

Braintree Health Care Limited

Fern Lodge

Inspection report

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Tel: 01376550432

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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 ●

Summary of findings

Overall summary

Fern Lodge is a care home providing support for up to eight people who have a learning disability and or associated mental health needs. The service is located close to a number of supported living flats and staff from this service also support people living in the flats. The supported living service is separately registered under Braintree Health Care Limited. When we last inspected Fern Lodge in June 2015 we rated this service good. At this inspection we found that the service remained good.

There was a registered manager in post. 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.

Staff understood the need to protect people from harm and the steps they should take if they suspected abuse. Staff were aware of their responsibilities to keep people safe and we saw that they look steps to protect people and reduce the likelihood of harm

There were sufficient numbers of staff available to keep people safe and meet their needs. The staff team was relatively stable and they worked in a flexible way, according to people's needs and preferences. Recruitment procedures were thorough and reduced the likelihood of the service employing individuals who were unsuitable to work in this type of service.

Staff were well motivated and supported. Staff had a good understanding of healthy eating and we saw that they sought advice appropriately from health professionals and followed their recommendations.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. Staff had been provided with training in the Mental Capacity Act (MCA) 2015 and Deprivation of Liberty Safeguards (DoLS) and understood the principles of consent and best interests. The MCA and DoLS ensure that, where people lack capacity to make decisions for themselves, decisions are made in their best interests according to a structured process.

Staff knew people well and treated them with kindness. Care plans were detailed and informative. Daily recordings were undertaken along with handovers to ensure good communication and continuity of care.

People were supported to have an active live and maintain contacts with those important to them. There was a complaints procedure in place, and concerns were responded to in an open way.

The manager provided stable leadership and was visible and accessible. Quality assurance systems were in place to monitor the delivery and safety of the service.

For a more comprehensive report regarding this service, please refer to the report of our last visit dated 03

June 2015.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service continues to be well led

Fern Lodge

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.

The inspection took place on 19 May 2017 and was unannounced.

The inspection team consisted of one inspector. Prior to the inspection we reviewed the information we held about the service. We also looked at safeguarding concerns reported to us. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

We spoke with one individual who used the service however not everyone at the service was able to communicate with us verbally. Therefore we spent time observing the care provided by staff to help us understand the experiences of people, who were unable to tell us directly. We also spoke with five relatives and a health professional who regularly visited the service about their observations.

We interviewed four members of care staff, the deputy manager and the registered manager. We reviewed three care plans, medication records and staffing rotas. We also reviewed quality monitoring records and records relating to the maintenance of the service and equipment.

Is the service safe?

Our findings

One relative told us, "I trust them to do the best for [my relative]....They just get it right." Another relative told us, "It's not a business, it's a home." Staff received training on safeguarding and knew how to keep people safe. They were able to tell us what they would do if they suspected or witnessed abuse and knew how to report issues both within the company and to external agencies. They expressed confidence that matters of concern would be taken seriously by the manager and provider. We saw that where concerns had been identified the manager had responded and made appropriate referrals. There were clear financial procedures in place where the service was responsible for the oversight of people's money.

The service had sufficient numbers of staff to ensure that people needs were met. We saw that staff were used flexibly and people were supported to access the community on an individual basis. There was an effective recruitment process in place which included checks with previous employers and with the Disclosure and Barring Service (DBS). These checks were completed before individual's commenced employment.

There were risk assessments in place on areas such as choking and mobilising. Staff were aware of the contents and able to describe the actions they took to keep people safe and reduce the likelihood of harm. Prior to the inspection concerns had been raised with us about how the staff were supporting one individual. We spoke to staff about this and they told us that the service did not use restraint but deflection techniques when people become distressed. We saw that the manager had already made a referral for specialist health support and followed this up with a referral to the intensive support team. Because some of the incidents had occurred when providing personal care in the bathroom we have recommended that they seek advice from a competent person on the layout of the bathroom and the use of the bath hoist and straps.

The building was in a good state of repair and we saw records to demonstrate that environmental risks were managed, for example certificates were in place to evidence checks on the gas safety. Regular checks were undertaken on fire safety equipment such as emergency lighting and alarms. Checks were undertaken on lifting equipment to ensure that they were safe to use. Individual plans were in place which identified the level of support needed in the event of an evacuation and an emergency grab bag containing key information about people's needs had been put together.

We observed staff administering medication and observed that this was being undertaken in safe manner however there had been a recent medication error which was being investigated. We saw that once the error had been identified staff responded appropriately and sought medical advice. The manager told us that they had already identified that the observations undertaken to check staff competency needed to be more robust and was in the process of developing this. During the inspection we checked both controlled and prescribed medication and the amounts tallied with the records. Body maps were in place to guide staff on where creams and patches should be administered. Medication was securely stored and there were PRN plans in place to guide staff on when they should administer medicines administered when needed, such as for anxiety. It was agreed with the manager that these would benefit from being more detailed. Staff told us

that they undertook training on administering medicines and this was evidenced by certificates on staff records. Audits were undertaken but it was agreed that these would be better undertaken by a different member of staff who did not have responsibility for booking in and oversight.

Is the service effective?

Our findings

People were supported by staff who were trained and supported to develop their skills. Relatives spoke highly of the staff and the care, one person told us that it was, "first class." Another person spoke about how the staff had, "transformed" their relative.

