

Progress Adult Services Limited

Fernleigh House

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?

Good 

Is the service well-led?

Good 

Overall summary

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, and to provide a rating for the service under the Care Act 2014.

Fernleigh House is a care home providing accommodation, personal care and support for up to 6 adults with severe learning disabilities, complex behavioural needs and communication difficulties. There

were 5 people using the service when we inspected. Fernleigh House is a detached modern house decorated and furnished in a contemporary style. There are two lounges, two dining rooms and an arts and crafts area. All the bedrooms are single and four have en-suite facilities. There is a large garden which is equipped with recreational facilities.

The service had a registered manager in post, who was registered with The Commission on 17 March 2009. A

Summary of findings

registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People who used the service were protected from abuse because the provider had taken steps to minimise the risk of abuse. Decisions related to peoples care were taken in consultation with people who used the service, their next of kin and other healthcare professionals which helped to ensure their rights were protected.

People benefited by having person centred plans which were focused on the likes and abilities of the individual.

There was process in place to listen and act on the views and wishes of the people who use the service. People and their relatives told us the manager is pro active in addressing any issue of concern they may have.

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 safe. People's relatives told us they felt safe living at the home and they had no concerns. Staff were aware of what steps they would take to protect people.

Where people did not have the capacity to make informed decisions a best interests process was in place. This safeguarded the wellbeing of people who used the service.

People with behaviour that challenged others were supported by staff and their behaviour was managed appropriately.

Good



Is the service effective?

This service was effective. Staff completed relevant training to enable them to care for people effectively. Staff were supervised regularly and felt well supported by their peers and the registered manager.

People were supported to maintain a balanced diet. Staff consulted with community healthcare professionals where people required a modified diet and extra support.

Good



Is the service caring?

This service was caring. We saw that people were treated with kindness and compassion when we observed staff interacting with people using the service. The atmosphere in the home was calm and relaxed.

People's relatives that we spoke with told us they were happy with the care and support provided at Fernleigh House. They also told us that staff treated people well and respected their privacy.

Care plans were person centred and staff were aware of people's choices, likes and dislikes which meant that care was provided in a person centred way.

Good



Is the service responsive?

This service was responsive. People using the service led active lives that were individual to their needs. People had their individual needs assessed and consistently met. We saw people leaving the service throughout the day to participate in activities in the community.

Where people who used the service lacked capacity to understand certain decisions related to their care and treatment, best interest meetings were held which involved family members, independent mental capacity advocates, and social workers.

In addition to formal activities, people who used the service were able to visit family and friends or receive visitors. Staff supported people in maintaining relationships with family members.

Good



Is the service well-led?

This service was well-led. Relatives and staff praised the manager for the way the home was run, they were encouraged to express their views and concerns through a number of channels, including review meetings and speaking with the manager directly.

Good



Summary of findings

There was an open culture at the home and staff told us they would not hesitate to raise any concerns and felt that any concerns would be dealt with appropriately.

A number of audits were carried out at the home to monitor the service, these included health and safety audits. Incidents at the home were used as an opportunity for learning.

Fernleigh House

Detailed findings

Background to this inspection

This inspection was carried out by one adult social care inspector over one day and was unannounced, so the provider did not know we would be visiting to inspect the service.

Before our inspection on 30 July 2014 we checked the information we held about the service and the service provider. No concerns had been raised and the service met the requirements of the regulations we inspected against at their last inspection which took place on 10 January 2014.

During our inspection, we observed interactions between staff and people who used the service. We looked at how people were supported during lunchtime. We looked at written plans of care for two people who used the service, reviewed staff training records and records relating to the management of the service, such as audits and policies.

We spoke with a range of people about the service. They included the registered manager, three staff members and three family members of people who used the service. We also spoke to the commissioning department at the local

authority in order to gain a balanced overview of what people experienced when they accessed the service. We were unable to speak with the people who used the service due to the complex difficulties they had with communication.

The provider also completed a Provider Information Return (PIR) which is a report that providers send to us under Regulation 10(3) of the Regulated Activities Regulations setting out how they are meeting the requirements of Regulation 10(1).

