

St Anne's Community Services

# St Anne's Community Services - Fernlea

## Inspection report

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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?	Requires Improvement ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection of St Anne's Community Services-Fernlea, known by the people who live and work there as Fernlea, took place on 11 January 2017 and was unannounced. This meant they did not know we were coming. The service was last inspected on 22 and 26 June 2016. At that time the service was not meeting the regulations related to person centred care, safe care and treatment, and good governance.

After the last inspection we issued a warning notice for Regulation 17, good governance and told the registered provider to make improvements. The registered provider sent us an action plan telling us what they were going to do to make sure they were meeting the regulations. On this inspection we checked to see if improvements had been made.

Fernlea has seven beds providing accommodation, care and treatment to adults aged between 18 and 65 who have a learning disability and other complex health care needs. The home is split into two sections. One section has three beds for people with a learning disability and behaviours that may challenge others and the other section has four beds offering accommodation for people with a learning disability and physical health needs. At the time of our inspection there were six people using the service.

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

Relatives we spoke with told us they were confident their relative was safe at Fernlea.

Staff had a good understanding of how to safeguard adults from abuse and who to contact if they suspected any abuse. The provider had safe recruitment and selection procedures in place.

At our last inspection we found not all risk assessments were up to date and reflective of people's current needs and risks. On this inspection we found improvements had been made and all the risk assessments we sampled provided detailed direction for staff when providing support in order to reduce risks to people.

At our last inspection we found there were not always enough staff to provide a good level of interaction for people who used the service and keep them safe. At this inspection we found improvements had been made and the registered provider had taken action to increase staffing, although familiar agency staff were still used due to problems with staff recruitment.

At the time of this inspection the registered provider was planning to change the service from a service providing nursing care to one providing non-nursing care in a supported living setting and the process of change had impacted on staff morale and sickness levels.

Medicines were managed in a safe way for people and gaps in the recording of administration of medicines had been picked up and explored.

Staff had received an induction, supervision, appraisal and specialist training to enable them to provide support to the people who used the service.

People's consent to care and treatment was always sought in line with legislation and guidance. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Meals were planned on an individual basis and people were supported to eat a balanced diet. A range of healthcare professionals were involved in people's care.

Staff were caring and supported people in a way that maintained their dignity, privacy and human rights. People were supported to be as independent as possible throughout their daily lives.

Evidence of people's access to activities in line with their care plans had improved although activities outside the home for some people were still limited.

People were able to make choices about their care. People's care plans detailed the care and support they required and included information about people's likes and dislikes. Individual needs were met through the development of detailed personalised care plans.

Relatives we spoke with told us they were very happy with the service and were complimentary about the management of the service.

The registered manager had improved governance and worked hard to improve the service to benefit the people who used it. The registered manager was visible in the home and knew the needs of the people who used the service.

The registered provider had an overview of the service and took action to improve the quality and safety of the service provided.

People, their representatives, and staff were asked for their views about the service and they were acted on.

Shortly after this inspection the service was decommissioned and people using the service were transferred to other services. The service is no longer in operation.

## 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.

Risk assessments were up to date and reflected people's changing needs.

There were enough staff to meet people's assessed needs.

Medicines were managed in a safe way for people.

Staff had a good understanding of how to safeguard people from abuse.

### Is the service effective?

Good ●

The service was effective.

Staff were provided with training to ensure they were able to meet people's needs effectively.

People's consent to care was sought in line with legislation and guidance.

Meals were individually planned with people.

People had access to external health professionals as the need arose.

### Is the service caring?

Good ●

The service was caring.

Representatives told us and we saw the staff who supported people were caring.

People were supported in a way that protected their privacy and dignity.

People were supported to be as independent as possible in their daily lives.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People were not always supported to participate in activities to meet their preferences.

People and representatives were involved in the development and the review of their support plans.

Representatives told us they knew how to complain and told us staff were always approachable.