New staff were provided with an induction which included periods working alongside colleagues on a supernumerary basis, observing how care was delivered. Training was provided on a range of areas including food safety, safeguarding, autism and challenging behaviours. The majority of training was distance learning but there were also practical elements such as moving and handling. There was a matrix in place to enable senior staff to identify any gaps or the need for updates. The majority of staff were enrolled on NVQ or QCF training to develop their skills and knowledge. Staff were positive about the training and one member of staff said, "They are forever giving us training."

Staff received regular supervision and observation of practice were undertaken to check that staff were working to the required standard. One member of staff told us that supervisions were positive as the, "Tried to make things better," for the people using the service.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that there were some restrictions in place but people were being supported appropriately and in line with the legislation and guidance.

Menus were decided in collaboration with the people who used the service however people could choose to have something different on the day if they chose. The menu was varied and items freshly cooked. Support with eating was personalised depending on people's needs. People's weights were monitored to identify any changes in their wellbeing.

People were supported with their health care needs. Relatives told us that staff were alert to changes in people's wellbeing and gave us examples where staff had identified that their relative wasn't themselves and had promptly sought help. Individuals had a Health and Welfare plan which provided clear information about the actions staff should take to promote good individual health. We saw that individuals regularly saw the GP and staff supported individuals to attend hospital appointments. The outcome and advice given was recorded for other staff to follow. Hospital passports were being developed. One of the individuals we looked at had epilepsy and we saw that there was a clear plan in place for staff to follow in the event of a seizure.

Is the service caring?

Our findings

We observed that staff supported people in a caring way and demonstrated that they knew people well. They were able to tell us about individuals, how they communicated and how best to reduce their anxiety and promote their wellbeing. Relatives confirmed that staff knew people well; one person told us "They treat my relative like a family member, they have fun with them." Another relative told us that they "Go above what they should do.....they know my relative inside out."

The information included in care plans reflected what staff told us about individuals and their needs. Staff were able to give us examples where they promoted people's independence although one relative told us that they thought this was an area where they could further develop. We spoke to staff about this and they told us that sometimes people decline but we have recommended that they explore this area further. We saw that people were provided with special cutlery and plates to enable them to eat independently. One person printed off their own weekly programme and provided a copy for staff. Staff were proud of people's achievements and told us about one person getting themselves down to the water's edge in their wheelchair and another person getting into bed without staff support.

People's personal spaces were highly individualised and reflected their individual interests and needs. There were lots of photographs of days out and of friends and family. One person had a spa bath, and staff told us that this helped the individual to relax. People moved between the communal and private areas independently depending on what they were doing. In the communal areas there were a range of sensory equipment and visual aids for people to touch and look at.

Staff had a good understanding of the principles of privacy, dignity and human rights and we saw examples of where these principles were maintained. For example, personal care was provided in a discreet way and staff asked before supporting such as, "Can I blow your nose," or "Can I move your spoon around."

Is the service responsive?

Our findings

Staff knew people well and the care was underpinned by assessments and care plans. Care plans documented how best to support people as well as details of people's choices and preferences. For example they contained details of management strategies that staff should use including, details of how to distract and de-escalate. They were subject to ongoing review and reflected any changes in people's needs. Detailed daily records were maintained which outlined what support people had been offered and what they had done during the day. Staff told us that communication was good and we saw that information was handed over about people's needs when shifts changed.

People were supported to follow their own interests and hobbies which reflected what they enjoyed. On the day of our visit we observed people coming and going throughout the day, one person went to the pub for lunch another went out with their family. One member of staff was planning a birthday party for one person and we saw that people went on holiday. One person liked train journeys and another air travel; both had been supported to enjoy these activities. Some staff were described by relatives as innovative as they came up with fun activities for people to enjoy such as flying a kite. One relative told us, "There is always something going on." Another relative told us, "This is a proper home and my relative has a life."

A complaints procedure was in place and information about how to make a complaint was on display. The manager told us that there were no outstanding complaints. One of the relatives we spoke to told us that they had received letters of apology from staff after they expressed concerns about an incident. They told us that the manager had taken their concerns seriously and responded appropriately.

Questionnaires in different formats were given to individuals and families at regular intervals to ask for their views on the quality of care provided. The questionnaires had been printed and were about to be sent out and the manager told us that the findings would be analysed and any learning identified.

Is the service well-led?

Our findings

The registered manager was an experienced manager who oversaw Fern lodge but also a nearby supported living service. They were supported by a deputy manager and a number of senior staff. The manager spoke passionately about the values of the service and what they aimed to achieve for individuals in terms of person centred care. Staff were also clear about the values and culture of the service. The feedback we received about the manager and their leadership style was very positive; they were described by staff as approachable and supportive. We saw that issues of concern were dealt with but also staff were encouraged to develop their skills and knowledge through training.

Our observations were that the manager was accessible and visible. Throughout the day of the inspection we observed the manager, quietly directing staff, providing support to people and talking with relatives. The relatives we spoke with told us that the manager had an open door policy and responded to them in a positive way. One relative told us that a key strength of the manager was that they, "Empower staff" to support people to take risks and to lead a full life. Following the inspection we spoke to a health care professional who told us the service had done well to support one individual with very complex needs and that they worked in partnership with other professionals, seeking advice appropriately.

The manager told us that they in turn were supported by the provider. Staff told us that the provider visited regularly to check on the quality of care. The manager was clear about their responsibilities and had made appropriate notifications as required by legislation.

There were systems in place to monitor the quality of the service including audits on areas such as medication. The records were well maintained and organised.