







Trident Reach The People Charity Ferndale Crescent

Inspection report

10 Ferndale Crescent
Highgate
Birmingham
B12 0HF
Tel: 0121 772 1885
Website: www.reachthecharity.org.uk

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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?		Requires improvement	

Overall summary

This inspection took place on 18 January 2016 and was unannounced. When we last inspected this service in September 2013 we found it compliant with all the regulations we looked at.

Ferndale Crescent is a residential home which provides support to people who have learning disabilities. The service is registered with the Commission to provide personal care for up to eight people and at the time of our inspection there were six people using the service. There was a registered manager at this location however they were not present during our visit and we were told

they had not been at the service for two years. 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 and associated Regulations about how the service is run. The provider had not notified us of the registered manager's absence in line with their legal responsibility. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The deputy manager was in the role of acting manager and a manager from another of the provider's locations was in the process of applying to become the new registered manager for the service.

Processes for reviewing the quality of records were not robust as it had not been identified that several records were not completed or contained insufficient information. There was no analysis and review of incidences to identify any actions which could prevent a similar incident from reoccurring to other people.

People we spoke with told us they felt safe and were kept safe from the risk of harm by staff who could recognise the signs of abuse. Assessments had been conducted to identify if people were at risk of harm and how this could be reduced.

There were enough staff to meet people's care needs. The deputy manager had access to a resource of agency and bank staff when necessary to ensure people were supported in accordance with their care needs.

Medication was managed safely. Where people were prescribed medicines to be taken on an "as required" basis there were details in their files about when they should be used.

Staff told us and records confirmed that they received regular training and supervisions with senior staff to maintain their skills and knowledge. Due to recent staff turnover, there were several members of new staff who were yet to develop a detailed knowledge of how to support people. Relatives were confident in the abilities of the staff to support people appropriately however one member of staff told us that felt unable to take people out because they were not confident to leave less experienced staff unsupervised in the home.

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. A person who used the service told us that staff would always ask their permission before providing personal care.

People were given a choice of foods and staff knew what people liked to eat. Meals were prepared according to people's specific dietary needs.

People had regular access to other health care professionals to maintain their health. Details from appointments were shared at staff handover however these were not always well documented.

Staff spoke affectionately about the people they supported. Processes were in place which supported people to be involved in developing their care plans and expressing how they wanted their care to be delivered. People felt listened to and had control over the care they received.

There were several notices for people and instructions about how staff were to support people displayed in communal areas and bedrooms. This did not support people's right to confidentiality or help promote a homely feel.

During our visit people spent most of their time watching television. People appeared to enjoy the activities they were engaged in but staff did not regularly prompt people to engage in other activities they also liked to do. Daily handover notes did not record that people had regularly engaged in their preferred activities and a lack of experienced staff meant that on occasion some people were not supported to engage in activities in the community. However the service was good at responding to people's requests for trips and visits out.

The deputy manager had taken action when people had voiced their opinions about the service and people were involved in recruiting staff they wanted to be supported by.

People were aware of the provider's complaints process but felt they could talk openly with staff and that their concerns would be addressed appropriately.

People were encouraged to express their views about the service and felt involved in directing how care was provided. Staff felt involved in developing the service through staff meetings and supervisions with the deputy manager.

The provider's systems to check and improve the quality of the service were not robust. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People were kept safe by staff who knew how to protect people from the risk of harm.

People were supported by enough staff to keep them safe from the risks associated with their specific conditions.

People received their medication when they required it

Good



Is the service effective?

The service was effective. People could exercise their right to choose how they wanted to be supported because staff were clear about the requirements of the Mental Capacity Act 2005 (MCA).

People received care which met their needs because they were supported by staff who had the appropriate skills and knowledge.

People were supported to eat and drink enough of the things they liked.

Good



Is the service caring?

The service was caring. People were supported by staff who had taken time to learn their life histories and knew what was important to them.

