

# Ferndale Care Services Limited

# Sherbourne Grange

## 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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 26 July 2017 and was unannounced. We last inspected this service on 31 July 2015 when we found that a good service was being provided. At this inspection we found that the service continued to provide a good service.

Sherbourne Grange provides accommodation and care to up to 16 people who have a learning disability, autistic spectrum disorder or physical disabilities. At the time of our inspection there were 14 people living at the home.

There was a registered manager in post. 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 were supported by a staff team that understood how to protect them from risks including abuse, accident and injury. People received a safe and effective service because there were sufficient numbers of appropriately recruited, trained and supported staff that had the skills and knowledge they needed to support people.

People were supported to maintain good health because they had regular access to healthcare professionals and received their medicines as prescribed.

People were supported to have choice and control of their lives, where possible, by staff that knew them well. Staff were kind and caring towards them and promoted and protected their dignity. People were supported to maintain their independence where possible.

People received care and support that met their needs and preferences in a personalised way. People were supported to maintain links with people who were important to them and to do things they were interested in.

Feedback about the service was sought from people, relatives and professionals that visited the home through meetings, comments, complaints and questionnaires. Audits were carried out to identify areas for improvement and actions were taken where needed.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well led.	<b>Good</b> ●

# Sherbourne Grange

## 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 unannounced inspection took place on 26 July 2017. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we looked at the information that we hold about the service prior to visiting the location. This included notifications from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also looked at information that the provider had sent to us in their Provider Information Return (PIR). A PIR is a pre-inspection questionnaire that we send to providers to help us to plan our inspection. It asks providers to give us some key information about the service, what the service does well and any improvements they plan to make. We also requested feedback from the local authority and some visiting professionals to the home.

During our inspection, we spoke or spent time with six of the people who lived at the home, four relatives and five members of staff including the registered manager, a senior support worker and two support workers. Some of the people living at the home had complex care needs and were unable to tell us about the service they received. Therefore we carried out some general observations to see how care was provided to people. We also reviewed the care records of two people, to see how their care was planned and looked at the medicine administration processes. We looked at two staff files to check recruitment practices and training. We also looked at some records relating to the management of the service including health and safety audits, accidents and incident records and compliments and complaints.

## Is the service safe?

### Our findings

Most people we spoke with told us that they felt safe and were happy with the care they received. When asked about how staff kept them safe people gave examples of being supported to have a bath safely or being kept safe when they were helped with personal care. One person told us, "Staff are very nice. I go to the office if I have any problems. I feel safe here."

We saw that people looked happy in the company of staff but some comments we received were not reflective of their presentation. For example, one person said they "sometimes" felt safe, another person told us that staff "Do nothing" to keep them safe and another person said, "Got to do what they tell you to do" but were not able to elaborate on these comments. We were reassured however, by relatives spoken with who told us they felt their family members were safe and would know if they were not happy at the home. One relative told us they felt their family member was safe because, "[Person] talks about people [staff] positively, is attached to his keyworkers and tells me about visits to hospital and what they ask about. If he is stressed he talks a lot; he would say if he had any concerns." Another relative told us about how their family member was supported with their money and because they were not safe to go to the bank alone staff always accompanied them. Healthcare professionals involved in people's care told us that they felt people were kept safe. One healthcare professional told us, "I felt they [the service] kept my client safe." Another professional wrote to the staff at the home and said, "[Person] has really settled at Sherbourne Grange and I feel this is down to the lovely care [person] receives and that [person] feels safe and secure in your care."

The provider information return (PIR) told us that staff received training in how to keep people safe from harm and abuse. Staff spoken with confirmed this and were able to demonstrate their knowledge and understanding of what they would look for, and the action they would take if they suspected someone was at risk of abuse.

Staff spoken with knew how to protect people from risks associated with their health conditions and were aware of what actions they [staff] needed to take in an emergency. One person told us that they always liked a member of staff to go with them when they went to the shops. We saw that this happened. A relative told us, "[Person] can go out himself and sometimes with staff. If he doesn't come back they [staff] ring around [to find out where he is]." Records we looked at showed that people had risk assessments in their care files. These included risk assessments for things such as moving and handling, medication and nutritional as well as more individual issues that were specific to their physical and learning disabilities; for example, for epilepsy and choking.

