records relating to the management of the service.

# Is the service safe?

## Our findings

We observed people's interactions with staff at the service and people were relaxed and comfortable. People at the service and their families told us that they felt safe. One relative said "I ask [person's name] every time he visits if he's happy and he always says yes. I also ask if there are any members of staff that he doesn't like and he says no." Staff were aware of the types and signs of abuse and could provide examples of concerns they would report. Staff could describe the process for reporting abuse. Staff told us that they would feel confident in whistleblowing if necessary and were able to describe the company whistleblowing policy. Whistleblowing is where you may escalate concerns to an external body such as the local safeguarding authority or ourselves. Staff were confident in protecting people from bullying, harassment, avoidable harm and potential abuse.

Risks to people were managed to ensure their independence was protected and promoted. We saw that risk assessments were in place for people across the service. We saw evidence that the bedroom of a person with epilepsy had been relocated. This enabled the risks associated with injury from seizures to be minimised while not restricting their independence within the service. Risk assessments were regularly reviewed and updated. Accidents, incidents and safeguarding concerns were logged and followed up in a timely manner with appropriate actions being taken. We saw that where it was required, additional safety measures and disciplinary action was taken. The manager informed us that they were implementing a system to analyse these events more effectively.

Staff were aware of how to keep the environment safe for people. One member of staff said "We're mentally checking all the time and reporting problems as soon as possible". A maintenance person was on site three days a week in addition to the provider completing health and safety checks to ensure that risks relating to the environment were managed.

People who used the service, relatives and staff that we spoke with felt that there were sufficient numbers of staff available to support people. Staffing levels allowed for flexibility and individual choice. On the day we inspected, one person decided not to complete a planned activity and wanted to stay at home. The deputy manager provided additional staffing cover to allow care staff to support other people to go out as planned and for this person to remain at home. One relative told us "There are always enough people around."

We observed medicines being administered safely, accurate records being made and medicines being stored and disposed of securely and safely. Systems were in place to ensure that two staff members trained in medication administration were on site at all times. Staff told us that members of staff always administered medicines to reduce the risk of errors. We saw this practice during our inspection. We checked the stock levels and recording for two people's medicines and these were accurate. We saw that PRN medicine was given appropriately and required authorisation by a senior person prior to being given. PRN means medicines given to people as they require it. Staff knew how to identify when a person may need their PRN medication.

# Is the service effective?

## Our findings

On the day of our inspection we found that the provider had installed closed circuit television cameras (CCTV) in the communal areas of the service. We saw the CCTV cameras being monitored in the managers' office. CCTV cameras were monitoring communal areas such as lounges but were not monitoring peoples' bedrooms. We did not see evidence that any new visitors to the service were informed about the CCTV and the provider confirmed that this had not yet been done. The provider had consulted and sought consent from relatives and staff prior to the installation of the cameras. The relatives that we spoke to supported the use of the cameras.

The provider had not followed the requirements of the Mental Capacity Act 2005 (MCA) in relation to the cameras. The MCA sets out what must be done to make sure that the human rights of people who may lack the capacity to make decisions are protected. They had also not completed other actions required by law before operating the cameras, such as registering with the Information Commissioners Office for the use of CCTV. We were notified following the inspection that the required actions had subsequently been completed.

The registered manager was unable to provide evidence that legal requirements had been met around restricting people's liberty in order to promote their safety. These requirements are called Deprivation of Liberty Safeguards (DoLS) and involve applications made to the local authority. The registered manager told us that the relevant applications had been sent. We were unable to view evidence of the content of these applications as copies had not been retained in the service. In the absence of this evidence, staff could describe how someone's liberty was restricted, why it was restricted and the additional support they needed. The manager confirmed that all copies of future applications would be retained.

We saw that the principles of the MCA were adhered to with regards to decisions around financial management, medicines and personal care. Evidence of assessments of capacity in these areas were documented in people's care plans and details of people involved in making decisions in people's best interests were recorded. Staff understood the importance of obtaining people's consent and one member of staff said "If they say no, they say no". Staff

explained that they use Makaton or picture cards to assist with gaining consent from some people who need information in a non-verbal format. Makaton is a method of communication using signs.

