

Community Homes of Intensive Care and Education Limited

Fearnley House

Inspection report

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Date of inspection visit:
23 July 2019

Date of publication:
05 September 2019

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

About the service

Fearnley House is a care home without nursing, which provides accommodation and personal care for up to four adults living with a learning disability or autism. At the time of the inspection there were four people living at the service. The service is situated in a busy residential area of Old Windsor, Berkshire. The home is a bungalow house with four bedrooms, a communal bathroom, lounge, kitchen and dining room. The service is located next door to another home in the provider's care group.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

Family members and community professionals consistently praised the quality of the personalised care and support provided by people living at Fearnley House.

People experienced safe care. Risks to people were identified and managed safely by staff who understood their responsibilities to protect people from abuse and avoidable harm. Enough staff with the required skills and knowledge provided people with safe care. People received their medicines safely, as prescribed, from staff who had completed the required training and had their competency assessed to do so.

Staff maintained high standards of cleanliness and hygiene in the home, in accordance with the provider's infection control policy. We observed staff followed good food hygiene practice when preparing and storing food. Safety concerns were consistently identified by staff who took prompt action to ensure people were protected. Accidents and incidents were reviewed by the registered manager to identify trends and to ensure necessary learning was shared with staff.

People received effective care and support which consistently achieved successful outcomes and promoted a good quality of life. Staff felt valued and well supported by the management team through a system of effective training, competency assessment, supervision and appraisal. Staff consistently delivered care in accordance with people's support plans and recognised best practice.

People experienced genuine choice and support to eat and drink enough to maintain a balanced diet and good health.

Staff were kind, compassionate and responded in a timely and caring way when people experienced physical pain, discomfort or emotional distress. Staff knew people's interests and preferences and

supported them to access community activities of their choice and to pursue education opportunities, which enriched the quality of their lives. People were supported to maintain relationships with people close to them, through personal contact and use of technology.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service was well-led, based on an open culture and the provider's values, including honesty, compassion and dignity. The management team monitored the delivery of care against these values.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was good (report published 20 April 2017).

Why we inspected: This was a planned, comprehensive inspection.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Fearnley House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Fearnley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service. We contacted local authority teams engaged with the service, including clinical commissioning groups, continuing health care groups, the local fire authority and environmental health for information to aid the planning of our inspection.

During the inspection

We spoke with the four people living at Fearnley House, who had limited verbal communication. We spoke with the registered manager, the provider's assistant regional director and seven staff including three senior support workers, two night staff and two bank staff.

We observed care and support people received in communal areas, including the administration of medicines and consumption of meals. We looked at four people's care records, six staff recruitment and training files, the provider's policies, procedures, quality assurance systems and other records demonstrating how the service was managed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with five relatives of people using the service and six health and social care professionals who support people living at the home.

Is the service safe?

Our findings

Safe - this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives consistently told us their loved ones felt safe and trusted the staff who supported them.
- One relative told us, "The care [person] receives is second to none and we know [person] is safe and loved by all the team there [Fearnley House.]"
- People were protected from avoidable harm by staff who had completed safeguarding training and knew how to recognise and report abuse.
- Staff told us that whenever they had raised issues, the management team had listened to them and taken decisive action to resolve their concerns.
- Staff felt confident to raise concerns about poor care to the management.
- The provider had worked effectively with families, community professionals and relevant authorities, to make sure people were protected from abuse and avoidable harm.
- When safeguarding or whistleblowing concerns had been raised these were investigated thoroughly by the registered manager, in accordance with the provider's policy. For example, one person who had experienced some unexplained bruising was now receiving effective support from staff to reduce the incidence of self-harm.
- Risks to people associated with their behaviours were managed safely. Restrictions were minimised to ensure people felt safe but also experienced the most freedom possible, regardless of any disability or other needs.
- There were arrangements to address any foreseeable emergency, such as fire, flood or contagious illness. All relevant safety information was readily accessible. Staff took part in regular safety drills, for example; emergency evacuation procedures to ensure staff knew how to evacuate people safely if required.

Staffing and recruitment

- Relatives and professionals told us people experienced good continuity and consistency of care from regular staff, who knew them well.
- The provider had completed thorough pre-employment checks to make sure staff had the appropriate skills and character to support people living with a learning disability.
- The registered manager completed a staffing analysis, which ensured enough staff were deployed, with the right mix of skills to deliver care and support to meet people's needs safely. The service did not use agency staff. However, at the time of inspection, members of the usual day staff were providing cover for a vacancy in the night staffing provision.