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location can be directly compared with any other service we have rated, including consent, restraint, and the MCA under the 'Is the service effective?' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe?' section of this report.

Is the service safe?

Our findings

Relatives of people who used the service told us they had no concerns about the safety of their relatives or how they were treated. Comments we received from relatives included; “It’s a very good service...everyone seems happy and content”; “[Relative] is very happy and so are we, all the staff are brilliant”.

Safeguarding policies and procedures had been implemented by the provider and staff had easy access to contact details for reporting any concerns. Staff training records showed that staff had undertaken training in safeguarding vulnerable adults. Staff we spoke with were able to confidently describe what forms abuse may take and what steps they would take if they witnessed or suspected abuse. Staff told us; “We do all we can to keep people safe”, “We make sure the environment is safe and report anything that might arise”, “If I saw anything untoward I would report it...I’d be happy to blow the whistle”.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the provider to be meeting the requirements of DoLS. Best interest meetings are arranged if people lacked the ability to make decisions. People identified as being at risk when accessing community activities had up to date risk

assessments and we saw that they were supported by staff when they went out. Relatives told us and records confirmed that people went out shopping and were able to access a variety of activities in the community.

Staff at the home completed individual risk assessments for each person who use the service. Information about how to manage these risks and keep people safe was provided to staff, to help to ensure people who used the service were protected. The manager explained to us that the service encouraged positive risk taking “to help people progress and develop”. Each risk assessment highlighted the potential hazard, who may be at risk and how staff should take steps to manage the risk. Staff explained to us that people’s written plans of care contained guidelines for them to follow and that each person’s behaviour was managed according to their individual guidelines. Staff were able to describe the techniques they used for different people, which were recorded in people’s plans of care.

Relatives and staff we spoke with told us there were enough staff on duty to provide the level of support that people needed. One staff member said; “We have a good team at Fernleigh, we all put in that bit extra”, whilst a relative commented; “There always seem to be enough staff on hand”. The manager told us that staff rotas were planned in advance according to people’s support requirements. They told us that some people who used the service were provided with additional support during the day to meet their needs, for example, when accessing the community. Staff we spoke with confirmed this.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively.

Relatives of people told us that; “Staff are brilliant”; “They go above and beyond” and “Staff have worked very hard to build up a relationship with [Relative] and ourselves”. Staff told us they were happy with the training they had received whilst working at Fernleigh house and that they could request additional training if they felt they needed it. Staff also told us they felt well supported by other members of the team and the manager. One staff member commented; “It’s a good place to work, everyone pulls together to try and meet everyone’s needs, we all do it for the people that live here”; another said; “We have a good team at Fernleigh, everyone puts in that bit extra”.

We spoke with the manager about the training arrangements for staff. Staff undertook training individually and in groups as part of workshops. Training records showed that staff had completed training in areas that helped them when supporting people living at Fernleigh House, these included, working with behaviours that challenge, working with people with learning disabilities, epilepsy and autism and communication with the people that use the service, amongst others. All staff completed and passed an equivalent of the Skills for Care Common Induction Standards within the first 12 weeks of commencing their employment.

Staff used personalised communication books and, more recently, had begun to use a tablet computer to assist people with communication. People, as far as they were able, were supported to get involved in making decisions about food and drink. This included helping staff when buying groceries, providing input into the menu and helping to prepare dishes. A member of staff told us that they encourage people to get involved with preparing food and making drinks wherever possible to try and help them learn life skills. Relatives told us; “[Relative] always eats well, they have a good variety of food. He always has a

roast dinner on a Sunday, which he loves”; “[Relative is on a healthy diet, she eats very well. They’ve involved the the dietician and acted on their advice”. We saw staff preparing lunch and observed people who used the service enjoying their lunch in a relaxed environment. Staff were on hand to support people who required assistance.

Cultural, spiritual and religious dietary requirements were identified and addressed within people’s care records. During the inspection we saw that people were provided with meals that were appropriate to their needs. Relatives we spoke with told us that their family member’s cultural dietary needs had been discussed with them and that any requirements they had were met by the service.