We saw that people were supported by staff with the knowledge and skills to carry out their role effectively. Staff told us that they had regular one to one meetings with their manager and training took place. We saw records which confirmed this. One staff member told us "Training is brilliant. It's on the wall before the dates even expire." We were told that all new staff members completed an induction and we observed one new member of staff completing a day of shadowing of experienced carers in the service.

People were relaxed and happy during lunchtime and enjoyed the food they ate. One person told us that their favourite food was fish fingers, beans and salad. We observed that their choice was respected. We saw that people were given choices around their meals and support was personalised to the person involved and reflected in their care plan. The cook advised us that people were shown pictures of food to enable them to make choices and they had details of people's preferences in the kitchen. We saw that some people had adaptive cutlery to support them in being independent with their meals and that dietary needs were reflected in the food and support people were given.

We saw evidence that where concerns had been identified with weight management, this was managed proactively and healthy eating plans were in place. One person's relative told us "They're good with her food; she's lost over a stone in weight." Another relative told us, "They're trying to get him to make healthy choices". We saw that one person was supported by staff during lunch time. The methods used by the staff members maintained this person's independence but minimised the risk of choking.

A relative told us, "They don't hesitate to make sure they're looked after. If they have toothache they're at the dentist. If they're unwell they're at the GP." Some people had not seen a dentist for over two years. The newly appointed registered manager had identified this issue and could show evidence that they were in the process of making referrals for people. A staff member gave us an example of

## Is the service effective?

person who had experienced toothache during the prior week and a dentist appointment had been arranged immediately. We saw that people had regular access to a range of other healthcare professionals.



# Is the service caring?

## Our findings

Relatives told us that they felt care staff and managers were caring. One relative said, “He’s really happy there and settled”. Another relative said, “They’re genuine people” and, “I’m happy with everything they do”. We observed positive relationships and interactions between staff and people who lived at the service. People were relaxed and comfortable; they were smiling and laughing with staff. One person asked a staff member to remain present while we spoke to them, so they would be more comfortable.

Staff told us they are able to spend time with people and create a positive environment as an effective staff team was in place. We were told “We all support each other, it’s a good team” and “Here, we get to spend time with the [people]”. We saw this throughout our inspection. For example, we observed a conversation with a person living at the service and a member of staff planning their birthday party. We observed the cook and a staff member sitting having lunch with people and talking with them in a warm and relaxed manner.

Staff we spoke with were able to talk in detail about people’s individual care plans and could demonstrate knowledge of their individual preferences and communication needs. We observed the use of various communication systems being used to support people. For example, picture cards were used to confirm activities planned for the day on an individual basis. This ensured people received information in a way that they understood and assisted them in making decisions.

We observed people being given choices during our inspection. One staff member said, “We always explain to them that we’re going to the day centre. Sometimes they say they don’t want to go. We don’t force them.” A relative told us, “[Name of person] makes their own choices”. One

relative told us that staff had advised them against changing the date and time of an appointment due to the negative impact it could have on the person using the service. The relative said that they respected and liked this as it demonstrated that the staff put people’s welfare at the heart of their decision making. Nobody at the service had an advocate in place when we visited; however, we were advised of previous involvement of advocates.

People living at the service were encouraged to make contributions during lunch time by completing tasks such as laying tables and loading the dishwasher. We saw that people were supported to understand these tasks by the use of picture cards. This helped to involve people and support their independence. Staff told us that they promoted people’s independence wherever possible. We were told that staff “Let them [people living at the service] have their own space and be themselves”. Staff told us that they supported people to do as much for themselves as possible, including prompting with personal care, supporting them to clean and tidy their own rooms and go shopping with them. A staff member told us when they go shopping, “They have their own purses and baskets”.

People’s privacy and dignity was maintained by staff. One staff member told us, “We always knock the door before entering”. Another staff member gave us an example of how they recently ensured one person’s dignity was maintained during while they waited support from a healthcare professional.

We saw evidence of family members being involved in people’s care. One person was meeting a relative in the community on the morning of our visit and another person told us how their mother visited every Sunday. This was supported by the relatives that we spoke to who confirmed that they could visit the service and see their relatives as frequently as they wanted.

