

# New Beginnings (Gloucester) Ltd

## Fern Croft

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Outstanding ☆

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Fern Croft is a residential care home for seven people with a learning disability. At the time of our inspection visit there were five people using the service. At the last inspection on 29 & 30 January 2015, the service was rated Good. At this inspection we found the service remained Good.

We found improvements to how people's medicines were stored and improvements to the environment of the laundry.

Staff and management understood how to protect people from harm and abuse. Risks to people's safety were identified, assessed and appropriate action taken. People were supported by sufficient staff who had been recruited using thorough checks. People's medicines were safely managed.

People were supported by staff who had training and support to maintain their skills and knowledge to meet their needs. People's rights were protected by the correct use of the Mental Capacity Act (MCA) 2005. People's health and well-being was actively promoted through the use of appropriate resources obtained by establishing links with national support organisations.

People received support from caring staff who respected their privacy, dignity and the importance of independence. There was regular consultation about how the service was provided to capture people's views.

People received personalised support that enabled them to pursue their interests at the home and in the community. There were arrangements in place for people to raise concerns about the service.

The registered manager maintained an accessible presence at Fern Croft. People using the service and staff were kept informed about developments in the service and staff were clear about their roles. Quality assurance checks on the service including the views of people using the service and stakeholders had been completed as a way of ensuring the quality of the service provided.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The safety of the service has improved.

We found improvements to the storage arrangements for people's medicines and to the environment of the laundry.

People were protected from abuse because staff understood how to protect them.

There were enough staff, suitably recruited, to keep people safe and meet their needs.

### Is the service effective?

Outstanding ☆

The service remains Outstanding.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Fern Croft

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 June 2017 and was unannounced. One inspector carried out the inspection. We spoke with the registered manager, three people using the service and three members of staff. In addition we reviewed records for three people using the service, toured the premises and examined records relating to staff training and the management of the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

# Is the service safe?

## Our findings

At our previous inspection in January 2015 we found medicines were generally well managed although high storage temperatures during the summer meant that medicines were not always stored correctly. At this inspection we found storage temperatures had been monitored and action taken to keep them at appropriate levels. A protocol was in place to guide staff with the action to take when storage temperatures were found to be too high. The Provider Information Return (PIR) stated, "Medication is stored correctly within the home, there is an up to date policy regarding medication, which includes temperature control relating to storing medication."

People's medicines were managed safely. Individual protocols were in place for medicines prescribed to be given as necessary, for example for pain relief. Where people had been assessed as lacking mental capacity to consent to taking medication a decision taken in their best interests had been recorded. Medicine administration records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts we examined. There were records of medicines received and of medicines disposed of. Medicines were given to people by staff who had received suitable training and competency checks. One person told us they were given their medicines at the right time of day.

At our previous inspection we also found the laundry room was in need of attention with some areas of damaged plaster on the walls. These areas were not easy to clean to maintain a hygienic environment. At this inspection we found work had been undertaken in the laundry to ensure walls had washable surfaces.

People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. Staff were able to describe the arrangements for reporting any allegations of abuse relating to people using the service and were confident any issues reported would be dealt with correctly. People were protected from financial abuse because there were appropriate systems in place to help support people to manage their money safely.

People had individual risk assessments in place. These identified the potential risks to each person and described the measures in place to manage and minimise these risks. Risk assessments had been reviewed on a regular basis. People had personal fire evacuation plans in place. People were protected from risks associated with fire, legionella, hot water and electrical equipment through regular checks and management of identified risks. The latest inspection of food hygiene by the local authority in January 2017 resulted in the highest score possible. People were protected from risk of infection through action taken following audits in line with national guidelines on infection control. The care home was clean when we visited and one person commented "It's lovely and clean".

Adequate staffing levels were maintained. The registered manager explained how the staffing was arranged to meet the needs of people using the service. People using the service and staff told us there were enough staff to meet people's needs. Staff were supported by an 'on-call' system when the registered manager was not working. There had been no staff recruited since our previous inspection where we found robust staff recruitment practices were in place.