Using medicines safely

- We observed staff manage people's medicines safely, in accordance with current guidance and the provider's policy and procedures.
- Staff administered people's medicines as prescribed, in their preferred manner. For example, one person exchanged a 'high five' with staff after taking each medicine.
- Staff competency to administer medicines was assessed regularly by the registered manager, to ensure their practice was safe.
- Staff clearly understood their role and responsibilities in relation to each person's medicines.
- Staff had received additional training in relation to supporting people living with epilepsy and how to manage and administer their emergency medicines if required.
- At the time of inspection, medicines were stored in the registered manager's office, which did not have effective temperature control. Staff had taken improvised measures to ensure medicines were stored within recommended temperatures ranges to remain effective.
- We reviewed the provider's service improvement plans to create a more suitable room for the storage of medicines.

Preventing and controlling infection

- The service was clean, tidy and hygienic. Cleaning schedules demonstrated that daily, weekly and monthly tasks had been completed.
- Staff underwent relevant training in relation to infection control and food hygiene.
- We saw that staff followed the required standards of food safety and hygiene, when preparing or handling food.
- Staff had access to personal protective equipment, such as disposable aprons and gloves to use when supporting people for the purposes of infection control and prevention.

Learning lessons when things go wrong

- Incidents and accidents were recorded and investigated appropriately. Any learning or changes to support plans or support guidelines were discussed at staff meetings. This meant the provider had taken necessary action to reduce the risk of further incidents and accidents. Where appropriate, accidents and incidents were referred to the CQC, together with other authorities, and advice was sought from relevant health care professionals.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question had remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental health and social needs were thoroughly assessed to ensure their care and treatment was effective and achieved the desired outcomes.
- We observed staff deliver support in line with legislation, recognised standards and guidance, in accordance with people's care and support plans.
- People's care and support plans considered all aspects of their lives, clearly setting out their needs and how they wished to be supported. Staff reviewed care plans regularly, which were tailored to meet people's changing needs.
- One relative told us, "I believe that [person] feels loved, cared for and confident about life at Fearnley; as [person's] condition deteriorates the home has adapted to meet their needs and I could not be more grateful."

Staff support: induction, training, skills and experience

- Staff had been supported to develop and maintain the required knowledge, skills and experience to support people effectively and safely. Staff told us their training had fully prepared them to meet people's needs.
- Where people had more complex needs, staff training was developed with supporting healthcare specialists and tailored to meet them. For example, intensive interaction and personalised support to meet people's communication and behavioural needs.
- The registered and deputy manager ensured that staff delivered care in practice in accordance with their training, through a framework of formal and informal supervisions.
- The provider's induction and training programme ensured that all staff had completed the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that care workers are nationally expected to achieve.
- The registered manager operated effective processes to monitor staff training, supervisions and appraisal, which were up to date at the time of inspection.
- The registered manager was accredited to train staff in relation to the safe management of medicines and recognised intervention techniques in relation to positive behaviour management support.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink and were encouraged to maintain a balanced, healthy diet.

- We observed the provision of meals during breakfast, lunch and dinner time. People were supported to consume enough nutritious food and drink to meet their needs.
- People were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions because staff followed guidance from relevant healthcare professionals.
- On the day of inspection, it was extremely hot. We observed staff regularly encouraging people to have their preferred cold drinks, to protect them from the risk of dehydration.
- The home achieved the highest rating awarded by the Food Standards Agency in their last inspection.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff effectively monitored people's daily needs and well-being to ensure they were supported appropriately.
- Healthcare specialists, including psychiatrists, psychologists, specialist learning disability nurses, physiotherapists, occupational therapists and speech and language therapists, consistently told us staff effectively followed their advice and guidance to ensure people's support met their needs.
- Records of health care appointments were retained in people's care plans documenting any treatment required or received. This ensured staff were informed of any changes.
- Staff supported people, when required, to attend healthcare appointments. For example, on the day of inspection one person was supported to visit a specialist to review their treatment for Dystonia. This is a movement disorder in which a person's muscles contract uncontrollably. During our inspection, the healthcare professional contacted the provider to compliment the knowledge and support provided by the staff during the consultation.

Adapting service, design, decoration to meet people's needs

- The provider had undertaken an extensive development of the building, to incorporate specialised equipment required to meet the changing needs of people living in the home.
- Staff told us how they had supported people to reduce their anxiety and distress during the extensive building work, in accordance with their support plans.
- People had access to specialist equipment that enabled greater independence whilst ensuring their physical and emotional needs were met. For example, assistive technology that alerted staff when a person experienced a seizure during the night.
- Care plans contained detailed guidance for staff on the use of equipment which was subject to regular checks and routine servicing.
- People were encouraged and supported to decorate their own rooms with items specific to their individual taste and interests.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes this is usually through MCA application procedures 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 had the appropriate legal authority and were being

met.