### **Is the service well-led?**

The service was well led.

The registered manager was visible within the home and had improved the governance of the service.

The culture was positive, person centred, open and inclusive.

The registered provider monitored the quality of the service to improve the service to people.

**Good** ●

# St Anne's Community Services - Fernlea

## **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 11 January 2017 and was unannounced. The inspection was conducted by an adult social care inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this inspection was a family carer.

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider, and feedback from the local authority safeguarding and commissioners. 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 used this information to help plan the inspection.

At the time of this inspection there were six people living at Fernlea. Some people who used the service were unable to communicate verbally and as we were not familiar with their way of communicating we used a number of different methods to help us understand people's experiences. We spent time in the living areas observing the support people received. We spoke with two people who used the service and three relatives. We spoke with four members of support staff, the registered manager and the area manager. We looked in the bedrooms of four people who used the service with permission. After the inspection we received feedback from one community healthcare professional.

During our inspection we spent time looking at four people's care and support records. We also looked at two records relating to staff recruitment, training records, maintenance records, and a selection of the

service's audits.

# Is the service safe?

## Our findings

Relatives we spoke with told us they felt confident that their family member was safe at Fernlea.

At our inspection on 22 and 26 June 2016 we found the registered provider was not meeting the regulation related to managing risk. This was because one person's care files contained risk assessments which did not reflect the equipment that was being used or the changes in a person's moving and positioning support needs.

At this inspection we found the person's risk assessments and moving and positioning guidance had been updated. In addition, the registered provider had commissioned a private occupational therapist to assess the person's moving and positioning needs and equipment. This helped to ensure support was individually tailored and considered the person's specific health condition and desire for independence. We also found all the other risk assessments we sampled were up to date and reflective of people's current needs and risks.

The members of support staff we spoke with understood people's individual abilities and how to ensure risks to them were minimised whilst promoting people's independence. People's care records contained comprehensive risk assessments for aspects such as managing money, accessing the community, access to the kitchen, medication, absconding, choking and falls. Risk assessments were detailed and included measures to mitigate risks to people. For example, one person had a profiling bed set to the lowest level to reduce the risks of injury due to falling from bed. This showed the service had a risk management system in place which ensured risks were managed without impinging on people's rights and freedoms.

At our inspection on 22 and 26 June 2016 the registered provider was not meeting the regulations related to staffing because there were not always enough staff on duty to meet people's individual needs and keep them safe. At this inspection we checked to see if improvements had been made.

People using the service were not able to tell us what they thought due to cognitive and communication difficulties. The relatives we spoke with felt there were enough staff on duty to meet their family member's needs. One relative told us there were plenty of staff on duty. Another said, "I don't visit that often but when I have been there are always staff in place. Sometimes new faces or bank staff but all appear nice to my relative."

The staff we spoke with told us there were enough staff on duty most of the time, but they would like to see improvements in staff recruitment and retention. They said this would promote continuity of care and enable people using the service to access more activities outside the home.

The service was divided into two units with two people with behavioural needs in one unit and four people with complex health needs using the other unit. All four people with complex health needs required two staff to support them with repositioning and transfers. One of these required two members of staff to be present when out in the community due to their complex health needs. One person with behavioural support needs required two staff to accompany them when out in the community.



The registered manager said there were usually four staff members on duty in the morning when people attended day service to transfer them there and back again later in the day, three staff members when people did not attend day service and three staff in the afternoons. Two staff members were on duty at night and one staff member was always a qualified nurse.

The service was undergoing a change from nursing care to supported living, which meant a qualified nurse would no longer be on duty at the service 24 hours a day. This had contributed to some staff sickness due to stress and uncertainty. One nurse and one support worker were on long term sickness leave and one support worker was absent due to ill health on the day of this inspection. We saw regular agency staff were used to cover for staff absence and ensure the service to people could be maintained. This meant sufficient numbers of staff were deployed at the service, however unexpected changes in staff availability meant activities outside the service could be limited at short notice due to people's assessed needs for two-to-one staffing.