## Is the service effective?

### Our findings

People's health was actively promoted by the service using an approach involving input from and liaison with health care professionals, support organisations and complimentary therapists. The service had established strong and effective links with national support organisations where these related to needs related to medical conditions of people using the service. The Provider Information Return (PIR) stated "To ensure we provide the relevant care we are members of various organisations relating to our service users' needs for example we are members of the Downs Syndrome Association and Alzheimer's Society". Information provided by these organisations could then be used as a resource for staff supporting people. The registered manager described how the staff team knowledge of medicines for one person's medical condition enabled them to advocate on the person's behalf during consultations with health care professionals. The knowledge of the staff team had been improved through regular information updates from the national support organisation and additional training attended by staff. Information provided by another national support organisation relevant to the dietary needs of another person had improved their experience of social activities in the community by making it easier for staff to check suitable places to eat. Guidelines were in place to support this person's health needs in relation to their dietary requirements. People also received therapeutic massages from a visiting practitioner on a fortnightly basis this included chiropody treatment. The registered manager described how the reports produced by the practitioner benefitted the understanding of people's overall health needs. For example two people had attended their GP following observations made and received treatment for problems with their feet.

In the interests of their health, two people were being supported to lose weight through regular attendance at a weight-loss club. They had both been successful in losing weight and this had been recognised as an achievement by the club. One person spoke positively about this. They told us "I'm keeping my weight down, I've been eating healthy stuff, I like my food a lot, and I feel healthier." Staff supported the person to maintain their diet while away from Fern Croft by providing a packed lunch in line with their dietary needs. In addition the service had been working with the local authority support team to meet the person's needs.

People's healthcare needs were met through regular healthcare appointments where necessary and an annual health checks by people's GPs. One person told us, "They take me to the doctor." People had health action plans and hospital assessments. These were written in an individualised style and described how people would be best supported to maintain contact with health services or in the event of admission to hospital.

People using the service were supported by staff who had received suitable training and support for their role. Staff received training in subjects such as food hygiene, health and safety, first aid and moving and handling. They also received training specific for the needs of people using the service such as epilepsy, autism and managing people's behaviour. Staff told us the training they received was adequate for their role although they could also request more training. Staff had also completed nationally recognised qualifications in health and social care. Preparations had been made for any new staff to complete the Care Certificate qualification. One person commented on the "well-trained staff". One member of staff commented on the "good team working" at Fern Croft.

Staff had regular individual meetings, called supervision sessions, with the registered manager as well as annual performance appraisals. A schedule had been completed to ensure staff had regular supervision sessions.

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. Assessments had been completed of people's capacity to consent to receive care and support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications for authorisation to deprive two people of their liberty had been approved; another application was in the process of being assessed. There were no conditions relating to the authorisation of these applications.

People were regularly consulted about meal preferences. Minutes of the monthly service users' meeting showed how people were asked for their opinions on menus and their views noted for action by the manager. With one person commenting on the "lovely food."

People had benefitted from increased space provided by a ground floor extension at the rear of Fern Croft. One person had a new bedroom and the extension had also included communal space for sitting and a dining area with access to the garden. Improvements to the garden included outdoor seating and raised beds for growing fruit and flowers. Access to the front had also been improved with a ramp and new front door.

# Is the service caring?

## Our findings

People had developed positive relationships with the staff that supported them. One person described staff as "nice people" another person said, "I love them to bits". We observed staff engaged in appropriate and warm conversation with people using the service. People were positive about the role of staff assigned to work with them, known as keyworkers. One person commented, "She is a nice person, my keyworker."

People were involved in decisions about how they spent their day and aspects of how the service was provided. Minutes of service user meetings demonstrated how people using the service were able to express their views. People were consulted about activities, menus, any changes to the environment of the home and asked if they had any concerns. Meetings were held on a monthly basis. The main focus of staff meetings was to discuss any changes to the needs of people using the service and the support they required. Information about advocacy services was available at the service. One person was using the services of a statutory advocate in relation to a Deprivation of Liberty Safeguards (DoLS) application. The main focus of staff meetings was to discuss any changes to the needs of people using the service and the support they required. People and their representatives were involved in reviews of their support plans.

One person chose to spend one day a week practicing their religious beliefs. They did this entirely within the home as was their choice. The registered manager and staff were aware of how the person would spend their day and respected this allowing the person time alone. The person's preferences for how they observed the day were clearly recorded for staff to refer to.

People's privacy and dignity was respected. People confirmed that staff knocked on doors before entering and this was the practice we observed during the inspection visit. People also confirmed they were able to have their own privacy. Staff gave us examples of how they would respect people's privacy and dignity when providing care and support such as ensuring doors were closed and covering people up. The registered manager had become a 'dignity champion' under the Department of Health dignity challenge. The Provider Information Return (PIR) stated "The home continues to be Dignity Champions, we receive regular updates from Dignity in care which are displayed in the home for staff to read and we display a certificate pledging our commitment to Dignity." This enabled the service to receive information in the form of action packs and take part in surveys about dignity in care.

