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Fern House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 18 and 19 October 2017. The first day of the inspection was unannounced.

Fern House is owned by Shaun and Amanda Brelsford. It is a care home which is registered to provide care and accommodation for up to six adults with a learning disability and does not provide nursing care.

Fern House is a large mid terraced house in a residential area in Burnley. There are communal rooms; including a lounge and a dining kitchen. All the bedrooms are single and two had en-suite shower facilities. There is an enclosed patio/garden area to the rear of the home. Street car parking is available at the front of the premises. At the time of the inspection there were five people accommodated at the service.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 30 June 2015 the overall rating of the service was 'Good.' However the service was 'requires improvement' in one domain. We therefore made a recommendation on ensuring service is appropriately decorated to meet the needs of the individuals accommodated. At this inspection we found sufficient improvements had been made.

At this inspection we found the provider was in breach of three regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014. They related to the provider having unsafe processes for the management of medicines, insufficient risk assessments and risk management processes and a lack of compliance with the Mental Capacity Act 2005. You can see what action we told the provider to take at the back of the full version of the report.

We found there were management and leadership arrangements in place to support the day to day running of the service. However the providers need to have better oversight of the service and improved checking systems, to make sure the service is safely and effectively run.

Recruitment practices made sure appropriate checks were carried out before staff started working at the service. There were enough staff available to provide care and support and we were told staffing arrangements were kept under review.

Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Staff had received training on safeguarding and protection matters.

Systems were in place to maintain a safe environment for people who used the service and others. However we found some matters were in need of attention.

We found people were supported to make their own decisions and choices. They were effectively supported with their healthcare needs and medical appointments. Changes in people's health and well-being were monitored and responded to.

People were satisfied with the meals provided at Fern House. Arrangements were in place to offer a balanced diet. People were actively involved with devising menus, which meant they could make choices on the meals provided.

People made positive comments about the care and support they received from staff. We observed positive and respectful interactions between people using the service and staff.

Arrangements were in place to gather information on people's backgrounds, their needs, abilities, preferences and routines before they used the service.

Each person had a care plan, describing their individual needs and choices. This provided guidance for staff on how to provide support. People's privacy, individuality and dignity was respected.

People were supported with their hobbies and interests, including activities in the local community and to keep in touch with their relatives and friends. Their well-being was monitored and reviews of their needs were held.

There were processes in place for dealing with complaints. There was a formal procedure to manage, investigate and respond to people's complaints and concerns. People could also express concerns or dissatisfaction during their care reviews and during residents meetings.

There were systems in place to consult with people who used the service and staff, to assess and monitor the quality of their experiences.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

We found medicine management practices needed improvement for people's well-being and safety.

Staff recruitment processes included relevant character checks. There were enough staff available to provide people with safe care and support, however this need to be kept under review. Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures.

We found some risks to people's health and well-being were not always identified, assessed and managed.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary. People were supported to eat healthily; their preferred meal choices were known and catered for.

People were encouraged and supported to make their own choices and decisions. However, people's care and support was not always provided in line with the principles and requirements of the Mental Capacity Act 2005.

Processes were in place to develop and support staff in carrying out their roles and responsibilities.

Requires Improvement ●

Is the service caring?

The service was caring.

People made positive comments about the supportive and caring attitude of staff. We observed positive and sensitive interactions between people using the service and staff.

Staff were aware of people's individual needs, backgrounds and

Good ●

personalities, which helped them provide personalised support.

People were supported in a way which promoted their dignity, privacy and independence.

Is the service responsive?

Good ●

The service was responsive

Processes were in place to find out about people's individual needs, abilities and preferences. Processes were in place to monitor, review and respond to people's changing needs and preferences.

People had opportunity to maintain and develop their skills. They had access community resources, to pursue their chosen interests and lifestyle choices.

There were processes in place to manage and respond to complaints, concerns and any general dissatisfaction with the service.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

There were processes in place to monitor people's experience at the service. However, the provider had not ensured their quality monitoring arrangements were sufficient in ensuring the service was safe, effective and well-led.

