

# Graham Robert Jack

## Fernwood

### 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



#### Overall summary

Fernwood is registered to provide accommodation and personal care for up to three adults with a learning disability. People living in the service had some physical care needs and limited verbal communication and used gestures and body language to express their views. Two people lived at the service at the time of our inspection. Fernwood was located within a residential area of Hastings.

This inspection took place on 18 and 20 November 2015 and was unannounced.

The service had a registered manager who was also the registered provider. 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. Despite having positive feedback from people on the safety and management of the service. We found areas that could impact on people's safety and care.

# Summary of findings

The registered manager had not ensured the service had been suitably risk assessed with suitable measures being put in place to ensure people's health and safety. For example, windows above ground floor and radiators that had not been guarded had not been risk assessed and therefore any risk had not been identified with appropriate measures being taken to mitigate the risk.

The registered manager had not assessed people's mental capacity following guidelines set out in

the Mental Capacity Act 2005 Code of Practice. There were no consent forms in people's care records for the agreement as to how their care and treatment was provided. The registered manager had not documented any best interest meeting that had been held in relation to care and treatment.

Systems for effective management had not been fully established in all areas. For example up to date policies and procedures were not readily available to provide clear guidelines for staff to follow. Systems for planning the future of the service including the ongoing maintenance planning were not established.

All feedback received from people and their representatives through the inspection process was positive about the care, the approach of the staff and atmosphere in the home. Staff treated people with kindness and compassion and supported them to maintain their independence. They showed respect and maintained people's dignity. People had access to health care professionals when needed.

Visitors told us they were warmly welcomed and people were supported in maintaining their own friendships and relationships.

Recruitment records showed there were systems in place to ensure staff were suitable to work at the home. Staff had a clear understanding of the procedures in place to safeguard people from abuse. Medicines were stored, administered and disposed of safely by staff who were suitably trained.

Staff were provided with an induction and training programme which supported them to meet the needs of people. There was a variety of activity and opportunity for interaction taking place, this took account of people's preferences and choice. People were very complementary about the food and the choices available. Relatives were given information on how to make a complaint and said they were comfortable to raise a concern or complaint if need be.

There was an open culture at the home and this was promoted by the staff and management arrangements.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

The provider had not ensured all environmental risks had been identified and responded to appropriately.

Medicines were stored, administered and disposed of safely.

Recruitment procedures were in place to ensure only suitable people worked at the home. There were enough staff to meet people's needs.

Staff had a good understanding of abuse and how to protect people from the risks.

Risk to people had been assessed and managed as part of the support planning process. There was guidance for staff to follow.

**Requires improvement**



### Is the service effective?

The service was not consistently effective.

The registered manager had not followed guidance to assess people's mental capacity to make decisions about their care. People could not be assured they were provided with care and treatment they had consented to.

Staff were trained and had the knowledge and skills to support people. However specific training was not routinely provided to meet and support people with specific care needs.

Staff received regular supervision and an annual appraisal to monitor their performance and development needs.

People had access to appropriate health professionals when required.

**Requires improvement**



### Is the service caring?

The service was caring.

Care staff provided care with kindness and compassion.

People were supported to make choices about how they wanted to be supported and their feedback was responded to.

People were treated with respect and dignity by dedicated care staff.

**Good**



### Is the service responsive?

The service was responsive.

Staff knew people really well and had a good knowledge of their needs and responded to these in a consistent way. Person centred plans contained guidance to ensure staff knew how to support people.

**Good**



# Summary of findings

People were supported to maintain contact with their family and friends and take part in activities of that they enjoyed. People's representatives were involved in developing individual support plans.

## Is the service well-led?

The service was not consistently well-led.

Up to date policies and procedures were not readily available to provide clear guidelines for staff to follow.

The systems to monitor the quality of the service were not effective in identifying shortfalls within the service including those within record keeping and health and safety.

The registered manager was seen as approachable and supportive and took an active role in the service and took account of staff views.

Staff held a clear set of values based on respect for people, ensuring people had freedom of choice and support to be as independent as possible.

**Requires improvement**



# Fernwood

## 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 was an unannounced inspection on 18 and 20 November 2015. It was undertaken by an inspector to minimise disruptions to people living in the service.

Before our inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

On this occasion we did not ask the provider to complete 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 spoke to a commissioner of care from the local authority before the inspection.