People had individual health action plans, which contained risk assessments relating to dietary

and hydration requirements. People’s weight was monitored and food and fluid charts were completed for people where there was an identified risk in relation to their food and fluid intake. Staff were familiar with the nutritional requirements of these people. We were told by the manager and relatives confirmed that the service had helped people make good progress with regard to maintaining a healthy weight. Relatives told us that the staff had worked well with their family members to try to encourage healthy eating and help reduce their weight, involving other professionals, for example, the dietician, as appropriate.

We found that people who used the service had access to local healthcare services and received on-going healthcare support from staff at Fernleigh House. The provider made appropriate referrals when required for advice and support. Staff that we spoke with gave us examples of how they had supported people with managing changes to their health. Contact details of health services and local authority services were kept in care records which meant that referrals could be made quickly. Some of the multidisciplinary teams that were involved in supporting people included mental health consultants, occupational therapists, physiotherapists and dieticians.

Is the service caring?

Our findings

We saw that staff treated people with kindness and compassion. The atmosphere in the home was calm and relaxed.

People who used the service appeared comfortable and happy with staff and relatives we spoke with told us they were happy with the care and support provided at Fernleigh House. One relative told us; “The staff are very caring. [Relative] has been here quite a long time now and the staff have been brilliant over the years” another commented; “The staff are caring, they treat [Relative] very well”.

We saw that positive caring relationships had been developed between people who used the service and staff. Staff that we spoke with were aware of the life histories of people living at the home and were knowledgeable about their likes, dislikes and the type of activities they enjoyed. Staff said they got to know people through reading their care plans and speaking with family members. The provider had taken steps to ensure that the care plans were not just task orientated but considered people’s life history before they came to live at the home.

Some of the people who lived at Fernleigh House had previously been at a school which is operated by the provider organisation. We discussed the transition with people’s relatives. We were told that the transition was tailored to the individual and the pace was dictated by

them. One relative told us; “It was an excellent transition, they understand [Relative] so well and understood how to do transition the best way for him. They paid close attention to the little details that are important to him.”

People were, as far as they were able, supported to express their views and be actively involved in making decisions about their care, treatment and support. Care plans were person centred and reflected people’s wishes. Relatives of people who used the service were involved in their care through regular contact with the staff and were free to visit the home any time. Relatives that we spoke with told us they visited the service regularly and found that staff welcomed them. Where appropriate, people had access to advocacy services if needed, although none of the people were using advocates at the time of our inspection.

The provider had implemented policies and procedures around privacy and dignity. People lived in single rooms which were decorated and adapted according to each person’s preferences and needs. Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people’s dignity and respected their wishes. One staff member said; “Everyone is individual, so we must respect that and not just treat everyone the same.” Staff explained that people who lived at Fernleigh had varying difficulties with communication, but that they would offer people as much choice as possible. They used different means of communication depending on people’s individual needs, such as personalised communication books and a tablet computer.

Is the service responsive?

Our findings

People who used the service led active lives that were individual to their needs. We found that people had their individual needs assessed and consistently met. We saw people leaving the service throughout the day to participate in activities in the community. People were able to take part in activities based on their personal preferences. For example, one person enjoyed horse riding, another liked to use the sauna and Jacuzzi facilities at the local gym, whilst another preferred sensory activities in the home.

Staff told us, “People are able to do what they enjoy doing” and “We speak with family, they can tell us what activities people are interested in.” In addition to formal activities, people who used the service were able to go to visit family and friends or receive visitors. Staff supported people in maintaining relationships with family members.

Each person had an assigned keyworker who was responsible for reviewing their needs and care records every six months or sooner, if their needs changed. Staff told us that they kept people’s relatives or people important in their lives, updated through regular telephone calls or when they visited the service and they were formally invited to care reviews or to annual reviews with healthcare professionals.