Fern House

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 checked 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 18 and 19 October 2017. The inspection was carried out by one adult social care inspector.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

Before the inspection we reviewed the information we held about the service, including notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. We contacted various professionals including: the local authority contract monitoring and safeguarding teams. We reviewed information we had and used it to decide which areas to focus on during the inspection.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection visit, we spent time with people, observing the care and support being delivered. We spoke with four people living at Fern House about their experiences at the service. We talked with one support worker, the deputy manager, the registered manager and provider.

We looked round the premises. We looked at a sample of records, including two care plans and other related documentation, one staff recruitment record, complaints records, meeting records, policies and procedures, quality assurance records and audits.



Our findings

We looked at the way the service supported people with their medicines. People spoken with were aware of their medicines and said they received them on time. One person said, "I am aware of my medicines. They went through them with me. I go to the office for them."

People had not been routinely risk assessed to check their ability and preferences to manage their own medicines. We noted where people were managing their own medicines; there were plans in place to monitor this level of support. However there was a lack of thorough risk assessments to demonstrate how safe decisions had been made.

We looked at the arrangements for the safe storage of medicines. We found people's medicines were stored in a 'filing cabinet' and not appropriately, safely and securely stored in accordance with recognised guidance. Although there were no controlled drugs, which are medicines which may be at risk of misuse, safe storage facilities for such medicines were not available. This meant should controlled drugs be prescribed the storage facilities would not meet the requirements of the Misuse of Drugs Act 1971.

We noted examples of specific protocols for supporting people with medicines prescribed "as necessary." The protocols are important to ensure staff were aware of the individual circumstances this type of medicine needed to be administered or offered. However, we found protocols were lacking in detail for prescribed creams. We noted the printed instructions on Medicine Administration Record (MAR) chart labels were vague and not specific. There were no 'body map' diagrams available to provide clear direction on the application of topical creams. This meant staff were not properly instructed on offering/providing medicines in response to a person's needs and well-being. The registered manager showed us proposed body map charts; however these were yet to be introduced. There were unexplained gaps on MAR charts, which indicated the medicine had not been consistently administered at the prescribed time. The MAR chart 'key code' had not been appropriately used to explain the reasons for this.

Records and discussion showed staff responsible for administering medicines had completed medicine management training. However this had not included a practical assessment of their competence in this task, this meant the provider had not assured themselves staff were providing people with safe and appropriate support.

Staff had access to the provider's medicines policies and procedures. However we noted the date on this guidance was 2010. It was last reviewed in 2015, but this had not included an update of the information. This

meant the policy did not include directions on medicines management in accordance with current recognised guidance.

There were processes in place to complete weekly and monthly audits on aspects of medicine management practices. However our findings showed the above discrepancies and shortfalls had not been identified and rectified in a timely way. Which meant risks and potential risks had not been mitigated.

The provider had failed to ensure people's medicines were managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed the procedures and records in place for the receipt, administration and disposal of medicines. The processes included staff having sight of repeat prescriptions for checking prior to them being sent to the pharmacist. This was to ensure all the required items were included on the prescriptions. Each person had a 'patient information chart' which made reference to the prescribed items, the dosage, amount and any side effects. Information leaflets were available for each of the prescribed items. There was nationally recognised guidance on medicine management available for reference.

There was a monitored dosage system (MDS) for medicines. This is a storage device provided and packed by the pharmacy, which places medicines in separate compartments according to the time of day. There were some 'homely remedies' kept at the service, this meant people benefitted from access to 'over the counter medicines' in a timely way.