We saw that there were sufficient staff to meet people's needs. Two people told us that they felt there were enough staff on duty to meet their needs. One person told us, "Don't need help. Do it myself." Another person said, "Enough staff? I don't think so," however, a relative said that the staff ratio "seems very good, even at night." Staff spoken with told us they felt there were sufficient staff to meet people's needs. Professionals that visited the home also felt there were sufficient staff to meet people's needs. The manager told us that there was a low staff turnover and a bank of staff that could cover shortages so that agency use

was kept to a minimum. If agency staff were required they used regular staff from one agency to ensure continuity of care for people.

The PIR told us that there was a stringent recruitment process and staff confirmed they had experienced a robust recruitment process, including appropriate employment checks. Staff told us that checks had been carried out before they started their employment. Records looked at showed that Disclosure and Barring Service (DBS) checks had been completed for members of staff prior to their employment. DBS checks help employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who require care.

People received their medicines as prescribed. Whilst most people did not know the medications they took or what it was for they seemed to be happy with the way it was given and that it was given regularly. We observed some people being supported to take their medicines. We saw that medicines were managed well. There were protocols in place for 'as and when' required (PRN) medicines. During our checks we found that one PRN was not available and an explanation was not given at the time of our visit. However, the registered manager sent us evidence after our visit that showed that the medicine had been used by a visiting health care professional as part of a training event for staff but the record had not been updated to show this. The registered manager accepted that the audit should have picked this up and that the PRN record should have identified this.

## Is the service effective?

### Our findings

People received an effective service from staff that knew them well. One relative told us that they felt reassured that their family member was happy in the home and their needs were being met in the way they wanted. They told us their family member really liked a particular drink and this was always made available. We saw that this person did receive their drink when they requested it. We saw that another person's fluid intake was being monitored as requested by health professionals. The relative went on to tell us, "[Person] likes to get up early in the morning; they [staff] will assist her to go to the kitchen. We went to a lot of places [before this home] but none were interested in [person] rather than the money."

Relatives told us that they were happy with the service provided. One relative told us, "There is brilliant care at the home. [Person] wants to move on and live more independently, but as a family we are happy with the home." Another relative told us, "Staff I see are fantastic. Those dealing with [name of person] are fantastic." Another relative told us that they felt the staff were well trained and respectful keeping them updated about their family member. Staff spoken with told us that they felt well supported to carry out their roles. Staff told us that there was regular training and supervision and although they didn't have staff meetings they could speak with the manager's at any time.

There were communication books and handovers at staff shift changes to ensure that staff were kept up to date with any changes in practices or people's care and support needs. New staff confirmed that they received a sufficiently detailed induction when they started working so that they got to know the people that they were supporting well by observing and assisting experienced staff first. The Provider Information Return (PIR) told us that staff were all working towards recognised qualifications and staff received regular supervision. Staff confirmed this.

We saw that people were supported to fulfil their potential and maintain a regular routine, which was important for some people. We saw that some people attended day centres where they socialised with other people and were involved in activities such as gardening. One person was supported each morning to bring all the items important to them from their bedroom to the lounge so that they could place the items around them in a specific order for their comfort whilst they listened to music and watched films.

Relatives told us that staff were knowledgeable about people's individual needs. One relative told us, "[Person] is really happy. [Person] had a few issues sharing [their home] initially but [person] is very good now." The relative went on to comment that the person's health condition was much better controlled since moving into the home.

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care

homes and hospitals are 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 were being met.

People living in the home were not always clear about whether they had been involved in planning their care but relatives told us they had been involved. People were aware that there were records about the care they needed. People and their relatives told us that staff encouraged people to make choices where possible. People told us that they could choose what to do, where to sit, what to eat and so on. Staff told us that where people were unable to make informed choices information was gathered from people that knew the person well. A relative told us, "Staff asked what [person] likes and dislikes." Staff spoken with had an understanding of the MCA and the reasons for making best interest decisions.