The registered manager and area manager told us the funding was in place for additional staffing and showed us the efforts they had made to employ more staff at the service in order to improve access to activities outside the home for people, however, they had found it increasingly difficult, in part due to the isolated location of the service away from major bus routes. The registered manager felt when two people using the service completed their transition to other settings staff would be freed up to meet people's social needs more effectively. Two newly appointed support staff were awaiting pre-employment checks, including a driver to facilitate outings, and recruitment was on-going for other vacant posts.

Since our last inspection we found the risks associated with early morning staffing levels and one person's risk of falls had been explored, risk assessed and the outcome documented by the service to ensure staffing was appropriate to keep the person and other people safe.

At our last inspection we found medicines were not always managed in a safe way for people because gaps in recording of the administration of medicines had not been picked up or addressed. At this inspection we checked to see if improvements had been made.

Blister packs were used for most medicines at the home, as well as some medicines in bottles and boxes. We found all of the medicines we checked could be accurately reconciled with the amounts recorded as received. We looked at people's medication administration records (MARs). A MAR is a document showing the medicines a person has been prescribed and are used to record when they have been administered. We found an error in counting by an agency night nurse and missed signatures on the same night, which the manager said they would address with the staff member. We saw a count of medicines was completed every night by the nurse on duty.

At this inspection we found any gaps on MARs had been addressed by the nurse on duty or the registered manager and audits of the administration of medicines were completed monthly by the registered manager to ensure good practice. This meant people were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

People's medicines were stored safely in secure medicines cupboards.

Care plans contained detailed information about medicines and how the person liked to take them, including an individual PRN (as and when required) medication protocol for the person. Having a PRN protocol in place provides guidelines for staff to ensure these medicines are administered in a safe and consistent manner.

The registered manager told us all staff at the home completed training in safe administration of medicines every year and we saw certificates to confirm this. We saw the competence of nurses to administer medicines was usually assessed annually, although one nurse had not been assessed in the last year. The registered manager told us they would complete this the week following this inspection. This meant people received their medicines from people who had the appropriate knowledge and skills.

Staff we spoke with were clear about their responsibilities to ensure people were protected from abuse and they understood the procedures to follow to report any concerns or allegations. Staff knew the whistleblowing procedure and said they would be confident to report any bad practice in order to ensure people's rights were protected. One member of staff said, "If I had any concerns I would tell the nurse on duty or the manager and they would act on it. If I was concerned about them I would go to St Anne's (the registered provider) or safeguarding." This showed staff were aware of how to raise concerns about harm or abuse and recognised their personal responsibilities for safeguarding people using the service.

We saw safeguarding incidents had been dealt with appropriately when they arose and safeguarding authorities and Care Quality Commission had been notified. This showed the manager was aware of their responsibility in relation to safeguarding the people they cared for.

Staff told us they recorded and reported all incidents and people's individual care records were updated as necessary. We saw in the incident and accident log that incidents and accidents had been recorded and an incident report had been completed for each one. Accidents and incidents were recorded in detail and staff had taken appropriate action. We saw the registered provider had a system in place for analysing accidents and incidents to look for themes. This demonstrated they were keeping an overview of the safety in the service.

We saw from staff files recruitment was robust and appropriate vetting had been carried out prior to staff working with people. This meant staff had been properly checked to make sure they were suitable and safe to work with vulnerable people.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises. We saw evidence of service and inspection records for gas installation, electrical wiring and portable appliance testing (PAT). A series of risk assessments were in place relating to health and safety.

The staff we spoke with knew what action to take in the event of a fire. People who used the service had a personal emergency evacuation plan (PEEP) in place. PEEPs are a record of how each person should be supported when the building needs to be evacuated. We saw staff training in fire safety was up to date and fire drills and fire safety practices were used to ensure staff knew what to do in the event of a fire. This showed the service had plans in place in the event of an emergency situation.