- Staff were knowledgeable and aware of the need to assess people's capacity if required to support them to make decisions. Staff had received required training on the MCA and DoLS, which they followed in practice, to protect people's rights.
- The registered manager and staff empowered people to make their own decisions. For example, the activities they wished to take part in.
- When people lacked mental capacity to take particular decisions, these had been made on their behalf in accordance with legislation. We reviewed best interests decisions and found the least restrictive option had been implemented. Staff had also recorded when less restrictive or intrusive options had not been effective to support these decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question had remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People living at Fearnley House were unable to tell us about their experience of living at the home. However, family members, care managers and visiting community professionals, overwhelmingly described the provision of support by staff to be caring and compassionate.
- Relatives told us their loved one experienced good continuity and consistency of care from regular staff, with whom they shared a special bond.
- People were treated well, supported and their diversity was respected. Staff had built respectful relationships with people, valuing their independence, needs and wishes and demonstrated an in-depth awareness of individuals preference.
- Staff consistently spoke with pride and fondness about people they supported and their achievements.
- Staff had completed equality and diversity training and knew how to care for people's emotional and spiritual wellbeing, in line with their wishes. Staff training ensured people did not experience discrimination against any protected characteristics in accordance with the Equality Act 2010.
- People's diverse and cultural needs were respected, assessed and documented as part of their plan of care. Care plans included information about people's cultural requirements and spiritual beliefs.
- The management team monitored staff practice during supervisions to ensure it was delivered in a kind and caring manner.

Supporting people to express their views and be involved in making decisions about their care

- People were actively involved in their care and support decisions if they wanted to be.
- Care plans and risk assessments were reviewed regularly, which ensured people and relatives made sure they were accurate and reflected people's current needs and preferences.
- Relatives consistently told us they were fully involved in decisions about all aspects of people's care and support. One relative told us, "They [staff] are very good at letting us know what is happening and are always sending photos showing all the good things they are up to."
- During our inspection we observed staff communicating effectively with people, in accordance with their communication plans. For example, some staff spoke with one person using their individual adaption of Makaton. Makaton uses signs and symbols to help people communicate and is designed to support spoken language.

Respecting and promoting people's privacy, dignity and independence

- Staff applied the principles and values of 'Building the Right Support' and other best practice guidance. Staff applied these principles through offering and empowering people to make choices about their everyday lives, by observing and recognising when people were happy or unhappy and by implementing change when required.
- Respect for privacy and dignity was embedded in the service culture, so people, their relatives and staff felt respected, listened to, and influential in the development of people's care.
- People received care and support from a regular staff team which helped to promote people's confidence and independence. Staff treated people with dignity and respect and maintained their privacy.
- Relatives told us they were impressed with the caring support everyone received at the home and recognised the significant advances made by their family member.
- During our inspection, we saw that all staff behaved and spoke in a consistently respectful manner with people. Staff gave medication, care and support discretely.
- Care plans contained information about respecting and promoting people's dignity. The language used in care plans was respectful.
- People's care plans focused on what they could do and how staff could help them to maintain and increase their independence and protect their safety wherever possible.
- Staff described how they supported people to maintain their privacy. People had privacy when they wanted it, and staff respected people's privacy during care tasks.
- People's right to confidentiality was protected. All personal records were kept locked away in the registered manager's office.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question had remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff planned and promoted high-quality, person-centred care to deliver good outcomes for people. This encompassed the physical, mental, emotional and social aspects of a person's life and provided opportunities for people to enhance their social lives and addressed their health needs promptly.
- People had experienced a significant reduction in behaviours that may challenge others and the prescribed medicines used to manage these behaviours.
- People's relatives, representatives, care managers and other supporting professionals consistently told us the responsive and inclusive support provided by staff had improved the quality of people's lives.
- People received personalised care which met their needs and enabled them to live as full and independent a life as possible.
- Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.
- Staff had comprehensive knowledge about people's individual needs and their personal preferences, which we saw reflected in the delivery of their care and support.
- Staff were proud of the personalised service they provided, including their prompt response to people's changing needs, based on their in-depth knowledge of the people they supported.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them and recording this in their care plans.
- The registered manager was aware of the specific requirements of the AIS and had ensured the communication needs of people had been documented in a way that met the required standard.
- Staff had a clear understanding of the AIS and people's communication needs were assessed and documented within their care plans. Staff were knowledgeable on how different people expressed themselves and during our inspection we observed that staff took time to listen and engage with people.
- People's communication needs were regularly reviewed and information on individual's communication preference and useful communication strategies for staff were documented. For example, when people had

developed new signs and gestures to indicate their wishes or how they were feeling.