We looked at how risks to people's individual safety and well-being were assessed and managed. People spoken with were not fully aware of their risk assessments. There were individual risk screening assessments in place, which included activities of daily living in the home and community. These had been kept under review. We noted some more detailed risk assessments in response to specific individual needs, which included strategies to guide staff on how to manage and minimize identified risks. However we noted one risk assessment's had not been reviewed for over two years. We found there was a lack of person centred risk assessments to guide staff on identifying and minimising risks to people's wellbeing and safety. There was also a lack of routine screening/assessing of risks associated with skin integrity, trips and falls. This meant processes were not in place to proactively identify, monitor and respond to age related risks. We discussed this with the registered manager and provider who agreed to take action to rectify these matters.

We looked at the processes in place to maintain a safe environment for people who used the service, visitors and staff. We noted there were no risk assessments on window safety and none had restricted openings. We also found specific parts of the service to be unclean; this matter was rectified during the inspection. There were no contingency plans in the event of any unforeseen circumstances and failures in essential services.

The provider had failed to ensure risks to people's wellbeing and safety were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed arrangements were in place to check, maintain and service fittings and equipment, including gas and electrical safety, fire alarms and extinguishers. We found fire safety risk assessments were in place. Fire drills and fire equipment tests were being carried out on a regular basis. There were accident and fire safety procedures available at the service. We noted people who used the service were involved with the fire safety procedures and evacuation drills. Each person had their own personal emergency evacuation plan. We found health and safety checks were carried out on a regular basis. Hot water temperatures to sinks, baths and showers were being checked. Records were kept of any accidents and incidents that had

taken place at the service.

The people we spoke with indicated they felt safe at the service. Their comments included, "I feel safe here," "Staff make me feel safe because they are always around," "Staff don't shout, they never boss us about" and "I would tell them if I was not happy. I think they would put it right." We observed examples where staff positively and sensitively responded to people's specific needs and behaviours. Prior to the inspection, we reviewed the information we held about the service relating to safeguarding incidents and allegations of abuse. We discussed and reviewed the previous safeguarding concerns with the registered manager. Records showed how safeguarding and protection matters were reported and managed.

We discussed the safeguarding procedures with staff. Those spoken with expressed an understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff said they had received training and guidance on safeguarding and protecting adults. We were told the service had policies and procedures to support an appropriate approach to safeguarding and protecting people. However this guidance was unable to be located and we noted there was a lack of current information on safeguarding and protection from the local authority. The registered manager was to pursue and rectify these matters.

We checked if the staff recruitment procedures protected people who used the service. There had not been any new staff recruited at the service in the last two years. However, we reviewed the recruitment records of newest recruit. The recruitment process included candidates completing a written application form and attending a face to face interview. The required character checks had been completed before staff worked at the service and these were recorded. The checks included an identification check, obtaining written references and clarification about any gaps in employment. A health screening assessment had been completed. An appropriate DBS (Disclosure and Barring Service) check had been carried out. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Arrangements were in place for new employees to undergo a probationary period to monitor their conduct and competence. We noted the application form requested the applicant's date of birth and some initial health screening; we therefore questioned whether this met the requirements of employment law legislation around potential discrimination, however the provider told us the recruitment processes had since been revised and updated.

We reviewed how the service managed staffing levels and the deployment of staff. People spoken with did not express any concerns about the availability of staff at the service. One said, "I think there are enough staff around." Staff spoken with considered there were enough staff available to provide safe support. They confirmed action was taken to cover unforeseen and planned staff absences. We looked at the staff rotas, which indicated processes were in place which aimed to maintain consistent staffing numbers. We were told staffing levels were kept under review and were flexible in response to people's needs, lifestyles and activities. During the inspection we found there were sufficient staff on duty to support people. We discussed with provider the importance of having sufficient staff available to meet people's changing needs and choices. Also that the deployment of appropriate staff needed to be kept under review. The registered manager and provider said staffing arrangements would always be reviewed during the admission process of a new person moving into the service.



Our findings

The people we spoke with indicated satisfaction with the care and support they experienced at Fern House. They said, "It's nice living here," "Things are fine" and "Everything is okay."