Appropriate equipment was in place to meet the needs of people who used the service, for example ceiling tracking hoists and profiling beds with air flow mattresses. Records showed equipment had been properly maintained and serviced.

# Is the service effective?

## Our findings

Relatives we spoke with told us they were confident the staff team at Fernlea could meet their relation's needs. One relative said the staff were, "Proactive and always on the ball."

Staff were provided with training and support to ensure they were able to meet people's needs effectively. We saw evidence in staff files that new staff completed an induction programme when they commenced employment at the service. We asked three staff members what support new employees received. They told us they completed induction training and then shadowed a more experienced staff member for around two weeks before they were counted in the staffing numbers. The shadowing focused on getting to know people's individual needs and preferences. Induction training was followed by completion of the Care Certificate. The aim of the Care Certificate is to provide evidence that health or social care support workers have been assessed against a specific set of standards and have demonstrated they have skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. This demonstrated that new employees were supported in their role.

The manager told us bank staff completed the same induction as other staff and agency staff told us they never worked without staff who were familiar with people's needs.

We saw evidence in staff files and training records that staff regularly undertook training to enhance their role and to maintain their knowledge and skills relevant to the people they supported. Training was a mixture of computer based and face to face learning and included topics such as safeguarding adults from abuse, infection control, behaviour and de-escalation techniques, first aid and food hygiene. The registered manager told us they had been supported to keep their own professional registration up to date.

At our last inspection we found not all staff had completed up to date practical training in moving and positioning, although the moving and repositioning we observed was good. At this inspection we saw from the staff training matrix training in this area was up to date.

Support staff at the service had started completing practical medicines management training in preparation for the change to a non-nursing service. Face to face medicines administration training was booked in for staff the week of this inspection. The registered manager told us that following this staff would be observed administering medicines three times, once by the registered manager.

Staff we spoke with told us they felt supported by the registered manager and they said they had occasional supervision, an annual appraisal and regular staff meetings. Staff supervisions covered areas of performance and also included the opportunity for staff to raise any concerns or ideas. This showed staff were receiving management supervision to monitor their performance and development needs. Staff said the registered manager was very busy due the changes happening in the service and we saw some staff appraisals had been completed by a manager from another service run by the same registered provider.

The registered provider had policies in place in relation to the Mental Capacity Act 2005 (MCA). 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 so that they can 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.

Staff at the service had completed training and had a good understanding of the MCA. We saw from people's care records that their mental capacity had been assessed and, where appropriate, best interest meetings had been held. For example a person whose support plan involved restricting access to the community contained a mental capacity assessment and recent multi-disciplinary best interest meeting in their care file, as well as DoLS authorisation paperwork. This meant that the rights of people using the service who lacked capacity to make certain decisions were protected in line with the MCA.

We asked the registered manager about the MCA and DoLS and they were able to describe to us the procedure they would follow to ensure people's rights were protected. They told us DoLS authorisations had been requested for all the people who used the service and four of these had been authorised. We saw one application was yet to be assessed by the supervisory body and when this was followed up by the registered manager it was due to an error on the part of the supervisory body. We saw from the care records we sampled records were present for each person detailing decisions to be made, mental capacity assessments and best interest discussions. This included any restrictions and how these could be minimised, as well as DoLS authorisation records.

We observed people were asked for their consent before they received any support and the service acted in accordance with their wishes or in their best interests.

People were supported to eat a balanced diet. The manager told us staff did the cooking and some people who used the service joined in with making snacks where possible.

People made choices in what they wanted to eat and meals were planned in each side of the house using knowledge of people's tastes and preferences. Care files contained details of people's preferences and dietary requirements. We observed people appeared to enjoy their meals.