People were supported by staff they said they liked and there were many displays of affection between the staff and the people who lived at the service.

The provider was reviewing how information about people's specific care needs could be shared without compromising people's dignity or right to confidentiality.

Good



Is the service responsive?

The service was responsive. People were encouraged to raise any concerns about the service and the provider responded when people expressed their opinions.

People took part in activities they liked but staff did not always prompt people to vary their activities.

Good



Is the service well-led?

The service was not well-led. The provider had not always notified the commission of events they were legally required to do.

Systems for auditing the quality of the service had not always identified when records were not completed.

Requires improvement



Ferndale Crescent

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 18 January 2016 and was unannounced. The inspection team consisted of one 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 service.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks for key information about what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report. As part of our inspection we also checked if the provider had sent us any notifications since our last visit. These are reports of events and incidents the provider is required to

notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection we spoke with three people who used the service and a relative who was visiting a person at the home. We observed how staff supported people and if this was in line with their wishes. We also spoke to the deputy manager and four members of staff. During the visit we were told the registered manager had been away from work for two years and would be leaving the service shortly. We spoke with a manager from another of the provider's locations who had applied to become the new registered manager. We looked at records including three people's care records and staff training. We looked at the provider's records for monitoring the quality of the service and how they responded to issues raised. We 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.

Following our visit we spoke with the relatives of three people and a health care professional who had supported a person who used the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe. A person who used the service told us, “Yes, very safe.” One of the relatives of a person who used the service told us, “Staff watch them all the time.” The relatives of two other people told us they felt people were safe at the service.

Throughout our visit we observed that people were confident to approach the deputy manager and staff. Staff regularly interacted with people and provided reassurance when necessary and there was also a range of communication aids available to help people express themselves.

People were kept safe from the risk of harm by staff who could recognise the signs of abuse. Two members of staff we spoke with could explain the actions they would take if they felt a person was at risk of abuse to keep people safe from harm. Records showed that the deputy manager conducted the appropriate checks to ensure staff were suitable to support the people who used the service. The deputy manager also sought proof that agency staff were suitable to work at the service and records showed that both regular and agency staff were made aware of the provider’s whistle-blowing policy when they began employment. Two members of staff confirmed they were aware of the provider’s whistle-blowing policy and stated they felt the deputy manager would welcome them raising any concerns about a person’s safety.

There was guidance available in various formats to support people who used the service, visitors and staff to alert the appropriate agencies if they were concerned about their own or the safety of others.

The provider had conducted assessments to identify if people were at risk of harm and how this could be reduced. Staff we spoke with and our observations confirmed that care records contained information which enabled staff to manage the risks associated with people’s specific conditions. We saw evidence that other health care professionals had been approached when, due to a change in a person’s condition, they required special equipment to maintain their safety. A member of staff explained and we

saw that they had updated a person’s care plan when due to their changing condition they were at increased risk of harm. Staff held regular meetings with the people who used the service to review their care needs and identify how to maintain their safety.

All the people who used the service and staff we spoke with told us that they felt there were enough staff to meet people’s care needs. A relative of one person said, “There has always been a turnover of staff but there is a stable staffing group now. I know most of the staff.” People told us they were always supported when they wanted and during our visit we observed that people received support when requested. This included help with personal care. The deputy manager and staff told us that there were some staff vacancies at the service and we saw that these were covered by current staff working additional shifts. The deputy manager also had access to a resource of agency and bank staff when necessary to ensure people were supported in accordance with their care needs. We looked at the staffing rotas for the four weeks prior to our visit and saw that the staffing levels identified as necessary to meet people’s care needs had been maintained. One member of staff said that staffing levels would be increased when people required additional support to attend day centres or appointments. There were enough staff to manage people’s care safely.