- Staff understood the needs of each person and delivered care and support in a way that met these needs and promoted equality.
- Staff consistently identified, recorded and shared relevant information about the communication needs of people living with a disability or sensory loss. We observed staff consistently supporting a person living with a visual impairment, in accordance with their care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to take part in activities according to their wishes and abilities, which promoted their independence. For example, staff supported people to access local facilities and activity centres, which increased their sense of independence. For example, on the day of inspection people went to visit a local nature and wild life adventure park.
- Relatives reported their loved ones enjoyed the wide range of activities provided at the home, by staff who were always enthusiastic. Family members told us the staff team consistently sought feedback to identify new ideas for activities their loved one would enjoy.
- People were supported to maintain relationships that matter to them, such as family, community and other social links.
- Where people chose not to participate in planned activities the staff ensured they received individual one to one sessions, and engaged in other stimulating activity of their choice.
- Staff encouraged social contact and supported people to engage in activities which helped protect them from the risk of social isolation and loneliness.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure, which had been provided to people and their representatives in a format which met their needs.
- People and relatives knew what to do and who they would talk to if they had any concerns. They were confident action would be taken if they did raise concerns with the staff or the registered manager.
- Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern.
- Complaints were used by the registered manager to drive improvement in the service and formed part of the provider's quality assurance processes.

End of life care and support

- At the time of inspection, the service was not supporting anyone with end of life care.
- Relatives told us they were given the opportunity to discuss advanced decisions and their end of life wishes.
- The registered manager was in the process of consulting with people, their relatives and supporting professionals to discuss and further develop end of life care plans for people.

Is the service well-led?

Our findings

Well-Led - this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question had remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support

- Staff consistently told us that working with people who used the service inspired them.
- Staff felt they were provided with training and support that enabled them to provide care and support to a high standard.
- The registered manager and staff consistently placed people at the heart of their service and clearly demonstrated the caring values and ethos of the provider.
- The registered manager had cultivated an open, inclusive and empowering culture. However, at the time of inspection the registered manager and assistant regional director were managing concerns raised regarding the attitude, values and behaviour of some staff members. We reviewed these concerns and found the management team were dealing with the issues in a transparent manner. Staff were being supported in a manner that respected and valued their point of view, whilst protecting their rights and wellbeing.
- People experienced high quality personalised care from a stable staff team who knew them well and were committed to ensuring they received care which was individual to them.
- People's relatives trusted the provider and senior staff because they responded quickly if they contacted them.

How the provider understands and acts on the duty of candour which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a policy that clearly identified the actions staff should take in situations where the duty of candour would apply.
- The registered manager understood their duty of candour, to be open and honest when things went wrong. For example, when medicine errors or accidents had occurred, they were dealt with in an open and transparent manner, in accordance with the provider's policies and procedures.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure within the service.
- Rotas demonstrated there was always a designated manager available out of hours.
- The registered manager and staff clearly understood their individual roles and responsibilities, and how they needed to work together to achieve the best outcomes for people.
- The registered manager was rostered to work alongside staff for 40% of their working week. This allowed

them to carry out informal competency observations to monitor quality and individual staff practice. This ensured people experienced a consistent level of support.

- Community professionals consistently reported they had been impressed by the person-centred approach of the registered manager and staff.
- Commissioners of care consistently reported confidence in the provider's capability to deliver high quality care to meet people's complex needs.
- Quality assurance and performance management was effective and reliable. Systems were regularly reviewed and risks were consistently identified and managed well.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager, assistant regional director and nominated individual spent meaningful time with people, their representatives and staff. This enabled them to seek their views on a regular basis and involve them in decisions about any changes. People's views were listened to and acted upon. Nominated individuals are registered with the Care Quality Commission and are legally responsible for how the service is run and for the quality and safety of the care provided.
- Outstanding work by individuals was recognised in supervisions, team meetings and the service newsletter.
- Staff consistently told us that the registered and deputy managers were highly visible, very approachable and actively encouraged them to raise concerns and particularly any ideas to improve the quality of people received.
- Quality assurance surveys were used to obtain the views of people, their relatives and staff about the standard of care. These surveys were positive. Service improvement plans were developed to ensure action was taken to drive improvements.
- The provider had suitable arrangements to support the registered manager, for example through regular meetings, with the provider's assistant regional manager, which also formed part of their quality assurance process. The registered manager told us they had received effective support from the provider since their appointment.

Continuous learning and improving care

- Staff recorded accidents and incidents, which were reviewed daily by the management team and provider. This ensured the registered manager and provider fulfilled their responsibility and accountability to identify trends and took required action to keep people and staff safe, by reducing the risk of repeated incidents.
- The registered and deputy manager effectively assessed and monitored action plans, to ensure identified improvements to people's care were implemented.

Working in partnership with others

- Health and social care professionals consistently told us the provider and registered manager actively engaged in effective partnership working with multi-disciplinary teams. This ensured people were integrated into their local community and had their health and social care needs met.