One person refused to use a cup with a spout to prevent spillage and the cup was only ever half-filled so the person could walk about with it and drink independently whenever they wished, whilst minimising spillage. This showed the service balanced risks to people with promoting their independence with drinking and encouraging fluid intake.

We saw the individual dietary requirements of people were catered for. One person required a gluten free diet; staff were aware of this and purchased and prepared appropriate meals and snacks. Two people required a blended diet and one person was supported to use a percutaneous endoscopic gastrostomy (PEG) feed. This is a way of introducing foods and fluids directly into the stomach.

We saw one staff member did not interact with a person at lunchtime whilst supporting them with their meal. We discussed this with the registered manager who told us the staff member was usually very good at interacting, but may be self-conscious about being observed during our inspection. Later in the day we saw

the same staff member interacted well with people using the service and offered explanations and choices to them.

We saw two people had been prescribed a powder to thicken fluids due to difficulties with swallowing. We saw one bank member of staff was unsure how much thickener to add to fluids for one person when supporting them with a drink. They asked the nurse on duty who told them the correct amount. We saw the instructions for two people's drinks thickener were detailed on the inside of the cupboard door where the tins were kept, however one of the guidance sheets had no name on it. The manager said they would add the person's name to ensure agency and bank staff had clear guidance if the nurse was not available. The information was also in the person's care plan and MARs.

At our last inspection we saw a food diary was kept for each person. We saw on most days food intake had been recorded; however there were some gaps in recording where no records of food offered or accepted were recorded. At this inspection we found improvements had been made and the records we sampled were completed. Any occasional gaps in recording had been followed up by the registered manager. People were weighed weekly to keep an overview of any changes in their weight. This showed the service ensured people's nutritional needs were monitored and action taken if required.

People had access to external health professionals as the need arose. We saw systems were in place to make sure people's healthcare needs were met. We saw staff advocated for people when they were experiencing ill health to ensure they received the required support and treatment. People had a hospital passport and up to date health action plan in their care records. Staff told us people attended healthcare appointments and we saw from people's records they were seen by a range of health professionals. This had included general practitioners, consultants, community nurses, physiotherapists, speech and language therapist, chiropodists and dentists. This showed people who used the service received additional support when required for meeting their care and treatment needs.

The atmosphere of the service was comfortable and homely. The home comprised of a living area and kitchen dining area in both units and all doors and corridors were designed for ease of access for wheelchair users. Art works and photographs were hung in the communal areas giving a homely atmosphere. At our last inspection we saw some of the décor of the home was in need of updating or decoration, for example there were marks on the wall of one person's bedroom. At this inspection we found the staff team had decorated the bedroom themselves. Two people had shutters for privacy instead of curtains due to behavioural support needs. One person's secure shutters had been replaced recently due to a behavioural incident, but they had not yet been painted and were bare chipboard which didn't promote the dignity of the person. The area manager and registered manager had raised the issue of decoration and intended to raise it again at a forthcoming budget meeting to ensure the person's dignity was protected.

There was a secure accessible garden to the rear and level access to the front of the property. This meant the design and layout of the building was conducive to providing a safe and practical environment for people who used the service.

# Is the service caring?

## Our findings

Relatives told us the staff were caring. One relative said, "I have no concerns. They are lovely." And another said, "I couldn't wish for better staff to look after [my relative]."

The relatives we spoke with told us they could see how happy their family member was when they visited and one relative told us their family member's cultural needs were met by the service.

We saw there were good relationships between staff and the people who used the service. Staff told us they enjoyed working at the service and providing support to people who lived there. One staff member said, "I love it." All the staff we spoke with told us they would be happy for a relative of theirs to live at Fernlea.

Staff we spoke with had a good knowledge of people's individual needs, their preferences and their personalities. They used this knowledge to engage people in meaningful ways, for example by engaging them in conversations about activities or using Makaton sign language to discuss a person's interests.