We looked at care records for two people who used the service. These contained a number of records to enable staff to support people. Care records included risk assessments, support plans, person centred plans, personal care support plans and a health action plan. We found that these were person centred and an effort had been made to support people to contribute to them. People’s relatives had also been involved in developing written plans of care. Some of these records were developed with input from the key worker, social worker and other healthcare professionals. We noted that there was a lot of ‘old’ and current information in people’s written plans of care. The staff we spoke with and people’s relatives did not express any concern about plans of care. They told us that the information staff needed was available, but that some plans did contain information that

was ‘old’. We discussed this with the manager who told us the provider was moving over to a new format for written plans. We were told this was currently underway and would provide a more streamlined record for staff to find important information about how to support people.

In the care plans that we looked at, we saw copies of minutes of Mental Capacity Assessments and Best Interests Meetings that had been completed for people who used the service. We saw that where people who used the service lacked capacity to understand certain decisions related to their care and treatment, best interest meetings were held which involved family members, independent mental capacity advocates, and social workers.

Relatives told us that they could speak with any of the staff or the manager if they were not happy about something and felt that their concerns would be taken seriously and acted upon. Each of the relatives we spoke with told us that they were happy with the care their family member received. One of the relatives we spoke with did say that there was once an issue with the holiday accommodation that was booked for their family member. They explained that the service had booked a caravan for him, but that he found it too small and enclosed. They told us; “We told them we have concerns about this, they have listened and taken on board what we said and this has been changed for when he goes away now.”

The service had implemented a comprehensive complaints policy and procedure that was readily accessible. No complaints had been received since our last inspection. The service encouraged feedback in a variety of ways including review meetings and regular contact with family members. The manager explained that the service used to send out a formal satisfaction survey to relatives of people who used the service, but that the response rate was very low. They told us that this was currently under review and that a new survey was being developed. The manager told us that because there were only a small number of people who lived at the home, they were able to develop and maintain close relationships with people’s family members and as such were confident that any concerns or suggestions could be raised at any time. Relatives we spoke with confirmed this to be the case.

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. They had been in post since 2011 and in our discussions with them it was clear that they were familiar with the people who used the service and staff. Staff that we spoke with praised the manager for being pro-active and approachable. Staff told us they could go to the manager with any concerns or suggestions and that she would always be willing to listen. One member of staff told us; “The manager does a fantastic job and is always looking to improve what we do.” Relatives told us; “We’ve always found her very approachable and friendly. We’ve known her a while now, she’s very competent. The admin and financial staff are always very helpful”; “I often speak with [Manager], she’s very efficient”.

The provider had effective systems to monitor incidents at the home and implement learning from them. We saw that the incidents were recorded accurately and people’s care records had been updated following these incidents to ensure that the most up to date information was available to staff. Staff told us there was always a debrief following any incidents so that information could be gathered and cascaded to everyone. There had been no complaints about the service since the last inspection. The commissioning team at the local authority had received no complaints about the service.

The service had a whistleblowing policy and contact numbers to report issues were displayed in office. Staff told us they were confident about raising concerns about any

poor practices witnessed. They told us they were very happy working at the service and felt motivated. They told us; “It’s a brilliant place to work”; “We have a really good team and a great manager”.

Staff meetings were held every month and we saw that, where required, actions resulting from these were assigned to a named staff member to follow up.

Staff told us they found staff meetings were useful for providing feedback. The manager used team meetings to provide staff with feedback from higher management of the organisation which helped them to be clear about the aims and objectives within the service both locally and at provider level. Minutes of meetings were made available for any staff that were unable to attend the meeting.

The manager told us they were responsible for undertaking regular audits of the service, including care plans, medicines and the environment. Records showed the provider also undertook a monthly visit to monitor the quality of the service. Where any improvements were identified, an action plan was developed with a named person being responsible to ensure action could be followed up effectively. Records showed that the provider regularly carried out health and safety audits and checks, such as fire drills and fire safety checks, electrical checks and temperature checks.

Staff received supervision at least once each month and an annual appraisal. Staff confirmed the meetings took place regularly and that they could request supervision sooner if they felt they wanted to. Staff confirmed the meetings were worthwhile and that performance, aspirations and any suggestions or concerns were discussed. Staff felt this was a good mechanism for giving feedback to the manager.