

New Beginnings (Gloucester) Ltd

Fern Court

Inspection report

Down Hatherley Lane
Gloucester
Gloucestershire
GL2 9QB

Tel: 01452730626
Website: www.newbeginningsglos.co.uk

Date of inspection visit:
15 August 2016
16 August 2016

Date of publication:
19 September 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 15 and 16 August 2016 and was unannounced. The home was last inspected on 12 and 13 November 2015 where we found a breach of regulation in relation to staff recruitment.

Fern Court is a care home for up to 13 people with learning disabilities and autism. At the time of our inspection visit there were 11 people living at Fern Court.

Fern Court had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We found improvements to staff recruitment procedures. Risks to people's safety were identified, assessed and appropriate action taken. People's medicines were safely managed. People's individual needs were known to staff who had achieved positive relationships with them. People were treated with kindness, their privacy and dignity was respected and they were supported to develop their independence and keep in contact with relatives. People were involved in the planning and review of their care and took part in a range of activities.

Staff received support to develop knowledge and skills for their role and were positive about their work with people. The registered manager was accessible to people using the service and staff. There were improvements to systems to check the quality of the service provided including questionnaires for people using the service, their representatives and staff.

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 service was safe.

People were safeguarded from the risk of abuse and from risks in the care home environment.

People were supported by sufficient staff recruited using robust procedures.

There were safe systems in place for managing people's medicines.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who received appropriate training and support to carry out their roles.

People were able to plan menus and meals and were supported to eat a varied diet.

People's rights were protected by the use of the Mental Capacity Act (2005).

People were supported through access and liaison with healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People benefitted from positive relationships with staff and management.

People were treated with respect and kindness.

People's privacy, dignity and independence was understood, promoted and respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People received individualised care and support and were consulted to gain their views about the support they received.

People were enabled to engage in individualised activities in the home and the community.

There were arrangements to respond to any concerns and complaints by people using the service or their representatives.

Is the service well-led?

Good ●

The service was well-led.

The registered manager and deputy manager were accessible and open to communication with people using the service and staff.

Quality assurance systems which included the views of people using the service were in place to monitor the quality of support and accommodation provided.

Fern Court

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 15 and 16 August 2016 and was unannounced. The inspection was carried out by one inspector. We spoke with the registered manager, the deputy manager and six members of staff. We did not ask people using the service questions about their care and support. People were unable to communicate with us due to their complex needs. However we saw how staff interacted with these people and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. In addition we reviewed records for three people using the service, toured the premises and checked records relating to the management of the service. We also received information from three social care professionals.

Before the previous inspection in November 2015, the provider completed a provider information return (PIR). The PIR 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. Before this inspection we 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

Our inspection of November 2015 found the registered person was not operating effective staff recruitment procedures. Three members of staff had been employed without checks on their conduct during all of their previous employment or their reasons for leaving previous employment which involved caring for vulnerable adults. In addition a risk assessment had not been completed in relation to information on a Disclosure and Barring Service (DBS) check for one member of staff and information had been received from one applicant which indicated they may pose a risk to people using the service. No risk assessment had been completed as part of the decision to employ this person.

The provider wrote to us in December 2015 about the improvements they were making to staff recruitment procedures, this included updating the recruitment procedure and carrying out quality checks on staff recruitment. At this inspection we found improvements to how staff were recruited. Checks had been made on relevant employment history, health checks and risk assessments completed in response to information from DBS checks. Staff recruitment formed part of three monthly quality checks.

People were supported by sufficient staffing levels. The registered manager explained how the staffing was arranged to meet the needs of people using the service. Since our previous inspection staffing at night had increased in response to new people moving into the service and the full occupancy of the four bedded extension at the rear of the main house. There were now two waking night staff as opposed to one waking and one sleeping. When we spoke with staff they commented "We do have enough staff now", "We do have enough staff apart from staff sickness". All staff apart from two new staff had received training in how to manage people's distress. Training dates were booked for new staff. The registered manager told us there were enough staff trained to provide adequate cover on all shifts.

People were protected from abuse by staff with the knowledge of how to act to safeguard them. Information given to us at the inspection showed all members of staff had received training in safeguarding adults. They were able to describe the arrangements for reporting any allegations of abuse relating to people using the service including contacting the local authority. Policies and procedures including contact details for reporting safeguarding concerns to the local authority were readily available for reference. Staff were confident any allegation of abuse raised with the management would be properly investigated. People were protected from financial abuse because there were appropriate systems in place to help support people manage their money safely.

