

Ferndale Care Services Limited

Sherbourne Grange

Inspection report

18-20 Sherbourne Road
Acocks Green
Birmingham
West Midlands
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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

About the service

Sherbourne Grange is a residential care home providing accommodation and personal care to 14 people who have a learning disability, autistic spectrum disorder or physical disabilities at the time of the inspection.

The home is two large specifically adapted buildings merged into one bigger than most domestic style properties. It was registered for the support of up to 16 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, industrial bins or anything else outside to indicate it was a care home.

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

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

The provider had safeguarding systems and processes in place to keep people safe. Staff knew the risks to people and followed the assessments to ensure they met people's needs. The number of experienced and knowledgeable staff was sufficient to meet people's needs. Staff followed the infection control procedures the provider had in place. Incidents and accidents were monitored, and lessons were learned when things went wrong.

People's needs and choices were assessed, and care was reviewed regularly. Care plans identified the involvement of people in the care they received. The consistent staff team received regular refresher training. People were supported to eat healthily and maintain fluids. People were supported to access healthcare services and activities to promote their wellbeing. People were also supported to access healthcare services as they needed.

Care was person-centred with people's privacy, dignity and equality maintained. People were involved in their care and supported to express their views. The staff made every effort to get to know people and understand what was important to them.

Care was personalised, and people were supported to effectively communicate their needs and preferences. The provider had a complaints procedure in place to manage and respond to any complaints they may receive. People were supported to maintain relationships with their families and to engage in activities that interested them.

Quality assurance systems were robust with spot and competency checks completed regularly. The

registered manager understood their legal responsibilities in regard to safeguarding and notifications. The provider worked with other professionals such as district nurses and GP's to ensure care needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was Good (published 12 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Sherbourne Grange

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The Inspection was carried out by one Inspector.

Service and service type

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We reviewed information that had been sent to us by commissioners from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service, four relatives and two professionals about their

experience of the care provided. We spoke with eight members of staff including the registered manager, deputy manager, senior care worker, four care workers, the cook and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spent time speaking with and observing people over the course of the day to understand their experience of the care they received.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visited the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People living in the service told us they were safe in their home. One person told us, "I like it here because I feel safe." A relative told us, "[Family member] is safe without a doubt."
- The provider had robust safeguarding systems and processes in place to ensure people were kept safe; staff understood and knew how to use these systems.
- Staff told us they received regular safeguarding training. One staff member told us safeguarding is, "Keeping people free from abuse and reporting any concerns to the registered manager though no-one here is at risk."

Assessing risk, safety monitoring and management

- The registered manager assessed risk from both people and the environment, these were managed through clear person-centred records.
- Individual risk assessments met the specific needs of people to keep them safe. For example, we saw assessments to manage the risk from people's behaviour and the risk of choking.
- Staff we spoke with confirmed the identified risks and knew how to safely manage them in line with the risk assessments.

Staffing and recruitment

- We saw the provider continued to recruit staff safely through the requirement of references and application to the Disclosure and Barring Service (DBS). A DBS check enables a potential employer to assess a staff member's criminal history to ensure they were suitable for employment.
- We observed there were sufficient numbers of care staff to meet the needs of people receiving the service.
- Staff received an induction prior to commencing work. One staff member told us, "I had training and shadowing which gave me the knowledge and skills to know people's needs."

Using medicines safely

- Medicines were managed safely through robust procedures that ensured people received their medicines as prescribed.
- Staff were required to complete medication training before they could administer people's medicines; all trained staff were aware of, and demonstrated, they understood the procedures in place.
- People's records detailed how they preferred to take their medicines including clear protocols for medicines as and when needed.
- We found the temperature of medicine cabinets was not being monitored and recorded. The provider immediately put thermometers in each cabinet and implemented a recording system on the day of our

inspection.

Preventing and controlling infection

- Staff had received regular training in infection control and prevention and had access to personal protective equipment (PPE) to help them reduce risk of infection.
- Staff used personal protective equipment (PPE) when carrying out their duties. For example, staff used PPE when providing personal care, cleaning and when preparing food.
- We saw staff wash their hands regularly and support people to wash their hands regularly also.

Learning lessons when things go wrong

- We found accident and incident records were completed and monitored by the registered manager for trends to reduce the number of accidents and incidents.
- Staff understood their responsibilities to raise and report concerns. One staff member told us, "If I needed to, I would take it to the safeguarding team or CQC."