People spoken with indicated they were involved in matters affecting them. One person commented, "They always involve me with things." During the inspection, we observed examples where staff consulted with people on their individual needs and preferences and involved them in routine decisions. Staff spoken told us they routinely consulted with people about their support and their lifestyle choices. One staff member said, "We never assume anything. We always consult with people." The care records we reviewed included signed and dated agreements on various consent matters. An overall 'consent to care and support agreement' had been introduced. We also noted people had also signed in agreement with their care plan records. One person explained, "They read it to me so I can understand and then I sign it." Where people had chosen not to sign their records their wishes had been respected.

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 the 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. The application 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 or authorisations to deprive a person of their liberty were being met. The service had a policy which aimed to underpin an appropriate response to the MCA and DoLS, this was dated 2012 and was therefore lacking in up to date guidance. Records and discussion showed that staff had received training on this topic. However, we found there was a lack of information to show people's capacity to make their own choices and decisions had been appropriately assessed. This meant people's capacity to make their own decisions had not been emphasized, or if they lacked capacity, the process to follow to ensure their care and support was provided in their best interests. We were told three people needed ongoing staff support and therefore lacked the freedom to leave the premises alone. We were told this was a long standing previously agreed arrangement when people moved into the service. The people we spoke with indicated they were happy

with this level of support. However the provider had not applied for this potential deprivation to be authorized under DoLS. This meant that people were susceptible to having their rights to freedom infringed and of unlawful restrictions.

The provider had failed to comply with the requirements of MCA 2005 and associated DoLS safeguards. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the way the service provided people with support with their healthcare needs. Everyone spoken with described how they were supported with their health care needs and appointments. Each person had a 'my health assessment' record, this included details of their past and current health conditions. This meant staff were aware of people's health care needs and could monitor and respond to any changes. The people we spoke with confirmed they had received attention from healthcare professionals as and when needed. They told us, "I sometimes see my GP" and "I have a check-up with my GP and an eye test in town." Processes were in place to record healthcare appointments, the outcomes and any actions needed. We noted the service had liaised as appropriate with a number of health care professionals, including GPs, dentists, dieticians and chiropodists. People had 'hospital passports' to share important and personalised information when people accessed health care services.

We looked at how the service supported people with their nutritional needs. People made positive comments about the 'home cooked' meals provided at the service. Two comments were, "The food is alright" and "The food is nice." Individual dietary needs and food likes and dislikes were included in people's care records. One person said "They know what I like." People's weight was checked at regular intervals and records were kept of the food people had eaten. This helped staff to monitor risks of poor nutrition and support people with their diet and food intake. The weekly menus were discussed and agreed with people who used the service. People said, "They ask what we might like" and "We decide what goes on the menu as a group." We looked at menus and noted various choice were offered. Healthy eating was encouraged and information on this subject was readily available in the kitchen. People said, "I know about healthy eating from college and we talk about it here," "There is always plenty of fresh fruit" and "We can have fruit whenever we want." Mealtimes were flexible and people could eat at different times if they preferred. Some people were involved in preparing and cooking their own meals. People made drinks for themselves whenever they wished. One person explained, "We can get a drink whenever we want."

People were mostly satisfied with the accommodation and facilities available at Fern House. They said, "My bedroom is alright" and "I have my own room with my own things. We looked around the premise and noted some improvements had been made to the service, including new floor coverings, decoration and a new kitchen had been fitted. We noted some matters were need of attention, including the paintwork to the showroom window and the doorframe. However the provider indicated plans were in place for these matters to be rectified.

We looked at how the provider trained and supported their staff. Although there had not been any new staff for over two years, arrangements were in place for new staff to complete an initial induction training programme. This helped ensure new staff had an awareness of people's needs, health and safety, emergency procedures and other operational matters. The provider explained the induction training programme had been developed to incorporate the Care Certificate training modules. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life.