People's safety in relation to the premises and equipment had been managed with action taken to minimise risks from such hazards as fire and electrical appliances and systems. A recent assessment by a specialist contractor indicated there was no risk to people in the service from legionella. Portable electrical appliances were being checked on the second day of our inspection visit and the electrical wiring had been checked in April 2016. People had individual risk assessments in place. For example there were risk assessments for access to the kitchen, moving and handling and activities such as swimming. 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 also had personal emergency evacuation plans

(PEEPS) and a plan for dealing with emergencies that may interrupt the service was in place. At meetings people were asked what they would do in the event of a fire.

People's medicines were managed safely. Medicines were stored securely and records showed correct storage temperatures had been maintained. Facilities existed for storing medicines in individual rooms and two people were making use of this at the time of our inspection visit based on risk assessments. Senior staff responsible for administering medicines had received appropriate training and demonstrated their knowledge of the medicine systems they worked with. One person had a medicine to be given in an emergency and all staff had been trained to administer this. Medicines Administration Records (MAR charts) had been completed appropriately with no gaps in the recording of administration on the MAR charts we examined. Individual protocols were in place for medicines prescribed to be given to people as necessary, for example to relieve anxiety. Where errors had occurred with people's medicines, appropriate action was taken to investigate and remedy the situation. During our inspection visit the care home was changing over to a new pharmacy for supply of people's medicines with a view to improving the systems for managing people's medicines.

People were protected from risk of infection through action taken following audits in line with national guidelines on infection control. Monthly audits and annual reports had been completed. The cleanliness of the premises had been maintained and an inspection of food hygiene by the local authority in May 2015 had resulted in the maximum possible score of five stars being awarded. Hand washing facilities were available at suitable points throughout the home.

Is the service effective?

Our findings

People using the service were supported by staff who had received training suitable for their role. Staff told us they had received training in positive behaviour management, first aid and the Mental Capacity Act 2005 (MCA). Records confirmed this. Staff also received training specific to the needs of people using the service such as diabetes and epilepsy. They told us they felt the training provided by the service was enough for their role and received regular training updates. Staff were also supported through meetings with a manager or senior staff member called supervision sessions. The registered manager described a plan to ensure all staff received these along with annual performance appraisals. One staff member commented, "Managers go out of their way to support their staff". Another member of staff, new to the role of caring for and supporting people was very positive about the support they had received from management and staff, stating "They were brilliant, I could ask them anything". They also confirmed they had completed the care certificate qualification for staff new to the work of caring for and supporting people.

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. 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 on authorisations to deprive a person of their liberty were being met. Assessments had been made of people's capacity to consent to receive care and support such as personal care, support with taking medicines, support with managing finances and managing behaviour. Applications for authorisation to deprive people of their liberty had been made. We checked the conditions relating to the authorisation of these applications and they were being met. Staff had received training in the MCA and demonstrated their knowledge of the subject.

People were consulted about meal preferences at meetings. Minutes of meetings showed how people were asked for their opinions on existing menus and if there was anything they would like to be added to the menu choices. People were offered a variety of meals through a menu running on a four weekly basis with a version available for the needs of people using the service using pictures and symbols. We observed lunch being served to people and noted that staff gave and respected people's choices of the food and drink they were served. Staff also checked on people's enjoyment of the meal they had chosen. A calm atmosphere was achieved for people to enjoy eating their lunch. The registered manager described the arrangements for providing special diets for two of the people using the service based on their health needs.

People's healthcare needs were met through regular healthcare appointments and liaison with healthcare professionals. People had health action plans and hospital assessments. These were written in an individualised style. They described how people would be best supported to maintain contact with health

services or in the event of admission to hospital.

Is the service caring?

Our findings

People had developed positive caring relationships with staff. Throughout the inspection we observed staff and management communicating with people in a respectful and caring way and responding to people's requests and needs. We observed staff supporting people during lunch time. Staff interacted with people appropriately speaking to them respectfully and checking on their well-being. People's choice to eat alone was respected including outside in the garden or outside of the dining room.

People were supported to express their views and to be involved in decisions about their care and support. People and their representatives were involved in the planning and reviewing of their care and support. People had Total communication profiles in place. These enabled staff to understand people's individual methods of communication and respond appropriately. The level of a person's input into the review of their person centred plan was documented. Information about advocacy services was available and people were making use of the services of both statutory and lay advocates.

Staff gave us examples of how they would respect people's privacy and dignity when providing care and support. For example when supporting people with personal care they would ensure people were appropriately covered, doors were closed and other people did not enter the room. We observed staff knocking on doors before entering people's rooms. Staff were aware of people's preferences for the gender of staff providing support with personal care. One person had removed the curtains from their windows, we discussed this with the registered manager who told us of plans to provide alternative window coverings, these were fitted by the maintenance worker during our inspection visit. Some people received regular massages and these were provided in the privacy of an outbuilding at the rear of the care home.

