

Progress Adult Services Limited

Fernleigh House

Inspection report

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Date of inspection visit:
07 November 2017

Date of publication:
27 December 2017

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

Fernleigh House is a care home providing accommodation and personal care and support for up to six adults who have severe learning disabilities, complex behavioural needs and communication difficulties. Fernleigh House is a detached modern house decorated and furnished in a contemporary style. There are two lounges, two dining rooms, an arts and crafts area and sensory room. All the bedrooms are single and four have en-suite facilities. There is a large garden which is equipped with recreational facilities.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People were safe using the services of Fernleigh House. Recruitment practices and safeguarding policies helped to protect people from harm. Detailed assessments provided good guidance for staff about how health care risks could be minimised and we found medicines were being, in general well managed. This helped to ensure people were kept safe. However, we made a recommendation about hand written entries on the Medication Administration Records (MARs) being signed, witnessed and countersigned, to ensure transcription errors were minimised.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems of the service supported this practice.

Personal development for staff was an important aspect of the organisations ethos. This was supported by detailed induction programmes, regular supervisions, annual appraisals and a varied training schedule for all those who were employed. This helped to ensure the staff team was knowledgeable, competent and confident to deliver the care and support people needed.

Staff members were kind and caring towards those who used the service. People's privacy, dignity and independence were consistently promoted. The staff team had received training in relation to equality and diversity. This helped to ensure that everyone was treated equally and were afforded the same opportunities.

Complaints were being well managed and people were offered appropriate choices at all times. The plans of care were person centred; providing staff with clear guidance about people's assessed needs and how these needs were to be best met. This helped to ensure people received the care and support relevant to their individual health and social care needs.

Regular audits, surveys and risk assessments had been conducted, so the quality of service could be closely monitored. This helped to ensure people were receiving the care and support they required. Meetings for staff and service users were held at regular intervals. This enabled people to be involved in decisions about how the service was run.

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 remains Good.

Fernleigh House

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 comprehensive inspection was conducted on 07 November 2017 and it was unannounced. This meant that people did not know we were going to visit.

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

Fernleigh House accommodates up to six people in one adapted building. At the time of our inspection there were six people who lived there. The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

One Adult Social Care Inspector from CQC conducted this inspection. 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.

Prior to this inspection we looked at all the information we held about this service, including information the provider had told us about, such as significant events. Due to the complex needs of those who lived at the home, we were unable to obtain their views about the quality of service provided. However, we listened to what other people had to tell us, such as staff members, community professionals and relatives of those who lived at Fernleigh House. We also asked for feedback from local commissioners about the services provided by Fernleigh House.

The provider had sent us their Provider Information Return [PIR] within the timeframes requested. A PIR gives us key information about the service and tells us about improvements they intend to make.

Other methods we used for gathering evidence included observations and pathway tracking the care and support of two people who used the service. Pathway tracking enables us to establish if people are receiving the care and support they need. We also looked at a wide range of records, including a variety of policies and procedures, medication records, quality monitoring systems and the personnel files of two staff members.

Is the service safe?

Our findings

Everyone we spoke with told us they felt people were safe living at Fernleigh House.

Medicines were, in general being managed well. The Medication Administration Records (MARs) were completed appropriately and no missing signatures were evident. Any allergies were recorded and a photograph of each individual was attached to the MAR charts for identification purposes. Staff responsible for the administration of medicines had received training in this area and competency assessments had been conducted before staff were able to administer medicines. However, we saw hand written entries had not been checked and signed by two staff. It is recommended that all hand written entries on the Medicine Administration Records (MARs) are signed, witnessed and countersigned, in order to reduce the possibility of any transcription errors.

A wide range of assessments were in place to ensure health care and environmental risks had been identified and strategies implemented, in order to protect people from harm. Clear management plans had been developed in response to potential risks and clear guidance was provided for staff around how these risks could be best mitigated.

The risk assessments we saw were very detailed and covered a wide range of areas including specific activities, behaviours that challenged physical aggression and self-harm, as well as any contributory factors identified. Control measures were recorded, in order to reduce the element of risk.

During the course of our inspection we noted the premises to be well-maintained, clean, hygienic and safe throughout. This helped to ensure those who lived at Fernleigh House were protected from harm.

A fire procedure and detailed Personal Emergency Evacuation Plans (PEEPs) had been developed for those who lived at the home. These were kept centrally and described how people should be evacuated in the event of an emergency situation. This would help staff and the emergency services to assist people to safety in the most effective way.

Accidents and incidents had been recorded appropriately, in line with data protection guidelines and a business continuity plan had been developed, which provided staff with actions they needed to take in the event of environmental emergency.

Records showed a variety of internal routine safety checks were conducted regularly in order to protect people from harm. Evidence was available to highlight any defects reported and the action taken was recorded. Fire marshals were appointed and fire drills had been carried out each month during the day and every six months at night time. Certificates were also available to show that external contractors had also serviced systems and equipment to ensure it was safe for use, in accordance with manufacturers' recommendations. It was noted that some remedial work was needed to the electrical installation. We asked for evidence that this had been completed and this was supplied subsequent to our inspection.