During the inspection we were able to talk with two relatives and spent time with people in communal areas of the home. We spoke with three members of staff and the registered manager.

Following the inspection we spoke with another relative and a social care professional.

We observed care and support in communal areas and looked around the home, which included people's bedrooms, bathrooms, the lounge and dining areas. Some people did not share their views with us verbally but were happy for the inspector to spend time in the service.

We reviewed a variety of documents which included people's care plans, three staff files, training information, medicines records, audits and some policies and procedures in relation to the running of the service.

We 'pathway tracked' one person living at the home. This is when we looked at people's care documentation in depth, obtained their family views on how they described the care at the service and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about people receiving care.

# Is the service safe?

## Our findings

Relatives told us that they felt people were safe in the home and with the care and support provided by staff. They told us staff looked after people well taking account of any possible risk from inside or outside of the service. One relative said, “I feel x is very safe living at Fernwood, everything is taken care of I have no worries.” Relatives told us there was enough staff to ensure people’s safety. They told us staff were attentive and did everything they could to keep people safe and well cared for.

Despite this positive feedback we found some areas which could impact on people’s safety. The registered manager had not responded to health and safety legislation to ensure the safety of people using the service and did not have effective systems to identify new risks from the environment.

For example, the windows on the second floor had not been risk assessed to ensure people could not fall from them. In addition we found two radiators without guards, these were not low surface temperature radiators and were accessible to people. This included radiators in people’s own rooms and in communal bathroom and toilets. There was no evidence that the risks associated with these had been assessed. This meant that people could be at risk from falling from windows and burning themselves on hot radiators. In addition we found that the hot water supply accessible to people was not being checked to ensure this was supplied at a safe temperature at all times so that people did not run the risk of scalding themselves. We also found procedures had not been established to safeguard people against the risk of legionella disease in the service.

The registered manager provider did not have a business contingency plan that addressed possible emergencies such as extreme weather, infectious disease, damage to the premises, loss of utilities and computerised data. People could not be assured that the service could continue safely with staff using contingency measures in the event of unforeseen emergencies.

These issues meant that the provider had not ensured care and treatment was provided in a safe way. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received training on safeguarding adults and understood their responsibilities in raising any suspicion of

abuse. Staff and records confirmed training was provided on a regular basis and this gave staff the opportunity to discuss abuse and how it was recognised. Staff were able to describe different types of abuse that they may come across and referred to people’s individual rights. They talked about the steps they would take to respond to allegations or suspicions of abuse. Staff were confident any abuse or poor care practice would be quickly identified and addressed immediately by any of the staff team. Staff knew how to raise concerns with the police or the social services directly as necessary.

People were protected, as far as possible, by a safe recruitment practice. The registered manager was responsible for staff recruitment and ensuring appropriate checks were completed on staff before they started working in the service. Records included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) completed by the provider. These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk. The provider told us relatives had been involved in the recruitment process in the past to promote broader recruitment criteria from the person’s perspective.

Medicines were managed safely. Storage arrangements were appropriate and included suitable storage cupboards in an area where the temperature was monitored to ensure medicines were stored at a temperature that would not have a detrimental effect on how medicines work. Staff administered medicines individually completing the Medication Administration Record (MAR) chart once the medicine had been administered. Staff ensured people had taken their medicines and gave drinks to facilitate this process. Records confirmed that staff administered medicines in accordance with the prescription and these were found to be clear and accurate. The MAR included people’s photograph for identification, allergy information and the person’s individual administration requirements which reduces the risk of errors occurring. Homely remedies were used safely in accordance with suitable procedures agreed with the local GPs to promote people’s health. Homely remedies are non-prescription medicines or other over-the-counter-products for treating minor ailments such as coughs or minor aches and pains.

The staffing arrangements took account of the people’s individual needs and ensured staff were available to attend

## Is the service safe?

to people when they needed support. Relatives and staff told us they thought there was sufficient staff working in the service to meet people's needs during the night as well as the day. Relatives told us staff were always around and allowed for a high level of supervision and individual interaction. Staff told us minimum staffing levels were always maintained and this included two staff throughout the day and one staff member at night who could sleep.

Care records contained individual risks assessments and the actions necessary to reduce the identified risks. The risk

assessments took account of people's levels of independence. For example, one person had specific risks associated with travelling in a car and these had been explored to ensure travelling arrangements did not limit the use of the car. The support plan included clear guidance for staff to follow when the person displayed behaviours which may challenge. The staff knew this guidance and they used it whilst supporting the person.