People told us they enjoyed the food they ate and were given choice around the meals they received. One relative told us, "[Person] is happy with the food. He can have what he wants. He goes shopping for things he likes." Another relative told us that their family member was able to eat alone as this was their preference. During our inspection we saw that people were supported to make up their own fajitas for lunch. Where needed we saw that people were supported to eat and drink. People's ability to eat and swallow safely had been assessed and the appropriate advice sought where this was necessary. Staff spoken with told us that there was always a lot of food in the home. The menus were changed around regularly and there were regular discussions with people about what they liked. The staff we spoke with were knowledgeable about individual's needs and preferences.

We saw that people looked healthy and one person was able to tell us about the health care appointments they attended. Relatives and professionals involved in the care of people told us they were happy with the care and attention provided to people's health needs. Relatives and professionals told us that they had noted improvements in people's health since they had moved into the home. A relative told us about an occasion when an individual had had to stay in hospital overnight and the staff had stayed with them to reassure them. Records looked at showed that people had hospital passports so that all the relevant information was available to health professionals. We saw that people had regular medication reviews and health monitoring for issues such as breast screening. Feedback received by the registered manager following a hospital appointment included, "I would like it made known to you that [name of staff] who came today was exceptionally helpful and knowledgeable about [person] which is useful in a busy clinic." A professional we spoke with told us, "It's a brilliant home; they [staff] follow the advice we give and will ring us for advice if needed."



## Is the service caring?

### Our findings

People and relatives told us that staff were caring and kind. One person told us that staff were caring and kind because they helped them to save up to go on a trip. A relative told us, "[Person] is normally smiling. When we visit [person] is quite happy for us to leave. The previous home [person] always wanted to go home with us." The relative went on to tell us, "She is clean and tidy, today she looked very pretty. They are a good bunch of people here; we are at rest with her here." We saw that most of the time people were smiling and appeared to be comfortable in the presence of staff.

The PIR told us that good end of life care was provided and families supported during this time. We saw that people living at the home had been supported by staff to deal with their bereavement when one person had passed away. People had been involved in organising the funeral for the person and in making service cards. We saw that the people in the home had made a collage of happy memories they had shared with the person and this was displayed in the lounge. People were able to talk about the person and showed their fondness for them. We were told by the registered manager that the staff had prepared floral displays and a musical evening was held as a tribute. The registered manager told us that following the funeral one of the people living in the home, who was very close to the person, had chosen a spot with a bench nearby to scatter the ashes. The person often visited the spot which they found comforting and peaceful.

The relative of one person told us that they had been impressed with regular telephone calls to them to inform them about how their family member was settling into the home. Staff had been considerate and caring in sourcing a DVD that was a favourite of the individual. Staff told us and people confirmed that birthdays were celebrated by organising parties with singers and cake because people liked this to make them feel happy and valued. Staff showed their kind and caring nature in small actions such as ensuring that one person was given a towel to put on their face when they had their hair washed because they didn't like the water on their face. People who were known to like peace and quiet were supported to spend time in quieter areas of the home.

Two people told us that they were treated with respect by staff. One person said, "People listen. If anything annoys me, I'll speak my mind." Another person said, "They [staff] make me a coffee."

We saw that people's dignity was maintained because people were supported to dress in the way they wanted and that reflected their personalities. People told us that staff asked if it was okay before they gave support. One person told us they wouldn't let staff in if they didn't knock on their bedroom door and said they would, "Tell them [staff] to get out. I don't want nobody in my bedroom."

People's independence and choice was promoted. People told us that they were involved in choosing their clothes. One person said, "Staff tell me to get them [clothes] out. They [staff] help me put them on." We saw that some people were able to go out shopping independently whilst others went shopping with staff assistance. One person told us that they went to the theatre, shops and the zoo independently. One relative told us that the staff at the home had supported their family member to access a new wheelchair. Another relative told us that their relative was supported to prepare some of their own meals. The manager told us

that one person liked to clean and tidy the office on a regular basis for which they received a small payment.

## Is the service responsive?

### Our findings

People spoken with did not know about a care plan. One person said, "Not sure what it is." Another said, "Don't know what it is." However, some relatives told us that they were involved in reviews of care and they got copies of reviews and were involved in setting up the care plan.