Staff told us they spoke to people or their family members about their likes or dislikes and spent time getting to know them during their induction to the home. We saw care files contained detailed information about the tastes and preferences of people who used the service, including their personal histories. Staff told us they had opportunities to read these records before commencing work with the people. This gave staff a rounded picture of individuals and their life and personal history.

Staff worked in a supportive way with people and we saw examples of kind and caring interactions that were respectful of people's rights and needs. We heard staff asking people what they would like to do and explaining what was happening. We heard staff speak with people whilst supporting them with transfers or with their meals.

People's individual rooms were personalised to their taste. Some people had attractive stencils on their bedroom walls where they were at risk from decorative items due to behaviour support needs. Personalising bedrooms helps staff to get to know a person; it can also create a sense of familiarity and make a person feel more comfortable.

Staff were respectful of people's privacy; they knocked on people's doors and asked permission to enter. Staff told us they kept people covered during personal care and closed curtains and doors. We saw privacy was promoted on risk assessments and support plans related to support with personal care. A dignity notice board was present in the foyer setting out the registered provider's dignity policy.

People using the service appeared well groomed and looked cared for. One person had their hair styled with gel and people wore jewellery and clothing they had chosen in keeping with their personal style.

People were supported to make choices and decisions about their daily lives. Staff used Makaton, gestures, facial expressions and photos to support people to make choices according to their communication needs. One staff member told us a person would touch the choice of drink they preferred when presented with

options. Photographs of the staff team were on the notice board to help people identify the staff on duty.

We saw staff took an interest in people's well-being and were skilful in their communications with people, both verbally and non-verbally, to help interpret their needs. We saw one staff member used their familiarity with a person's communication style to help them choose activities using hand gestures to indicate yes or no.

People were encouraged to do things for themselves in their daily life. Staff told us one person liked to fold their laundry and two people put their laundry into the machine and helped to take it out. It was also one person's job to feed the fish. This showed people using the service were encouraged to maintain their independence and practice daily living skills.

Staff were aware of how to access advocacy services for people if the need arose and four people who used the service had independent mental capacity advocates to help promote their wishes and feelings. An advocate is a person who is able to speak on a person's behalf, when they may not be able to do so for themselves.

People using the service had end of life care plans in place and people and their representatives had been consulted regarding end of life plans and wishes.



## Is the service responsive?

### Our findings

The relatives we spoke with told us the service met their family member's individual needs and involved them in planning their care. They also said staff knew their relatives well and were able to understand and anticipate their needs. Relatives told us communication with the service was excellent and they were happy with the levels of activity provided for people, including outings, shopping trips, day services and activities within the home.

At our last inspection the registered provider was not meeting the regulations related to person centred care because activities were not planned to meet people's assessed needs. In addition, one person's care plans did not reflect their current needs. At this inspection we checked to see if improvements had been made.

Staff we spoke with knew what mattered to people and spoke about people's abilities and talents. Staff had good insight into people's personal interests and we saw from people's support plans they were given some opportunities to pursue activities of their choice. Staff told us and we saw from records how they enabled people to see their families as often as they wished.

Staff told us people engaged in activities outside and inside the home but felt it would benefit people who used the service if there were enough staff on duty to take people out into the community more often. The registered manager said they tried to get people out as much as possible for walks or trips on the bus.

On the day of this inspection two people went out shopping with two members of staff and one person attended a day service. We saw staff interacted with people and supported them with activities in the home, such as painting their nails, table top games, sensory items, choosing music and watching DVD's.

We found at this inspection improvements had been made in the recording of activities and daily activity records were filled in to evidence the activities people did. One person who was previously not getting the level of activity they were assessed for was now getting out regularly into the community, although they had been experiencing some periods of ill health and had frequently declined to engage in activities.

We found the registered provider had increased day time staffing by 28 hours a week to enable people to receive the support they needed to participate in activities outside the service, however problems with staff sickness and recruitment meant these hours were not always able to be used.