Medication was managed safely. One person we spoke with explained how their medication was administered and knew what it was for. A relative told us, “We are reassured that they are monitoring [person’s name] medication.” A member of staff we spoke with was able to explain the provider’s protocols for the administration and reporting of medication errors. Managers from the provider’s head office conducted medication audits to identify any errors and took action to prevent them from reoccurring. Medicines were stored correctly to ensure they were safe and maintained their effectiveness. People’s care records contained details of the medicines they were prescribed and any side effects. Where people were prescribed medicines to be taken on an “as required” basis there were details in their files about when they should be used.

Is the service effective?

Our findings

People were supported to maintain their health and welfare. A person who used the service told us, “Staff know how to look after me if I am unwell.” The relative of a person was pleased with the support the person received, they told us, “Their key worker is very good, and they know them very well.”

Staff told us and records confirmed that they received regular training and supervisions with senior staff to maintain their skills and knowledge. Two members of staff said they had recently received refresher training in how to keep people safe from the risk of abuse. Records showed and staff told us that they shadowed experienced staff and received an introduction about people’s specific conditions when they started working at the service. Two members of staff said that due to recent staff turnover, there were several members of new staff who were yet to develop a detailed knowledge of how to support people. One member of staff told us that they had, on occasion, not taken people out because they were not confident to leave less experienced staff unsupervised in the home. We noted however that there were plans in place to ensure new staff would receive detailed guidance and knowledge about people’s specific conditions and a relative confirmed that new members of staff knew the communication needs of a person who was, “Hard to understand at times.” Staff were given the knowledge and skills to provide appropriate care to 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.

A person who used the service told us that staff would always ask their permission before providing personal care. We observed a member of staff ask another person, “Are you ready to go to your room now,” and supported the person when they had said yes. When a member of staff was supporting a person to tidy their bedroom, they reassured the person they would not take action without their permission. They told the person, “I will not throw anything away until you tell me it’s safe to do so.”

The deputy manager and staff we spoke with were knowledgeable about the principles of the MCA. We saw evidence that when necessary people were supported to make informed decisions when they had expressed a preference to spend large amounts of money on furniture or holidays. When a person who used the service was thought to lack mental capacity the provider had a process to assess how care could be provided in line with their wishes and best interest. When it was identified that a person lacked mental capacity, we saw that the provider had approached the appropriate authority for approval to support them in a specific way and identify if less restrictive alternatives were available. Decisions about the care people received were made by the people who had the legal right to do so.

A person who used the service told us they had food they enjoyed. They told us what they had for breakfast and said it was their, “Favourite.” We saw another person enjoying a sandwich which was recorded in their care records as one of their favourite meals. A person’s relative told us, “The food is good and they are given choices.” During our visit we saw that staff constantly asked people what they wanted to eat and promptly responded to people’s requests for drinks. There were suitable facilities in place to support people to make their own drinks if they wanted. Two members of staff we spoke with could explain people’s specific dietary requirements and we observed that people were supported in line with these. This helped people to eat and drink enough to keep them well.

People had regular access to other health care professionals to maintain their health. One person told us about the appointments they had attended and during our visit a person was supported by a member of staff to attend

Is the service effective?

a hospital appointment. A relative we spoke to told us people attend health care appointments when necessary and staff would inform them of their outcomes. A healthcare professional we spoke with who had supported a person who used the service said that staff had

intervened promptly when they felt the person was becoming unwell. Details from appointments were shared at staff handover meetings however these were not always well documented. Daily plans did not always record if a person was to attend an appointment or not.

Is the service caring?

Our findings

All the people we spoke with said they enjoyed living at the service. A person who used the service told us, “Staff are very good, they do what I tell them.” A relative told us, “It is a very good service. They are very kind.” Another relative told us, “[Person’s name] lives there as if it’s their own home,” and also said that the person was, “Quite happy. They would tell you if they wasn’t. The service is consistently good.”