Is the service effective?

Our findings

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

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

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

- The provider used an initial assessment to identify the needs and choices of an individual to ensure the service could meet the identified needs before services were delivered. Where people had moved in urgently their needs and choices were assessed immediately.
- These assessments were used to develop the person's risk management and care plans to ensure their needs were met; they also considered equality and protected characteristics as required by Equality Act.
- Staff told us the needs of people receiving the service were clear in care plans and updated when needs change.

Staff support: induction, training, skills and experience

- The provider required all staff to complete initial training and shadowing of experienced colleagues as part of their induction. Staff told us this prepared them to meet the needs of people living in the service.
- We saw there was a small turnover of staff in the home with some staff having worked in the home for more than 15 years. This ensured staff knew people's needs and preferences well and supported the induction of new staff. One professional told us, "The staff are long serving and very consistent."
- Staff received regular supervision which discussed skills, knowledge and training needs. Staff told us they kept their professional knowledge up to date through refresher training. One staff member said, "We have some training every year and others lasts for three years."

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

- People were involved in choosing their menu for each week. They were supported to choose a healthy diet each day and what they would prefer to drink throughout the day. One person told us, "We choose the menu, the food is very good; they [staff] know what I like."
- All staff understood the risks to people relating to food and supported people to have meals in a way that minimised these risks. One staff member told us, "We understand everyone's specific diets and know who needs specialised cutlery to help them eat."
- We observed staff supporting people to eat with specialised cutlery. Staff allowed as much time as people required to eat comfortably and enjoy their meal.

Staff working with other agencies to provide consistent, effective, timely care

- We found the provider worked in line with the principles of RRS when focusing on positive behaviour support through effective relationships with other agencies.
- We saw the registered manager and staff worked closely with the local police Community Support Officers (CSO). The CSOs had been invited into the home on 2 occasions to speak with people about how to manage

their behaviour and remain safe when in the community on their own.

- The staff worked closely with professionals including speech and language therapists, physiotherapists and psychiatrists who spoke positively of the care provided by the registered manager and staff team. One professional said, "I am really impressed with the things they have done for this [person]."

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

- The provider and registered manager ensured people with mobility difficulties or epilepsy were accommodated on the ground floor for their safety. In addition, grab rails had been installed at points around the home to support people to safely mobilise independently.
- People's rooms were decorated to their preference and adapted where necessary to support their sensory needs and difficulties.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services and activities to promote their wellbeing.
- Staff worked closely with the doctor and district nurses who visited the service regularly and we saw advice and input from healthcare professionals was included in care plans.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The manager understood their responsibilities under the Act and staff had received training in MCA and the associated code of practice.
- The registered manager told us they completed capacity assessments when required. For example, where people presented signs they lacked capacity to make a decision.
- The registered manager had made applications to the local authority for appropriate authorisation under DoLS when necessary; DoLS that had been granted had no conditions attached.
- Staff sought consent before they provided support to people. For example, we observed staff asking for consent before they supported people to eat and when supporting people to mobilise.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were treated well and respected by the staff. One person told us, "People are nice, staff are kind."
- Staff took the time to find out about the history of the people they supported and respected them as individuals. One member of staff told us, "We make time to sit with people to get to know them more." A professional told us, "They know everybody's needs and they put the needs of people first."
- The staff and the registered manager promoted compassion, empathy and respect to people living in the service. For example, a person who had become upset was supported and comforted by a member of staff who sat beside them and spoke calmly, taking as much time as needed for the person to feel more relaxed.
- One person was due to go to hospital for surgery. The registered manager had made arrangements so the person would have the right support during their hospital stay. We saw the registered manager followed up with the hospital when they were not assured this support was in place. This showed a continued interest in the person's wellbeing and ensured the person's needs and wishes would continue to be met.