We asked people if the staff were trained to provide good care and support. One person said, "Yes, I think the

staff know what they are doing." We found there were arrangements in place which aimed to provide staff with appropriate training and development, this included safeguarding vulnerable adults, moving and handling, equality and diversity, food hygiene medicines awareness, health and safety, fire safety and basic first aid. The service supported staff as appropriate, to attain recognised qualifications in health and social care. Staff had a National Vocational Qualification (NVQ) level 2 or 3, or were working towards a Quality and Credit Framework (QCF) diploma in health and social care. Staff spoken with told us about the training they had received at the service. We reviewed records of the training completed; ongoing and arranged. We noted examples of certificates confirming the training in staff files.

Staff spoken with said they received one to one supervisions and had ongoing support from managers. This arrangement provided staff with the opportunity to discuss their responsibilities and the support of people who used the service. We saw records of supervisions held. Arrangements were in place for staff to receive an annual appraisal of their work performance and review their training and development needs.



Our findings

All people spoken with made positive comments about the staff team and the care and support they received. They said: "The staff here are helpful," "We get good support" and "Nothing could be better we have good staff and everyone gets on okay."

People told us they were happy with the approach and attitude of staff at the service. They made the following comments about the way they were treated: "All the staff are nice to me," "I can talk to them, they listen to me" "Staff are friendly" and "They treat me well." We observed positive and meaningful interactions between people using the service and staff. Staff showed sensitivity and tact when responding to people's needs. They were respectful and kind when supporting and encouraging people with their daily living activities and lifestyle choices.

We reviewed how the service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. We asked people if the support they received promoted their independence. They described how they were encouraged and motivated to develop independence skills, by accessing the community and doing things for themselves and others. They said, "I choose my own clothes. They encourage me with things like that," "I sometimes help with the cooking," "I wash up and vacuum up its something to do and pass the time on" and "I help around the house. I clean the toilets and sweep the kitchen; I don't mind it keeps me busy." During the inspection, we observed people doing things independently and making their own decisions and choices. One person commented, "I can do what we want" another said, "I do a lot for myself. But looking to be more independent." Promoting choice and encouraging independence was reflected in the care plan process. For example there were agreements on sharing responsibility for household chores. Staff spoken with explained how they promoted and supported independence skills, in response to people's individual abilities, needs and choices.

Everyone had a support plan which identified their individual needs and preferences and how they wished to be supported. This included a 'pen picture' profile and information about the person's preferences, interests, important relationships and personal histories. There were personalised summaries including, 'my health now' and 'my life now.' Staff spoken with understood their role in providing people with person centred care and support. They were aware of people's individual needs, specific routines, backgrounds and personalities. They gave practical examples of how they supported and promoted people's dignity, individuality and preferences. One staff member commented, "It's a real privilege to work with the people living here."

We found positive and meaningful relationships were encouraged. For example, people were actively supported as appropriate, to have contact their family, friends and partners. The service also had a 'keyworker system.' This linked people using the service to a named staff member who they worked more closely with. The main aim of the 'keyworker system' was to develop more trusting and beneficial relationships. People spoken with said, "I have a keyworker. She helps me. If I have a problem I can talk to her" and "My keyworker takes me out all over the place." There was very low staff turnover at the service. Most staff had been employed at Fern House for over ten years. This meant people experienced continuity of care and support from a team of staff who they were familiar with and who knew them well.

People we spoke with indicated their privacy needs were upheld and that staff were respectful of their rooms. Each person had their own room, which was fitted with an appropriate lock. Some had keys to their rooms. They told us, "I can go to my room whenever I want. They knock on the door a little before they come in" and "They knock on the door and wait until I say come in." One person explained how they were sensitively prompted with personal care and that their personal privacy was upheld. Staff were aware of the importance of maintaining people's privacy and confidentiality. They gave examples of how they applied these principles in practice. We observed staff being respectful of people's privacy and confidentiality, by knocking on bedroom doors and being discreet when sharing information.

We observed that people expressed their views and opinions during daily conversations. Residents meetings had been held. This provided the opportunity for people to make suggestions, be consulted and make shared decisions. We noted from the records of meetings that various matters had been raised, discussed and followed up. One person explained, "We have a residents meeting every month. We talk about all the things coming up like activities and parties. We can say what we want and make suggestions. We can discuss things." We discussed with the registered manager ways of using the meetings to share everyday information and enlighten people on relevant topics. This would help empower people and further promote their knowledge, awareness and independence when making decisions.