Staff spoke affectionately about people and enjoyed supporting people to engage in tasks they liked. We observed a member of staff supporting a person to engage in a conversation about their favourite football club. During our visit a person was visited by a relative. They told us they could visit at any time and we saw they that staff made them welcome. They also told us that staff had supported people to buy Christmas presents for their families and friends. This helped people to maintain relationships which were important to them.

The provider had a process in place to support people to be involved in developing their care plans and expressing how they wanted their care to be delivered. A person we spoke to told us about their specific condition and how staff supported them to stay well. We saw that people who used the service had regular meetings with named staff who were nominated to take the lead in ensuring their individual needs were met. This enabled people to say how and who they wanted to be supported by. There were several forms of communication aids available to help people express their views. Two relatives we spoke to also told us they were regularly consulted about how the service was provided and when necessary were invited to support people to express their views. Their comments included,

“They will always let us know what’s going on,” and, “I have regular phone contact.” They also told us that they had received posted copies of the person’s care plans to comment on when they were unable to attend review meetings.

One person we spoke to said they enjoyed helping with chores around the home and we saw that an area in the kitchen was adapted to allow people who used wheelchairs to make drinks and wash up if they wanted. People told us they were supported to choose furnishings and decorations for their bedrooms. One person told us, “I went to the shop to choose my wallpaper.” The person showed us how their room had been decorated and furnished to reflect their specific interests. This helped to promote people’s independence and self-expression.

People told us staff respected their privacy and we saw staff seek permission before entering people’s bedrooms. A person’s relative told us, “When we visit staff ask, “Do you want to stay here [in the communal areas] or go into your bedroom with your family?” People appeared well groomed and were wearing clothes which were age appropriate. We heard a member of staff offering to polish a person’s shoes so they would look, “Smart.” This supported people’s privacy and dignity.

There were several notices for people who used the service and instructions about how staff were to support people displayed in communal areas and bedrooms. Some of this was information about how people were to be supported with personal care. This did not support people’s right to confidentiality or promote a homely feel. We discussed this with the prospective registered manager and they said they had commenced looking at less intrusive way of sharing this essential information in ways that better protected people’s dignity.

Is the service responsive?

Our findings

People told us that staff knew how they wanted to be supported and that staff respected their wishes. Relatives told us that staff knew and supported people to take part in activities they enjoyed.

During our visit we observed that people were enjoying the activities they were engaged in. These included drawing, talking about football, watching TV and cleaning their rooms. These were all activities people's care plans had identified they liked to do. We noted that several people spent much of their time watching TV and staff did not regularly prompt them to engage in more meaningful activities which could promote their independence or general well-being.

When a person said they wanted to help in the office, staff had identified an administrative task they were able to assist with and the person told us they enjoyed doing this job. They said, "I like to help around the home," and gave us several examples of jobs they helped with. They also said they wanted to help with washing laundry but could not access the laundry room because it was on a different floor. Staff we spoke with told us they were trying to identify a way of supporting the person to undertake this task.

People told us how staff had supported them to engage in activities they wanted to do and supported them to decorate and furnish their bedrooms in styles of their choosing. We noted that the service was generally good at responding to people's requests for trips and visits out. Staff had arranged for people to attend football matches, the cinema and holidays when requested and it was assessed as safe to do so. People were supported to engage in the community and most people attended a day centre once a week. Two people we spoke with said they enjoyed this. A member of staff told us they often supported a person to go out for lunch because they knew this was an

activity they enjoyed. However they told us that on occasion they were unable to do this because they did not want to leave less experienced members of staff on duty without their support.

People were supported to maintain relationships they said were important to them. A person's relative told us they were welcomed at the service and encouraged to visit. A relative of another person told us about support that their relative had received to develop friendships within the home and people they met at the day centre, adding "Sometimes they get together with people who live in other homes run by the service." People who used the service were supported by staff to purchase Christmas and birthday presents for their relatives and friends.