# Is the service effective?

## Our findings

Staff knew people well, they had the knowledge and skills to look after them. People approached staff when they needed support or assistance and staff responded to them appropriately. One

person approached a staff member and expressed some anxiety. Staff used their knowledge and skills to support and reassure this person and they were settled with a drink. Staff explained they spent individual time with people to understand their non-verbal communication, they looked out for their facial expressions and demeanour. For example, staff could tell us about their level of well-being according to how they were playing a musical instrument.

Staff had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and had a basic understanding of its principles and what may constitute a deprivation of liberty. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. Where people may not have capacity to make specific decisions about their care and treatment, mental capacity assessments had not been completed to demonstrate this. The registered manager told us that no-one had mental

capacity, however no assessments had been completed to demonstrate how they had come to this conclusion. Staff used gestures and accessible language to help people understand their support needs. However, there were no consent forms in place to demonstrate that people had agreed to the care they received or that this was being provided in accordance with their best interests following discussion with appropriate representatives. This meant that people's rights may not have always been taken into account when care and treatment was planned.

The Care Quality Commission has a legal duty to monitor activity under DoLS. This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests and with the least restrictive option to the person's rights and freedoms. Providers must make an application to the local authority when it is in a person's best interests to deprive them of their liberty in order to keep them safe from harm. The registered manager told us that they had attended additional training provided from the local authority on DoLS and had completed relevant DoLS applications for

both people in the service. There was however no evidence that a dialogue had taken place with the DoLS assessment team to ensure the least restrictive practice was being followed and the DoLS were being progressed.

These issues are a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received ongoing training and support. There was a training programme in place and staff received regular updates. Staff told us they received training which included safeguarding, infection control, food hygiene and moving and handling. Staff also had the opportunity to attend further specific training to inform staff how to meet individual needs. For example, one staff had attended training on non-verbal communication skills. Staff told us, "We receive a lot of training and can ask for extra if something interests us."

However, a training programme to ensure all staff had the relevant skills had not been fully established and this was raised with the registered manager for them to address. For example, staff were not routinely provided with training on supporting people who exhibited behaviours that challenged others. This was identified as an area for improvement.

Staff told us an induction programme was in place for all new staff and this provided a good basis in order to provide the support people needed. The registered manager was going to incorporate the 'care certificate framework' based on Skills for Care into the induction programme. This organisation works with adult social care employers and other partners to develop the skills, knowledge and values of workers in the care sector.

Staff told us they valued their supervision sessions with the registered manager and these were provided on a regular basis. They gave them the opportunity to discuss any concerns and any personal development. Staff felt they were supported to develop their skill with one saying the registered manager had supported them individually with training as they had a different way of learning. An annual staff appraisal was also undertaken with the registered manager and were used to discuss performance and career development. Staff were encouraged to undertake a qualification in health and social care.

People were supported to eat a variety of food and drink to meet their individual needs and choices. Relatives told us



## Is the service effective?

people loved their food and always ate very well at Fernwood. They told us they were very satisfied with the standard of the food provided and that this gave their relatives a varied and balanced diet that they enjoyed. Food was important to both people living in the home and staff involved them in the preparation and discussions around their individual meals. People's ability to make choices was limited and staff had developed a detailed knowledge in discussion with relatives in relation to what people liked to eat. These choices and preferences were recorded within their individual support plans. If people did not want to eat what was provided alternatives were offered.

Where a need had been identified staff monitored people's weight, fluid or food intake. This was done to ensure people were drinking and eating enough and appropriately. For example, one person was losing weight this was referred to the GP for further investigation. Relatives told us this concern was followed up and

monitored by staff in conjunction with the medical team and was now resolved. People were involved in asking for and making their own hot and cold drinks throughout the day making choices about the drink and where to have it.

People had health care plans with detailed information about their general health. These plans contained pictures and accessible language to support people to understand their health needs. People with specialist healthcare needs were referred appropriately and had regular monitoring

visits to ensure their health needs were met. Records of visits to healthcare professionals such as GPs and dentists were recorded in each person's care plan. Health appointments were recorded in a professionals log in people's care plans. People's care plans contained clear guidance for care staff to follow on how to support people with their individual health needs. For example, one person had a specific oral health guidelines in place.