Some people told us that they wanted to move on to other accommodation for a variety of reasons such as wanting to be with other people of their own age or to be more independent. The registered manager told us that they were aware that a couple of people did want to move on and this was being discussed with the relevant professionals. Professionals involved in the care of people living in the home told us how the staff used strategies to manage some difficult to manage behaviours, and had demonstrated a personalised approach to care. They went on to say, "They [staff] sought appropriate help from the service I work for when difficult to manage behaviours were presented."

Another professional told us that the registered manager had been very aware of the challenges a person can face in a new environment, especially when sight and hearing loss is evident. They gave us an example, "A very person centred approach was used recognising the individuals cultural background, seeking to introduce the person to staff from a similar background to support the person to learn cooking skills."

The PIR told us relatives had the home's email address and contact numbers to ensure that communication was accessible. We saw some email communications with one relative and another relative told us that they had regular telephone contact with their family member and they were able to visit the home whenever they wanted. Relatives were invited to Christmas parties, summer barbeques and were happy that their family members were supported to remember special days so that they could send birthday cards for example.

The PIR said that equality and diversity was promoted by respecting individual backgrounds and preferred choices and by celebrating special days such as Eid, Diwali and St Patrick's day and by meeting individual dietary needs. One relative spoken with told us that their family member was supported to make cultural meals and staff told us about another person who required their meals to be more highly seasoned. Staff were supported by the provider to adapt their working hours when they had special events to attend.

Most people we spoke with told us that they would feel happy to raise any concerns but some people said they wouldn't. One person told us that when they had a problem with someone else that lived in the home they were told, "They [staff] would talk to the person." Another person told us they had made a complaint, but said, "Only one. Can't remember what about. Dealt with."

Relatives spoken with told us that they would have no hesitation speaking with staff in the office. Relatives told us that they were sent questionnaires. One relative said, "It [the service] was usually 100% perfect. They [staff] have usually identified if things are not right."

## Is the service well-led?

### Our findings

During our inspection we received many positive comments from relatives, visiting professionals and staff about the service provided. We saw that there was a core staff team with little staff turnover which provided a good continuity of care to people.

There was a registered manager in post who was fulfilling her legal responsibilities and providing good leadership and open and transparent culture in the home. One relative told us, "Manager is very good, she will ask for our advice if they are having any problems." Staff commented that managers were supportive. One member of staff said, "We are keyworkers, we will let them [managers] know if something new is needed in the home." The member of staff felt that they would be listened to and went on to say that they would be able to raise any whistle blowing concerns if needed. Whistle blowing is a process by which staff are protected if they raise any issues of poor practice in good faith.

The PIR told us that there was a qualified and experienced registered manager and an experienced care manager in post to provide strong leadership for the service and that the service had a history of being rated as providing a good service. Our records showed that a consistently good service had been provided to people over time and people's relatives felt that the service was well led. Professionals involved in the home were very positive about the service provided by the staff and management team. One professional told us that meetings they had attended in the home demonstrated to them that they [staff] took time to get know people and that the managers were keen to understand people's current situations as well as using their history to understand why some people behaved in the way they did. They felt that the managers and staff team were "open and transparent" about their support and challenges with people and, "particularly diligent about communication, updating me with regular emails of [person's] progress. My belief is that [person] has flourished in this environment and I would happily send other service users there in the future."

During our inspection we found that the registered manager was proud of the service provided but was receptive to issues we discussed regarding improvements that could be made. For example, one person's records did not clearly identify why bed rails were needed. The registered manager told us that the person had come to them having always had them in place. The day after our inspection we were told that an occupation therapist assessment had been arranged to ensure that the bed rails were the best option for the person.

There were systems in place to monitor the quality of the service. Audits were carried out by staff within the home and by external auditors to ensure that the quality of the service was maintained and improved where possible. Systems were in place to ensure that minor maintenance issues were addressed quickly and there were plans in place to make larger improvements in the home. The registered manager told us that since our last inspection the gardens had been landscaped so that people could be encouraged to grow their own vegetables and plants. One person told us that they were going to do this. Ceiling hoists had been installed in some bedrooms and bathrooms had been refurbished to provide a wet room and a spa bath for people to enjoy. We discussed with the registered manager that some areas of the home would benefit from an update in décor. For example, the passenger lift was due for refurbishment followed by a change of some

flooring and décor. Some carpets had been already been replaced and we saw that people's bedrooms were homely and reflected their personalities.