Staff had completed training in breakaway and restraining techniques. The latter of which we were told was only used as a very last resort in order to prevent harm. We saw that any restraint used was clearly recorded with dates and times being documented and good explanations of the circumstances being available for the staff team.

The policies of the home provided clear guidance about safeguarding and whistle-blowing procedures and safeguarding adults training had been provided for the staff team. Those we spoke with had good knowledge of the actions they needed to take should they be concerned about the safety of someone in their care. Systems were in place for reporting any potential safeguarding issues through the correct channels and these were appropriately recorded within the service.

Evidence was available to show that disciplinary procedures were implemented when required. The policies of the agency showed that appropriate action would be taken in response to staff misconduct, if required. This helped to ensure people who used the service were kept safe. Where things had gone wrong it was evident that consideration had been given to lessons learned.

Staffing levels were calculated in accordance with the dependency of those who lived at the home. Due to the complexity of people's needs the staffing levels equated to a 1:1 ratio. This helped to ensure people were appropriately supported and their needs were always met. The turnover of staff was very low, with many care workers remaining at the home for many years.

Recruitment practices adopted by the home were robust. Application forms had been completed and Disclosure and Barring Service (DBS) verifications had been obtained. These are police checks, which must be conducted before prospective employees are appointed to work with vulnerable people. They highlight any criminal convictions and therefore enable the provider to make a decision about staff employment. Written references had been sought for prospective employees. This helped to make sure people who were appointed to work with this vulnerable client group were of good character and had the qualifications, skills and experience to do the job for which they had applied.

Is the service effective?

Our findings

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 the mental capacity to make 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.

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.

We looked at the care files of two people who used the service and found that detailed, decision specific mental capacity assessments had been conducted and legal authorisation had been granted, in order to deprive people of their liberty for their own safety.

As people who lived at the home were unable to communicate verbally and did not have the capacity to make their own decisions, we noted that all decisions were made in their best interests. This helped to ensure care and support was provided appropriately and in an effective way.

Records we saw demonstrated a variety of community professionals were involved in the care and support of those who used the service. This helped to ensure people's health and social care needs were being appropriately met. One community professional wrote on their feedback, 'The person I visit has extremely complex needs. The service has been extremely good at managing these needs and through clear vision and much expertise they have encouraged development.'

We looked at the personnel records of two members of staff, which showed relevant information was provided to new employees. Interview records were detailed and once people commenced employment they were assisted through an in depth induction programme.

Staff we spoke with gave us some good examples of training modules they had completed and certificates we saw confirmed this information as being accurate. Records showed a wide range of training had been completed by the staff team with knowledge checks and reflective practice being conducted following each training module. This helped to ensure staff had absorbed the information provided during the training sessions.

Records we saw and care workers we spoke with confirmed they received regular supervision and annual appraisals. This helped to improve their personal development, highlight any concerns they may have and identify any additional training needed.

Meals were prepared by those who lived at the home and staff members, who monitored food and fluid intake to ensure everyone received a nutritious diet. The menus were designed to accommodate people's preferences and these were displayed in the kitchen in picture format for easy reference. A good range of healthy dietary options were available and people enjoyed the food served at lunch time. We noted a separate menu had been developed for one person who required additional support to maintain healthy eating. Another person had lost a significant amount of weight through choice, by adapting to healthy eating and increased activity.

We observed during our inspection that the policies and practices of the home helped to ensure people were treated without discrimination and when making decisions about care and support they were afforded the same opportunities.

Specialised equipment was available at the service to support people to remain as independent as possible. However, due to the complex needs of those who lived at Fernleigh we were not able to assess the use of technology in order to promote their independence.

Is the service caring?

Our findings

People we spoke with told us that those who lived at Fernleigh House received a good standard of care and support. One family member told us, "I am really lucky to have such a brilliant place for my [relative]. They [(staff)] are so compassionate and they support [name] to lead a normal a life as possible under difficult circumstances." Another said, "It is a wonderful service. The staff are very kind and caring. They are second to none."

Good information was available for people in the form of a service user's guide and statement of purpose, which outlined the facilities and services available. These documents were produced in an easy read format, so that people could access the information more easily.

We observed some good interactions between staff members and those who used the service and staff were able to discuss people's needs well. Staff were enthusiastic and approached people in a gentle and caring manner. People were being well supported and positive relationships with the staff team were evident. One person who lived at the home used an advocate to support them in decision making. This helped to involve the individual and to ensure decisions were made in their best interest.

The policies of the agency and the plans of care we saw highlighted the importance of promoting people's independence and protecting people's privacy and dignity, particularly during the provision of personal care.

It was evident people were supported to maintain good relationships with friends and family. Care records showed significant others who were important to those who lived at the home through a pictogram of their circle of support. We were told people enjoyed community life on a daily basis and it was clear, through training and supervision, that the staff team considered the importance of equality and diversity, in order to support people's human rights.