# Is the service caring?

## Our findings

People were supported by staff who knew them well as individuals. They were able to tell us about people's needs, choices, personal histories and interests. We observed staff talking and communicating with people in a caring and professional manner and in a way people could understand. Observation confirmed that people felt relaxed and comfortable with staff. Staff spoke with people in a kind and respectful way. They demonstrated warmth and it was clear that all staff genuinely cared about the people they supported. They told us they put people first to improve their lives and enable them to have as much freedom as possible. One staff member said, "All I care about is that the people who live here are happy." Another said, "We do all we can to support people to have a good day."

Relatives were positive about the care and support provided by the staff at Fernwood. One said, "X is perfectly happy here." They told us staff were friendly and approachable. Always willing to chat and engage with them as well as their relative. One relative said, "Staff are patient they work with X always putting him first." Relatives were particularly appreciative of the registered manager who they said had made a huge positive impact on their relative's lives. They told us their positive caring and skilled approach had changed their lives enabling people to be relaxed and settled. Visiting professionals spoken with were also positive about the caring approach of the registered manager and the staff they managed.

Both people had lived in the home for a number of years and during this time relatives and people had established a trusting relationship with the registered manager and the staff. Relatives told us people saw Fernwood very much as their home. One relative said, "I know he is happy there as he is always comfortable and relaxed when he returns after visiting us."

People had general timetables for each day, these were very flexible as people often wanted to change what they

wanted to do. One relative said, "X is very much a free spirit and changes what he wants to do." For example, when they got up or when they went out. Staff knew how people liked to spend their time at the service. People moved around the service freely spending time in their rooms on their own and in the communal areas, staff supported them in their choices.

People's privacy and dignity was respected. Staff saw people's rooms as their own space and the service as their own home. Staff promoted people's independence and encouraged them to do as much as possible for themselves. Support plans recorded people's individual strengths and levels of independence. Where people could complete activities of daily living this was recorded in their support plans and staff encouraged people with these simple tasks whenever possible. Staff maintained people's dignity by promoting the independent use of the toilet and gentle reminding promoted ongoing continence.

People's bedrooms were individually decorated and furnished with people's own furniture. Relatives had been involved in personalising rooms and providing furniture and items of interest. Links with family's were actively encouraged by staff and lines of communication were well established and used to keep families up to date and involved in people's life's. Families were always involved the local authorities reviews and were updated constantly by the registered manager. One relative said, "They notify me immediately if there are any concerns."

People had an allocated key worker. A key worker is a person who co-ordinates all aspects of a person's care and has responsibilities for working with them to develop a relationship and to help and support them in their day to day lives. Key workers had monthly one to one meetings with people to discuss any individual issues. One key worker told us it was essential there was a natural bond and mutual respect between the person and their key worker to ensure people received the best possible care.

# Is the service responsive?

## Our findings

Relatives told us people were supported to become as independent as possible but this was limited by people's abilities. They said staff tried their best to motivate people and encouraged them in a patient way. Relatives were positive about the way care was tailored to people's individual needs and all commented on how 'well' people had done since living at the home. One relative said, "Staff could not have done more for X he has the best health and best life that he can have." Relatives confirmed that the staff responded to both the emotional and physical health needs of people, keeping them regularly involved. A visiting professional told us the service provided good person centred care and looked after people with complex needs well.

Staff had a good understanding of the support people needed and this and important information about people's lives had been recorded in their person centred care plans. These contained detailed information and guidance about their likes and dislikes, what was important to them including family members, and for example what made them happy. There was guidance to ensure staff knew how to support people if they displayed behaviour that may challenge others. This included how to support the person when they were travelling to and from venues. This information ensured staff supported people appropriately and consistently.

People were supported to pursue interests and maintain links with the community. Relatives told us it was important to keep people active for their health and well-being and said the staff promoted a number of activities to meet individual need. Staff said the support provided was based on what people wanted to do and they never tried to pressure people to do things. An activity programme and daily routine was displayed on the notice board and a number of activities were provided throughout the inspection. One person attended a day centre and another enjoyed a long walk. Other regular activities included trips to cafes, horse riding, trips home for the week end and an exercise programme. A time table for activity and daily routines was important for people with learning disabilities and staff were skilled in working with people to achieve the best outcomes for them.

People were encouraged to develop and maintain relationships with people that mattered to them. One person liked to stay with their family every couple of weeks and another had a family member visit them at their home regularly. This was written into their care plans to document what was

important to them and staff supported them with these arrangements.