There were notice boards which included information on various topics, including proposed activity plans and 'what to do if you are not happy' guidance. We noted the service's CQC rating and previous inspection report was on display. This was to inform people of the outcome of the last inspection. The service had information on local advocacy services. Advocates are independent from the service and can provide people with support to enable them to make informed decisions.

We suggested obtaining information leaflets from relevant agencies and other sources, which could further promote people's rights and choices.



Our findings

People spoken with indicated the service was responsive to their needs and they appreciated the support provided by staff. One person said, "The staff here have encouraged me. I didn't go out at first on my own. They helped me and my confidence has grown now."

We looked at the way the service assessed and planned for people's needs, choices and abilities. There had not been any new admissions to Fern House for several years. However, the registered manager and provider described the process of assessing people's needs and abilities before they used the service. This would involve the completion of an initial assessment by gathering information from the person, their families and relevant health and social care professionals. Transitional arrangements would be made and people would be encouraged to visit, for meals and short stays. This would support the ongoing assessment process and provide people with opportunity to experience and become familiar with the service before moving in. The registered manager explained that the process would include taking into consideration the person's compatibility with people already using the service.

Each person had an individual care plan. All of the people we spoke with indicated an awareness of their care and support plans. One person commented, "Yes I have a care plan." We reviewed two care plans and found they included details of people's routines, behaviours, likes and dislikes and how best to provide their support. The care plans identified specific areas of need such as; personal assistance, eating and drinking, communication, health, family, shopping, domestic tasks, social needs, religion, finances and employment /education. There were defined action plans and agreed objective to meet people's identified needs and preferences. Also included were the names of those responsible for responding to and providing support with people's needs. There were additional 'daily care plans' which aimed to provide an appropriate response to specific short-term care needs.

Records were kept of people's daily living activities, their general well-being and the care and support provided to them. There were also additional monitoring records as appropriate, for example relating to behaviours, accidents and incidents. There were 'hand over' discussion meetings between staff to communicate and share relevant information. These processes enabled staff to monitor and respond to any changes in a person's needs and well-being. There was evidence that the care plans were reviewed and updated regularly with the involvement of people who used the service. One person told us, "Sometimes we go through my care plan." There were review records, including monthly evaluations and care plan review meetings.

Staff spoken with told us the care plans were useful and informative, they said they had access to them during the course of their work. They described how they delivered support in response to people's individual needs, routines and aspirations. We discussed specific examples of the progress people had made, resulting from the service being responsive and developing ways of working with them.

People told us how they were supported to engage in activities within the local community and pursue their hobbies and interests. They indicated they were mostly satisfied with the range of activities offered at Fern House. There were individual planners of proposed activities. People had been supported on a one to one basis and in groups to attend community based resources and chosen leisure activities. One person commented, "They know what I like to do." These included, visiting relatives and friends, shopping, local walks, cafes, holidays, church, voluntary work and attending social clubs. We suggested the 'daily care plans' process could be used for specific goal planning and skill development. We also discussed with the registered manager the value of including learning objectives, to help focus upon the person's skill development and recognise their achievement.

We looked at the way the service managed and responded to concerns and complaints. The people we spoke with had an understanding of the service's complaints procedure and processes. They told us, "I would speak to staff if wasn't happy. But I haven't needed to do" and "I would ring the owner if I was not happy with things. It says this on the complaints poster."

The complaints procedure was available in different formats, including a 'user friendly' pictorial version. This information provided guidance on making a complaint and how it would be dealt with. We noted some of the contact details were out of date, however the provider told us the procedure was in the process of being reviewed and updated. We were told there had not been any complaints at the service. People spoken with indicated they had never need to make a complaint. However, we noted there were processes in place to record, investigate and respond to complaints and concerns. The service had policies and procedures for dealing with any complaints or concerns. Staff spoken with expressed an understanding of their role in responding to concerns and complaints. We discussed with the registered manager ways of using the complaints processes to enable people to proactively express any minor concerns. This would further empower people and show how any dissatisfaction was taken seriously and responded to.