Is the service responsive?

Our findings

One family member told us, "They [staff] keep me informed and involve me in the care provided. [Name] comes down to stay for weekends. They bring him and come to collect him again. They offer to send a member of staff to stay with [name] if I want them to." Another commented, "[Name] is happy there. It is a lovely place. The staff have been there years and they look after [name] well. [Name] loves going out and about and loves going on holiday. We are really happy. The staff communicate with us well."

We looked at the care files of two people who used the service. We found that information about people's health and social care needs and their medical history had been gathered before a package of care was arranged. This helped to ensure the staff team were confident in meeting individual needs.

The plans of care we saw were very well written, person centred documents and provided staff with clear guidance about people's needs and how these were to be best met. They had been reviewed and updated regularly and any changes in need had been recorded well. The risk assessments were linked to the care plans, so that all information was consistent. This helped to ensure those who used the service received the care and support they required.

The plans of care had been developed with those who used the service, where possible and their relatives, as appropriate. This helped people to make decisions about how they wished care and support to be delivered. We noted staff had supported people to increase their confidence over time, so that they were able to go out onto the community and enjoy participating in a wide range of activities.

The care records of those who lived at the home provided staff with detailed guidance about how certain disabilities affected them. These records also clearly outlined individual methods of communication, such as facial expressions, vocal sounds, the use of pictograms and communication dictionaries. Communication dictionaries helped to support people who did not use words to talk, people who have difficulty communicating with words or who have a limited vocabulary. We observed staff members being able to communicate with people in accordance with their individual styles.

In discussion with the registered manager we noted some good examples of the home being responsive to people's needs. For example, the home was adjacent to a public house, which was demolished and replaced with a small housing estate. This sudden change of external environment affected one person in particular. The registered manager supported the individual by obtaining a copy of the plans from the building company, which were displayed in the home, so that the individual could follow progress of the building work. This settled the person, who then enjoyed consulting the building plans. Another example of responding appropriately to one person's needs was the provision of a special lamp to help their Seasonal Affective Disorder (SAD) and the erection of a heated summer house in the garden, which encouraged the person to spend time outside their bedroom during the winter months interacting with others who lived at the home.

We saw individualised activity programmes had been drawn up for each person and found people enjoyed

an enriched and fulfilled life around social activities and leisure interests. For example, some people enjoyed daily walks or visits to the park, whilst others enjoyed takeaways, watching DVDs and ten pin bowling. Holidays and weekend excursions were arranged regularly for those who lived at the home.

Those who lived at Fernleigh House were responsible for some domestic duties and meal preparation, supported by the staff team. This helped them to maintain their independence and to experience the same opportunities as other people. One community professional wrote on their feedback, 'I would emphasise that the care team always appear committed to their role in supporting [name] and in working to achieve future goals to enable [name] to have a more independent life. The home has sought new ways of supporting [name] in the community and to access new activities. [Name] benefits from the continuity of staff who provide support. [Name] is settled and happy'.

A system had been established for the recording of compliments and complaints and a procedure was in place, which contained clear guidance for people about how to make a complaint, should the need arise. No complaints had been received since our last inspection. Relatives we spoke with told us they would know how to make a complaint, if they felt it necessary.

Is the service well-led?

Our findings

We noted feedback was regularly sought from those who used the service or their relatives. People expressed their satisfaction about the service received. Surveys for the staff team had also been conducted. Obtaining feedback from those with an interest in the service allowed people to express their views and opinions about the quality of service provided.

The registered manager of Fernleigh House had been in post for nine years. She was cooperative and helpful throughout the inspection process. Staff we spoke with told us they felt well supported by the registered manager and were confident in reporting any concerns.

There was a calm, relaxed environment at Fernleigh House and the manager was visible around the home. She was well aware of the needs of those who used the service and people were evidently comfortable in her presence.

A business plan was in place and systems had been established to effectively assess and monitor the staff team and the quality of service provided through a structured auditing process. These covered areas, such as safeguarding, fire safety, hot water temperatures, window restrictors and medicines management. An unannounced benchmarking inspection had been conducted earlier in the year by a company compliance inspector. This was to assess the service against the Health and Social Care Act regulations.

Evidence was available to show action plans were developed and changes had been made in response to the findings of the auditing systems. The agency worked well with other agencies, such as community professionals and commissioners.

Good links were maintained with the local community. A general staff meeting was held every month, so any relevant information could be disseminated throughout the workforce. Lessons learnt were then discussed in response to these meetings to look at better ways of working.

Individual meetings for people were an important aspect for those who lived at Fernleigh House. These included those who were involved in the care and support of individuals. Records we saw demonstrated an open and honest approach towards those who used the service. The last rating of the service judged by the Care Quality Commission was displayed within the home and on the website. This helped to ensure any interested parties could access this information, if needed.

A wide range of updated policies and procedures were in place at the home. This helped to ensure that the staff team were kept abreast of current guidelines and any changes in legislation. Fernleigh House had received a company finalist award in recognition of being a family.