People were supported to maintain and develop their independence. One staff member described their approach to this as "We don't do, we support". One person described the arrangements for them to go out at night including using a taxi for transport.

People were supported to maintain contact with family in response to their wishes. Visits were arranged for people to see their relatives as well as people making contact by telephone.

People's wishes for the arrangements at the end of their life had been discussed and recorded where people felt able and willing to do this. One person who had become unwell spent their final days in hospital with support from the registered manager and staff. Another person was supported by staff with the death of a close relative. Staff support extended to sourcing paintings created by the person's relative on the internet



and obtaining this for the person to help them with their bereavement.

## Is the service responsive?

### Our findings

People received care that was personalised and responsive to their needs. People had detailed support plans and 'person-centred plans' to guide staff in providing personalised support. The Provider Information Return (PIR) described how people's support plans were created, "Each service user has an individual care /support plan which they actively put together with myself, this means the information is given (where possible) from the individual so staff are aware as to exactly how someone needs, chooses to be supported in all areas of their life." Additionally, "All about me" documents provided a brief overview of important information about a person such as their life history, activities schedule "what people like about me" and information about gifts, skills and talents.

People confirmed they received the correct support to meets their needs. Staff described the approach to providing personal care such as how one person was supported with a special diet and how another person because of their individual needs was enabled to take part in more activities in the community than other people supported by the service. Another staff member described the importance of being aware of individual likes and dislikes when providing support to people.

People were supported to take part in activities and interests both at Fern Croft and in the wider community both individually and as part of a group. Activities included swimming, visits to an activity centre, drives in the car and trips to cafes. People also enjoyed spending time at Fern Croft watching television, DVDs and listening to music. One person commented positively about how they were able to take part in group social activities in the local community such as meals and playing snooker. People had personalised their individual rooms according to their tastes and interests.

There were arrangements to listen to and respond to any concerns or complaints. Information about how to make a complaint was available for each person in a suitable format using pictures, symbols and plain English. People confirmed they knew how to make a complaint. One concern from a relative, received since our previous inspection, had been investigated with appropriate action taken. Minutes of service user meetings included a section for "service user concerns" where the responses of each person present were recorded.

People told us they would speak to staff or the manager if they were unhappy about anything. One person said to the registered manager "If I have anything on my mind I talk to you don't I?" The PIR stated "We have a very open culture at Fern Croft, which enables both staff and service users to openly discuss any issue they may have, but everyone is aware that if they don't want to do this at a meeting they are always welcome to discuss this in a private, safe environment."

## Is the service well-led?

### Our findings

Fern Croft had a registered manager in post who had been registered as manager since October 2010. 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. The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been promptly notified of these events when they occurred. The ratings from our previous inspection were prominently displayed in the entrance hall.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about the service without having to identify themselves.

In the Provider Information Return (PIR) the registered manager described the approach to how the service was run. "My aim at Fern Croft has always been to ensure that everyone working here knows and appreciates the fact that they are coming into someone's home, it's not a workplace it's a home and through continuous input as a staff team we have hopefully given Fern Croft a homely feel not only through decoration but by empowering our service users in the decisions that need to be made about their home, and completing these decisions where possible". The registered manager described how they kept up to date with current developments in adult social care through attending meetings organised by the local authority and a local care provider's organisation as well as receiving updates by e mail and attending the annual 'Care show'. Current challenges were described as keeping up with developments in social care.

We heard positive comments about the registered manager; one person commented "She is a good manager." A member of staff said "she is a really good manager, she listens." Minutes of staff meetings demonstrated that staff were kept informed about developments in the service.

People benefitted from checks to ensure a consistent service was being provided. The Provider Information Return (PIR) stated "Every three months we receive a home inspection from another manager within the company, who thoroughly checks all areas of the home, this is a very useful visit as it ensures that someone from outside the home is able to check that we are complying with all regulations." We saw an example of a recent home visit monthly report. Areas covered included medicines, staff training and feedback from people using the service and staff.

The views of people using the service and their relatives were checked with questionnaires on an annual basis. We saw the results of the latest quality questionnaire exercise which had been presented in a development plan for Fern Croft. Desired outcomes from the questionnaire exercise were recorded in a development plan. These included ensuring people's relatives were informed of any changes relating to people using the service and ensuring people knew who was entering the care home. A monthly check on the environment of the care home was carried out, this monitored areas such as maintenance, accidents, complaints and information relating to people using the service and staff. An audit on people's finances was

also completed by the finance director.