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

- People were supported to have choice in their daily lives including the meals they ate, activities they enjoyed and when to get up and go to bed. We read minutes of meetings where people expressed their views on the support they received.
- The staff were able to effectively support people to express their views through individual communication systems. The experience of the staff team enabled them to interpret people's decisions through means other than verbal communication. A relative told us, "[Person's name] is not verbal but everybody knows what [person] wants and knows what [person] likes."
- The registered manager told us reviews of care were held regularly with people and they were always involved in all decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured information relating to people was communicated in a private area, this ensured confidentiality was maintained. One staff member told us, "We always ensure people have their own personal space. We close doors when providing personal care and talk with people privately about personal issues."
- Following the principles of RRS the registered manager supported and encouraged people to be as independent as possible in all aspects of their care from personal care to accessing the community on their own.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People and their representatives were involved in the planning of person-centred care and support. A relative told us, "The place is very good for [person's name] and they are very involved in their care."
- As identified by RRS people's care plans were personalised and contained detailed information about how they preferred to be supported. They included people's likes and dislikes and personal information about them to enable staff to effectively meet people's needs.
- Care plans were reviewed regularly to ensure they remained person-centred and people's preferences remained current. This showed care plans were individualised and tailored to each person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- While the registered manager and the provider did not have a clear understanding of AIS they were providing people with information in a format they could understand to ensure they could make decisions where possible and be as independent as they could. For example, the complaints procedure was available to people in an alternative format they understood.
- Staff were observant and skilled in interpreting gestures and vocalisations used by people, who were not able to use verbal communication, living in the service to communicate their wants and needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to form friendships with each other where appropriate. One person told us, "That's [name], they are my friend; I have lots of friends here."
- People were encouraged to engage in activities both in the home and in the community. We saw people were involved in activities such as, Bingo, bowling, meals out, shopping and theatre trips. One relative told us, "There is a lovely atmosphere and they do all they can to stimulate [name] through sensory activities."
- People's daily records showed people were supported to maintain their family relationships. One relative told us, "We have great support from the manager and the staff." Another told us, "I have turned up unannounced and the staff are always welcoming."

Improving care quality in response to complaints or concerns

- The provider had a clear complaints and concerns policy and procedure. People and their representatives knew how to complain.
- Where people were not able to use verbal communication, staff could tell us the signs to look out for to identify if people were happy or not.
- There had been no formal complaints in the last 12 months however the provider had a system in place to record, investigate and respond should a formal complaint be made.

End of life care and support

- At the time of inspection no one was receiving end of life care however the registered manager informed us that a specific plan including peoples wishes and involving family would be put together if needed.
- The provider had policies and procedures in place which required end of life care plans to be held in people's records when required.

Is the service well-led?

Our findings

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

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

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

- The registered manager was visible and available to all staff and people living in the service which prompted an open inclusive and empowering culture in line with RRS. A member of staff told us, "We communicate really well and it's an open door with the managers."
- Staff promoted the registered managers visions and felt well supported by the management team. A staff member told us, "I'm 100% supported in my role." Another told us, "The management is approachable."
- The registered manager ensured families were involved to support good outcomes for people and specifically where people had communication difficulties. A relative told us, "[Registered manager] is very proactive with us and keeps us well informed [registered manager] is fantastic."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The registered manager was working in accordance with this regulation within their practice.
- The registered manager worked in a very open and honest way. A professional told us, "The home is superb they [registered manager] are very honest." A relative told us, "[registered manager] keeps us informed of everything."

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

- There was a clear management structure within the home from the registered manager, deputy manager and support staff. The registered manager ensured all staff received one-to-one supervision regularly. One staff member told us, "I have regular supervisions, these are very good we discuss people and my development."
- The provider had policies and procedures in place to promote and direct the smooth running of the service. For example, there were policies on complaints, equality and diversity, safeguarding and whistleblowing.
- We saw a detailed handover between the staff this showed detailed information was handed over regarding the events of the shift to ensure positive communication between staff.

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

- There were systems and processes to monitor, assess and evaluate the service. The registered manager kept clear auditing records and evidenced when action had been taken to develop or change the service to continually meet people's needs.
- The registered manager had implemented a quarterly newsletter to further communicate with families, compliments received showed this communication was welcomed. One relative told us, "The manager is proactive, it was the best thing we ever did was to find Sherbourne Grange."
- We saw staff and relatives completed questionnaires asking for their views on the service people received. We saw the response was almost all positive and where there were constructive comments the registered manager responded to these. For example, one relative put forward their thoughts for activities; these were introduced and included in the next edition of the newsletter.

Continuous learning and improving care

- The provider had invested in the development of their staff to continually improve care. This included further training to continually build on staff skills and knowledge.
- The registered manager ensured a range of quality assurance tools were in place to continually assess the care provided was person-centred to individuals developing needs.

Working in partnership with others

- The registered manager worked closely with liaison nurses, doctors, social workers, psychiatrists, the local police community support officer's, and healthcare professionals to meet people's needs and achieve positive outcomes.