People told us and records confirmed that they were involved in reviewing their care plans. When necessary people received help to express their views from the people who they said were important to them such as relatives and key workers. People told us and records confirmed that the deputy manager sought people's opinions about the service at regular meetings. We saw that they had taken action when people had made suggestions about new activities and decorating the premises. Care records were updated to reflect people's views when they changed. This supported staff to provide care in line with people's latest wishes.

People we spoke with were aware of the provider's complaints process. All the people we spoke with felt they could talk openly with staff and that their concerns would be addressed appropriately. We observed that people were confident to approach and speak with the staff who were supporting them. There were details of the provider's complaints policy around the home and this was available in a variety of formats to meet people's specific communication needs. There was a process in place to submit any complaints or incidences to the provider's head office for review in order to identify any adverse trends and the actions required to reduce the risk of them happening again.

Is the service well-led?

Our findings

The service had a registered manager however they were unavailable during our visit and we were told they would be leaving the service. We were informed they had not worked at the service for over two years. The deputy manager said that they had been acting up in their absence and was aware of their responsibilities to report to the Commission. However they had not informed us that the registered manager had been absent for such a lengthy period. The provider had failed to notify of the absence or of arrangement to ensure that the service would be properly managed when the registered manager was absent. This is a breach of Regulation 14 Care Quality Commission (Registration) Regulations 2009.

The provider had processes for monitoring and improving the quality of the care people received. The provider conducted regular audits and we saw that action plans had been put in place when it was identified improvements such as redecoration were needed. We noted that the provider had raised concerns that actions had not been done timely and saw that some of these were still outstanding. Processes for reviewing the quality of records were not robust. Several daily handover notes did not identify what activities people had enjoyed doing or if people had any appointments to attend. Cleaning checklists were not always completed so it was not possible for the deputy manager to check if tasks to reduce the risk of infection and maintain a clean environment had been completed. We noted that when adverse events occurred action had been taken to resolve the situation however there was no analysis and review of incidences to identify any actions which could prevent a similar incident from reoccurring to other people. This did not enable the provider to assess, monitor and drive up improvements. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the people we spoke with were happy to be supported by the service and were pleased with how it was managed. Comments from relatives included, "They couldn't be more helpful. If my relative ever needs anything they phone me;" "It's a very well-run, very well managed home with great staff. It's wonderful," and, "All the staff know people really well."

People were encouraged to express their views about the service and felt involved in directing how care was provided such as being involved in interviewing new members of staff. When necessary the deputy manager had ensured people were supported by people they trusted and communication aids were available to help them express their views about the service. Staff said they felt involved in developing the service through staff meetings and supervisions with the deputy manager and expressed their confidence in the leadership at the service. A member of staff referred to the deputy manager as, "She has been good to us," and, "She works hard."

The prospective manager confirmed they were in the process of applying to become the new registered manager for the service. They explained that they had recently made several visits to the service to introduce them and observe current practices. They told us they were looking forward to managing the service and felt it had much potential. They gave us some examples of how they intended to apply good practice from their previous experience and share information and experience between staff about supporting people.

The service had a clear leadership structure which staff understood. Staff expressed confidence and support of the acting manager's ability to support them. Comments included; "She went out of her way to support me," and, "she offered her time to show me." Staff told us and we saw that they had appraisals and regular supervisions to identify how they could best improve the care people received. The provider operated a key worker system which meant that specific staff were responsible for developing and leading on the quality of the care people received. Other staff could approach key workers for guidance and advice on how to meet people's specific needs.

There were systems in place to review people's care records and check they contained information necessary to meet people's current conditions. We looked at the care records for three people and saw that they had been regularly reviewed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 14 CQC (Registration) Regulations 2009
Notifications – notice of absence

The service provider did not give notice in writing to the Commission that the register manager was absent from carrying on or managing the regulated activity for a continuous period of 28 days or more. Regulation 14 (1)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not ensure they had robust systems to assess, monitor and improve the quality and safety of the service. Regulation 17 (2)(a)