# Is the service responsive?

## Our findings

Relatives told us that the care that was in place was effective and responsive to people's needs. We were told, "The overall care is very good", "The way they've handled him is excellent" and, "With the way they manage him we're getting there with him". The needs of each person living at the service, their health needs and personal preferences were outlined in care plans and these were reviewed regularly. We saw evidence of involvement of people's representatives where people were unable to contribute to their own care plans and reviews. Staff told us that if they felt a person's needs had changed, they would speak to the registered manager who would implement a review.

People were supported by staff that knew and understood their needs and daily activities. Staff told us that they felt that the registered manager kept them up to date with any changes that were made to people's care plans following reviews. We saw that staff had signed care plans to confirm that they had read and understood them. We saw in one case that staff had not signed the most up to date care plan. When we asked staff about this person's needs they were able to tell us in detail what their most recent support needs were. The registered manager checked the record and confirmed she would correct this straight away. Handover arrangements were in place between each staff changeover in the form of communication books and face to face handovers informing the next staff team of any activities completed and any issues they needed to be aware of in order to continue to support people effectively.

One person told us that staff supported them to go to football and out for a curry. They told us that they felt staff

understood them and knew what the most important things were to them. One relative told us that since [person's name] had been living at the service, they had gone out more, visited places and not let their disability stop them. The relative said "[Person's name] is doing things they've never done in their life". A staff member said, "We can spontaneously ask for money to take people out and they [managers] rarely say no". We were told by a member of staff that a suggestion was made to take people to an autism friendly cinema and this was put into place straight away. On the day we inspected, we found that people were getting ready to go out to either the leisure centre or the day centre. People had access to a wide range of leisure opportunities including sailing, walking, shopping, swimming, climbing, trips to the local pub, horse riding and football. We were told that the registered manager had asked people where they wanted to go last bank holiday and a group of people had asked to go to the seaside, which the registered manager arranged.

We saw evidence of surveys that were completed with people who use the service and also their relatives. The surveys for people were in an easy read format and we were told by staff that they provided support to people to complete these where needed. Relatives said that they felt they were encouraged to share their views and felt able to talk to managers. One relative said, "If there's ever anything that I'm not happy with I talk to them and they sort it out. That's all I can ask for." Complaints records were held and we saw that these had been responded to in a timely manner in writing. Staff told us that managers listened to concerns and one person said, "Things have changed for the better". They told us that they could raise concerns and managers would respond ensuring issues were resolved.

# Is the service well-led?

## Our findings

When discussing the registered manager, a relative said, “Staff have respect for her”. Staff told us that they were supported by managers and were motivated in their work. We were told by staff, “I can’t fault the support [the managers] give”, “I wouldn’t do anything better”. One staff member told us “The company has got better and that’s down to management. You’re working as a team. They’re approachable.” Staff told us that they were encouraged by management to be open and were asked at one to one meetings to talk directly about any areas that they are concerned about within the service. Staff said that they felt comfortable to raise issues with managers and provided examples of when this had happened and the action taken. We were told that staff were able to have a meeting with the service co-ordinator if there were issues that they were not comfortable discussing with the registered manager.

The manager used surveys which were given to people and relatives, to receive feedback on the service. We saw results from a survey completed by people who lived at the service and 80% of people responded to the surveys and the feedback provided was positive. People agreed with the statements around their bedroom, the food, activities, staff and being able to maintain contact with their family. We

also saw results from a relative’s survey. The results had been made available in the reception area for people to read and included an analysis of actions required by management in order to address areas of concern raised.

The provider completed visits to the service on a regular basis. We saw evidence of the last visit where an environment check was completed and the provider looked at care records, spoke with people and completed observations. A list of actions was created from this visit identifying who was responsible for resolving each area identified.

We saw a range of quality audits were in place, including recruitment, medicines and safeguarding. We followed through actions identified in the medications audit and could see appropriate measures had been put in place. We found that the recruitment audit had not picked up some minor errors that we found ourselves with work history dates and references on two files. This was raised with manager and steps were being taken to correct this. An analysis of accidents and incidents had not yet been completed when we visited the service. However, we did see that appropriate actions had been taken for each accident and incident recorded. The manager was able to show us documentation that they planned to use moving forward in order to analysis trends and actions needed in this area.