People were supported to maintain some independence. Support plans included sections to guide staff on promoting independence such as "What I can do to promote my independence - what I can do by myself." We were given examples of how staff would act to promote independence such as one person who walked on their own to a local shop twice a day and managed a limited amount of their own money. People's individual support plans detailed their areas of independence for staff reference such as "dress myself with assistance, choose my own clothes for the day". One person's aspirations and hopes for the future included "To gain more independence". People were also supported to maintain contact with family and care plans detailed these arrangements where appropriate. We received positive feedback from a social care professional about the work carried out to build a relationship with the relative of a person who had recently moved into the service. They told us "they have gone the extra mile with the family".

Is the service responsive?

Our findings

People received care and support which was personalised and responsive to their needs. The provider information return (PIR) stated "Person centred plans developed with service users so that their needs, preferences, choices, strengths and weaknesses can be considered, documented and shared to enable support that is responsive to these issues." One person could become anxious when people they were unfamiliar with came to Fern Court. To help with their anxiety they would be involved in asking visitors to sign the visitor book on arrival, we could see how effective this was on the second day of our inspection visit when the person greeted us warmly with the visitor book and a pen. People's support plans included a section "about me" this summarised personal preferences for staff to refer to such as the type of music people liked, their drink preferences and how they chose to spend their time. A more detailed section "my personal planner" was also available for staff to refer to. Staff demonstrated knowledge of personalised care with one member of staff commenting, "It's all about what's best for them". Individual medication storage cupboards had been placed in the rooms of two people using the service. This was based on consultation with people with regard to their choice as well as a response to their needs.

We received positive feedback from a social care professional about how management and staff at Fern Court had worked with a person who had recently moved into the service. They praised the "adaptable" approach to meeting the person's needs and how this had been a positive experience for the person.

People took part in a variety of activities, including tennis, swimming and horse riding. One person enjoyed practising handstands and at times a local social club was hired for the person to do this. This person also attended a leisure centre to take part in trampolining. Another person travelled to Worcester to use a sensory room.

There were arrangements to listen to and respond to any concerns or complaints. The provider information return (PIR) stated "concerns and complaints are responded to in good time and are seen as an opportunity to learn and develop, to allow for improvements and to promote changes". Records showed, complaints were recorded, investigated and appropriate responses provided to complainants. Information about how to make a complaint was available in people's bedrooms in a suitable format using pictures and symbols. The responses to surveys demonstrated the majority of people and their representatives who responded were aware of how to raise a concern or complaint.

People were consulted about their views on the service provided at Fern Court. The minutes of the latest meeting showed people had given their views about current activities, ideas for new activities and additions to the menu. People were also informed about any planned changes to the environment of the home.

Is the service well-led?

Our findings

The home had a registered manager who had been registered as manager of Fern Court since March 2015. A registered manager is a person who has registered with CQC 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 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 registered manager was supported by a deputy manager. Ratings from our previous inspection were displayed in a prominent position in the office.

The statement of purpose described the aims and objectives of the service. "The ethos at Fern Court that underpins all we do is to provide a safe and stable environment in which each individual can develop at their own pace. Values were described as putting people first, being professional, respecting each other, working as a team and a commitment to continuous improvement. Our conversations with staff showed that these values had been communicated to them resulting in effective team work. One staff member commented "the team is brilliant, everyone gets along", another said "It's a pleasure to work here". Minutes of staff meetings demonstrated that staff were kept informed about developments in the service. As well as discussion staff were reminded about timekeeping, and good team working.

Staff were positive about the management of Fern Court. One member of staff described a "good relationship with the management". Another member of staff stated, "The managers here are brilliant, they listen to you. They go on activities, they get out and get involved". Staff also told us how the managers were approachable and how an 'on-call' system operated for contacting a manager when they were off duty.

The registered manager described the current challenges of running the service as staffing issues in particular chasing staff for training updates. In terms of development of the service, the main area for attention was keeping on top of the maintenance and decoration of the property. In addition care plans were under development in a format suitable for people using the service using pictures and symbols. They told us how they kept up to date with current ideas in the care sector by attending a national event for care providers.

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 their service without having to identify themselves.

Quality assurance checks were in place in the form of monthly manager visits. These involved visits from a manager from one of the other care homes operated by the provider every three months. Checks were made and a report produced of the findings. Areas examined included staff information, first aid, health issues and maintenance. The registered manager described how they were currently working on actions in response to the findings from the June visit. These included arranging a staff meeting and completing the fire log book. In addition questionnaires had been used in May and June 2016 to gain the views of people using the

service, their representatives and staff. Responses were sought on areas such as whether staff listened to people, whether they had a say in their daily routine and if they knew how to complain. The results from these had been collected and analysed to produce a development plan. The plan detailed timescales and who was responsible for improvement actions. Areas identified for improvement included enabling people to have a say in how the home was run, working with health professionals and reviewing staff training needs.