Our findings

People spoken with had an awareness of the overall management structure of the service. They made positive comments about how the service was managed and the leadership arrangements. Their comments included, "I think it's well managed (the registered manager) does a good job at managing things" and "The manager is very nice. She helps me with things."

The management team comprised of the registered manager and a deputy manager. Additionally, a member of the management team across the providers' services was also on call at weekends and during the night. This meant a member of management was always available for support, direction and advice. Throughout the inspection the registered manager and deputy expressed commitment to the ongoing improvements at the service. The registered manager often worked as part of the staff rota and was therefore directly involved in providing support to people. This meant the registered manager was very knowledgeable of people's individual needs and preferences. However the findings of the inspection indicated the role, responsibilities and deployment of the registered manager would benefit from review, to ensure there is timely leadership and direction of the service.

Arrangements were in place for audits to be carried out on processes and systems. These included: medicines management, care plans, health and safety, infection prevention, accidents and incidents, staff training and control and care plans. However, we found some improvements were needed. For example a lack of effective auditing and checking systems had resulted in shortfalls with medicines management, individual risk assessments and some environmental matters. We found progress was needed in assessing people's capacity to make decisions and choices and apply as appropriate for DoLS authorisation. This meant effective monitoring processes were not in place, to ensure the service was working within the principles of the MCA. Some of these shortfalls were responded to during the inspection process. But we would expect such matters to be identified and more effectively addressed without our involvement.

Although the provider visited the service regularly, this arrangement was informal and unstructured. There were no governance audits or monitoring reports available from provider. This meant the provider was not fulfilling their responsibilities in ensuring they had proper oversight of the service and in making sure the audit and governance systems remain effective. We discussed with the provider their responsibility in the governance processes, including developing a more structured approach to reviewing and checking processes and outcomes for people.

Processes were in place to seek people's views on their experience of the care and support they received. It

was apparent the registered manager had an 'open door policy' at the service, to promote ongoing communication, discussion and openness. People had the opportunity to express their individual views and opinions during their reviews. They could also influence the service by participating in the residents meetings. Satisfaction surveys were also carried out annually. One person explained, "We get a booklet with questions in they ask if we are happy." We looked at the outcomes of the last survey carried out in 2016 and noted all the responses were positive. Relatives, staff and other stakeholders had also been consulted; we found those responding also made favourable comments about the service. There was an up to-date business plan available which provided an overall analysis of the service and identified some matters for future improvement.

Staff spoken with were enthusiastic and positive about their work. They indicated the registered manager was approachable and supportive and confirmed staff were meetings held including daily 'handover meetings' at the beginning and end of each shift, to communicate and share relevant information. Staff spoken with were aware of the service's 'whistle blowing' (reporting poor practice) policy and expressed confidence in reporting any concerns.

Staff expressed a good working knowledge of their role and responsibilities. They had been provided with job descriptions, contracts of employment which outlined their roles, responsibilities and duty of care. We noted the service's policies and procedures were readily available for staff to refer to. However we found some had not been appropriately reviewed and updated to include information in line with current legislation and recognised guidance.

There were procedures in place for reporting any adverse events to the CQC and other organisations such as the local authority safeguarding teams. Our records showed that the registered manager had appropriately submitted notifications to CQC.

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to comply with the requirements of MCA 2005 and associated Deprivation of Liberty Safeguards. (Regulation 11(1)(2)(3))</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not protected from the risks of improper and unsafe management of medicines, because safe processes had not been followed. (Regulation 12(2)(g))</p> <p>The provider had failed to ensure risks to people's wellbeing and safety were assessed and managed. (Regulation 12 (2)(a)(b))</p>