We saw from the rotas for the week prior to this inspection the required staffing was in place and on one day an extra member of staff was on duty for an outing. The registered manager told us staffing had improved in November 2016 and activities outside the home had also therefore improved, however staff sickness had increased recently due to the stress of the planned changes from a nursing to a residential service and nurses being required to transfer to other services. We sampled the staff rota for one week in November 2016 and saw on one day five staff were on duty one morning and three in the afternoon to enable people to access the community. However on both of the weeks we sampled there were only three staff on duty all day on Saturday and Sunday. This meant it would have been very difficult for people using the service to be



supported to go out due to the requirement for two staff to support people staying at home with transfers and repositioning. The registered manager was sometimes available to provide direct care and was included on the duty rota for a few shifts a week, although they did not usually work at the weekend.

A trip out had been planned on the day prior to our inspection, however the staff member who could drive was absent from work due to ill health on the day. The registered manager told us they had recruited a dedicated driver to work 25 hours a week and were awaiting pre-employment checks.

The registered manager was hopeful that the change to a supported living service would enable the service to provide more activities outside the home for people.

The area manager had been at the service the previous day supporting them to complete additional activity guidelines for people using the service. This included activities and stimulation within the home, such as tasting sessions or short outings that could be completed without a driver to provide social stimulation for people using the service. We saw one person's new activity plan had been completed with more ideas for staff about activities the person enjoyed.

Through speaking with staff and relatives of people who used the service we felt confident that people's views were taken into account. There was evidence people and their representatives had been involved in discussions about their care and relatives we spoke with told us they were always invited to reviews and involved in their relative's support. We saw people making choices, for example, by pushing food away when they had had enough or choosing the volume of music. This meant the choices of people who used the service were respected.

People's care files contained support plans covering areas such as personal care, physical health, finances, nutrition, medication and accessing the community. Support plans were detailed and person centred and included photographs to involve the person in their support. One person who used Makaton sign language to communicate had photographs in their care plans showing them signing important things to help staff communicate with them.

Detailed specific guidance for staff was present in care plans such as, "How to help me shower", and, "Things that make me upset." Additional records and action plans were in place for particular issues such as monitoring seizures for one person living with epilepsy. Daily records we saw detailed what activities people undertook, wellbeing, personal care, pressure care and nutritional intake.

We saw support plans were person centred and provided information about the individual that would enable them to receive person centred support. For example, "I will choose jewellery to wear, a spray of perfume. I would like you to blow dry my hair for me."

Goals the person wished to achieve were set at reviews and progress toward goals was recorded. The manager told us reviews were held annually and care plans were updated regularly and when needs changed. These reviews helped to monitor whether care records were up to date and reflected people's current needs so any necessary actions could be identified at an early stage.

The relatives we spoke with told us staff were always approachable and they were able to raise any concerns, but had never needed to complain. We saw there was an easy read complaints procedure on display for people to see and there was another copy in people's care files. Staff we spoke with said if a person wished to make a complaint they would facilitate this. There had been no complaints since our last inspection. Compliments were recorded and available for staff to read.

## Is the service well-led?

### Our findings

Family members we spoke with told us they were very happy with the service and they thought the service was well-led. One said, "All round, the care is excellent."

One community healthcare professional told us relationships and communication with the service had been excellent recently. They said, "The person attending our service from Fernlea is always clean, well-cared for and happy. They involve us with reviews, are pro-active and our staff have remarked that the care given is excellent."

The registered manager had commenced their role in January 2016 and their registration as manager had been approved in June 2016. A deputy manager was in post; nurses on duty led the shift and were responsible for administering medicines and updating records.

At the time of this inspection the service was being changed from a service providing nursing care to providing non-nursing care. There was insecurity and concern within the support staff team about the new job roll that was being planned. For example, support staff would be required to administer medicines to people as nurses would no longer be on duty at all times. A meeting had been planned by the registered provider the day prior to our inspection to discuss future plans, however this had been cancelled at short notice.