The care documentation explored people's goals and dreams and these were based on feedback from people and other representatives. Feedback from people was monitored from physical expressions of enjoyment. The goals for one person included travelling on the bus and trains, holidays and continued attendance of a day centre which was much enjoyed. The registered manager told us a holiday to Butlins was being planned.

Changes in people's support needs were discussed at handover when staff came on duty. A handover was used to update staff about how people were or if there were any changes to their health or support needs. Staff also talked about what people had been doing and what was planned for the rest of the day. They included any observations on people's mood or behaviours and what medicines people had received. Staff on each shift were given good guidance on what support people needed for the rest of the day. Staff were also reminded to read any messages held within the diary.

The registered manager told us detailed pre-admission assessments and process would be undertaken if another person was admitted to the service. This process would be used to ensure this person's needs could be met and also that people already living in the service would respond positively to their admission. Relatives and other representatives for all people would be involved and ensure an appropriate placement for everyone.

A complaints procedure and system was in place and relatives felt able to raise concerns. Relatives told us they had no complaints and any niggles had been responded to quickly and effectively. There was a record of complaints in the service; there had been no recent complaints and we saw previous complaints had been responded to appropriately.

# Is the service well-led?

## Our findings

From our discussions with a relative, staff, the registered manager and our observations, we found the culture at the home was open, relaxed and inclusive. Support was person centred and focused on enabling people to live their lives to the maximum of their ability and encouraging them to develop skills and abilities at their own pace according to their individual abilities. .. People were involved as able in making choices and deciding how they spent their time.

Despite this positive feedback we found the service was not consistently well led.

The quality systems and audits had not identified a number of shortfalls. This included the lack of thorough environmental risks assessments and the need for an updated fire risk assessment along with accurate record keeping. For example, some guidelines in place for safe care had not been dated or signed. It was therefore not possible to confirm when these had been reviewed and updated and by whom.

We found the policies and procedures available for staff to use were not up to date and did not cover all areas including MCA and DoLS. Some referred to the previous registering authority and the complaints procedure did not include reference to the social ombudsman or contact with the local authority. This meant staff did not have relevant and up to date information and guidance to base their practice on. We asked for a copy of the service's business plan and maintenance and improvement plan. These were not available and although it was clear that there had been money spent on improving the service it demonstrated there was no identified framework for ongoing improvement to the service. For example, a number of carpets were worn and in need of replacement and there was no written evidence that a plan for replacement was in place.

The registered manager was aware of changes in the current legislation that covered the provision of the service but had not fully addressed changes into practice. For example, there was no procedure to ensure the provider's responsibilities in relation to notifiable safety incidents that may occur in the provision of the service would be dealt with appropriately.

These matters were raised with the registered manager for improvement.

People and relatives had constructive and a genuinely caring relationship with the registered manager who clearly was passionate about providing people with a happy and meaningful life. They acted as excellent role model on how to approach and care for people and was seen to work with staff to motivate them. One relative said, "The registered manager is wonderful he is marvellous with X he's been with him since the start. I have no words enough to praise him."

Staff were positive about how the home was managed and told us they were supported and listened to. They said the registered manager was in the service regularly and was easy to approach at any time if they needed to discuss something. There was an opportunity to share information and concerns during staff supervisions and team meetings that were recorded. Staff were asked for their views on how care and support could be improved for people. Staff meeting notes confirmed the registered manager provided a good level of support to staff as well as people to promote a good caring and working environment. For example, a recent upsetting incident in the service was discussed to provide support to everyone at a difficult time. Staff also told us the registered manager was sympathetic and supported staff at difficult times.

The registered manager and staff shared a clear set of values. Staff understood the need to promote people's preferences and ensure people remained as independent as possible. Staff talked about people's rights independence and choices. One staff member said, "I always like to see people busy and active and enjoying what they are doing." The provider's statement of purpose promoted people's independence, autonomy, choice, safety, development of life skills, education and community inclusion.

The registered manager understood their responsibilities and consistently notified the Care Quality Commission of significant events as per the legal requirements of the Health and Social Care Act 2008.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**There was a lack of risk assessment and action to mitigate any risks to people's health and safety.**

Regulation 12(1)(2)(a)(b)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

**Where people did not have the capacity to consent, the registered person had not acted in accordance with legal requirements.**

Regulation 11(1)(3)(4)