Staff we spoke with felt supported by the registered manager and told us the home was well-led, but was impacted by problems with recruiting permanent staff and the current changes planned for the service. Staff we spoke with told us they were confident the registered manager would act on any concerns they might have.

The registered manager told us they felt supported by the registered provider and could call their manager any time. They told us they were supported to maintain their professional registration and we saw they had regular supervision and support visits from the registered provider throughout the year.

The service promoted a positive culture that was person-centred, open, inclusive and empowering. The registered manager said they operated an 'open door policy' and people were able to speak to them at any time. People we spoke with confirmed this.

The registered manager regularly worked with staff 'on the floor' providing support to people who lived there, which meant they had an in-depth knowledge of the needs and preferences of the people they supported. They told us their priority for the service was to support staff and people using the service through the changes, to become fully staffed and to continue to improve people's community access. They told us their vision for the service was, "The best possible outcomes for clients, a good standard of care and to continue to improve."

The registered manager told us they met with an internal network of managers to share good practice, and described how managers from other services had supported them with areas of good practice, such as infection control and governance. They said the registered provider sent them good practice updates, as

well as providing formal training. The registered manager had almost completed nationally accredited management training. This meant the manager was open to new ideas and keen to learn from others to ensure the best possible outcomes for people using the service.

People who used the service and their representatives were asked for their views about their care and they were acted on. We saw from records individuals or their representatives had been consulted on every aspect of their support and their views were recorded.

The provider carried out its own quality assessment of the service through stakeholder, relative and client questionnaires. We saw a small number of questionnaires had been returned and these were analysed by the area manager for any patterns or improvements that could be made.

Staff meetings were held every month. Topics discussed included staff training and development, individual people's needs, changes to the service and building maintenance and decoration. Actions from the last meeting were discussed and goals were set from the meeting. Staff meetings are an important part of the provider's responsibility in monitoring the service and coming to an informed view as to the standard of care for people. The service was meeting this requirement and staff members were also consulted through a staff survey.

Our inspection on 22 and 26 June 2016 found the service was not meeting the regulations related to good governance. At this inspection we checked to see if improvements had been made.

At our last inspection we found a count of medicines was completed every night by the nurse on duty, although this daily check was not then audited by the management team and gaps in recording had not been picked up or addressed. At this inspection we found improvements had been made and the registered manager completed regular audits of medicines and addressed any issues that were found with the nurse responsible. This meant people using the service were protected by good medicines governance procedures.

At our last inspection we found some care records had not been updated to reflect people's current needs and there were gaps in some people's daily records. At this inspection we found the registered manager audited care plans every six weeks to ensure they were up to date and had worked with staff through supervision, meetings and audits to ensure accurate daily records were kept to reflect the care that was being delivered. This showed staff compliance with the service's procedures was monitored and addressed to improve the quality and safety of the service.

We saw audits were maintained in relation to premises and equipment such as mattress and water temperature checks. The management of people's money was also audited on a daily basis and care plans and documents were reviewed and checked regularly by the responsible nurse.

The registered manager sent weekly action plan updates to the registered provider's quality team to monitor progress with the quality of the service covering areas including medicines management, activities, staffing, training and supervision. The area manager visited the home regularly to support the registered manager and ensure compliance with the registered provider's policies and procedures. The registered provider's quality team completed regular audits to support improvements in service provision. This demonstrated the senior management of the organisation were reviewing information to improve the quality of the service.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to

submit statutory notifications to the Care Quality Commission (CQC) when certain incidents happen. We did not find any incidents that had not been reported to CQC in line with legislation.

The previous inspection ratings were displayed. This showed the registered manager was meeting their requirement to display the most recent performance assessment of their regulated activities and showed they were open and transparent by sharing and displaying information about the service.