National Autistic Society (The)

# Fernery House

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This inspection took place on 11 August 2016 and was unannounced. It was carried out by one adult social care inspector. This was the first inspection of the service since it's registration with the Care Quality Commission in February 2014.

Fernery House is a large house which is situated on the sea front and is close to the town's shops and leisure facilities. Accommodation is arranged over three floors with stairs giving access to each floor. The home can accommodate up to seven people and it provides support to people who have autism. All bedrooms are for single occupancy and the home is staffed 24 hours a day.

At the time of our inspection there were four people living at the home. Some people were not able to tell us about their experiences of life at the home so we therefore used our observations of care and our discussions with staff and other stakeholders to help form our judgements.

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.

The registered manager was not available on the day of our inspection. Staff described the registered manager as open and approachable. A member of staff told us "The home is really well-managed, organised and runs very smoothly." Staff told us the provider's management team were accessible, approachable and supportive.

There were enough staff deployed to help keep people safe. People were supported to live the life they chose with reduced risks to themselves or others. There was an emphasis on supporting people to develop and maintain independent living skills in a safe way.

There were policies and procedures which helped to reduce the risks of harm or abuse to the people who lived at the home. These were understood and followed by staff. These included recognising and reporting abuse, the management of people's finances, staff recruitment and the management of people's medicines.

People were supported by a caring staff team who knew them well. Staff morale was good and there was a happy and relaxed atmosphere in the home. One member of staff said "Everyone here is wonderful and I feel lucky to be able to spend time with them." A relative said "It is a wonderful place and the staff are just great." One person smiled and responded "Yes. I like [staff member's name]. They are good." When we asked if they liked the staff member who was supporting them.

People were treated with respect and their views were valued. For example in a satisfaction questionnaire one person had written that they wanted to have more activities outside of the home and this had been

facilitated.

People were always asked for their consent before staff assisted them with any tasks and staff knew the procedures to follow to make sure people's legal and human rights were protected.

People were involved in developing and reviewing the care they received. Each person had a care plan which detailed their needs, abilities and preferences. These had been regularly reviewed with each person to make sure the plan of care reflected their needs and aspirations.

People accessed various activities in the home and local community. People were supported to maintain contact with the important people in their lives. A relative told us staff helped their relative to have weekly face to face internet contact with them.

There were systems in place to monitor and improve the quality of service people received.

## 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

People received their medicines when they needed them and these were managed and administered by staff who were competent to do so.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to make choices and be as independent as they could be.

There were sufficient numbers of suitable staff to help keep people safe and meet their individual needs.

### Is the service effective?

Good

The service was effective.

People could see appropriate health care professionals to meet their specific needs.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

### Is the service caring?

Good

The service was caring.

Staff were kind, patient and professional and treated people with dignity and respect.

People were supported to maintain contact with the important people in their lives.

Staff understood the need to respect people's confidentiality and to develop trusting relationships.

### Is the service responsive?

Good

The service was responsive

People received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed with people to ensure they reflected their current needs.

People were supported to follow their interests and take part in social activities.

## Is the service well-led?

Good

The service was well-led

The registered manager had a clear vision for the service and this had been adopted by staff.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

There was a quality assurance programme in place which monitored the quality and safety of the service provided to people.

# Fernery 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 inspection took place on 11 August 2016 and was unannounced inspection. It was carried out by one adult social care inspector. This was the first inspection of the service since it's registration with the Care Quality Commission in February 2014.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law.

At the time of this inspection there were four people living at the home. We were able to meet with two people and briefly with a third person when they returned from a day centre. We spoke with three members of staff, a relative and received feedback from a professional who had involvement with the service.

We looked at a sample of records relating to the running of the home and the care of individuals. These included the care and financial records of two people who lived at the home. We also looked at records relating to the management and administration of people's medicines, health and safety, quality assurance and staff recruitment.

Good

# Is the service safe?

## Our findings

We observed people were well treated and appeared relaxed and at ease with the staff supporting them. People's relatives told us the service provided a safe and secure home for their relative. One relative said "I don't have to worry about anything. [Person's name] is really settled here and that's all down to the staff."

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. For example we observed staff supporting two people with their usual morning routine at a pace determined by them. Staff told us there were always enough staff available to meet people's needs, including their social needs. Staffing levels were increased where required. For example to support people to access further activities in the community such as swimming. Two additional staff were currently visiting a person out of county to support them with their transition with moving to the home.

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. We observed information around the home instructing staff on what action to take if they thought a person was being abused. Staff were aware of the whistleblowing policy and felt confident to use it if they had concerns. Staff told us they had never witnessed any person being treated or spoken to in an inappropriate manner. Safeguarding adults from abuse was discussed with staff at their regular supervision sessions and staff were asked if they had witnessed people being treated or spoken to inappropriately. No concerns had been reported in the supervision records we looked at.

There were policies and procedures to protect people from the risk of financial abuse and these were followed by staff. There were detailed records of all transactions and these were supported with receipts and staff signatures. Balances were checked twice a day with monies held. Senior staff checked for any large transactions and they monitored what had been purchased to make sure it was appropriate. Random checks on balances and monthly audits were also carried out. The management of people's finances were also audited by a member of the senior management team. People's valuable items such as computers and cameras were recorded and checked by staff each day.

Care plans contained risks assessments which outlined measures in place to enable people to maintain their independence with minimum risk to themselves and others. For example accessing the community, cooking, managing finances and keeping safe in the home. Risk assessments had been regularly reviewed and updated where necessary. For example one person's risk assessment for accessing the community had been updated to reflect they were now able to start accessing the local shops without direct staff support. This enabled the person to progress towards further independence in a safe way.

Systems were in place to ensure people received their medicines safely. All staff received medicine administration training and had to be assessed as competent before they were allowed to administer people's medicines. Medicines were securely stored and people's medication administration records (MAR) showed when medicines had been administered. MAR charts contained clear details of how people liked to

take their medicines. Records showed people's prescribed medicines had been regularly reviewed by health care professionals to ensure they remained appropriate and effective.

The risks of abuse to people were reduced because there were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

There were plans in place for emergency situations; people had their own evacuation plans if there was a fire in the home and a plan if they needed an emergency admission to hospital. Staff had access to an on-call management system which meant they were able to obtain extra support to help manage emergencies.

To ensure the environment for people was safe, specialist contractors were employed to carry out fire, gas, and electrical safety checks and maintenance. The service had a comprehensive range of health and safety policies and procedures to keep people safe. Management also carried out regular health and safety checks.

Good

# Is the service effective?

## Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for.

After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home such as autism, obsessive compulsive disorder and mental health awareness, Many staff had nationally recognised qualifications in care which helped to ensure they were competent in their roles.

Care plans showed people had access to healthcare professionals including doctors, opticians and chiropodists. Staff told us nobody living at the home suffered with any significant health concerns. The Provider Information Return (PIR) told us the service had "close working relationships with external health professionals including psychology, psychiatry, dieticians and epilepsy specialists." People's care plans contained records of hospital and other health care appointments. There were health action plans to meet people's health needs. Care plans included 'hospital passports' which are documents containing important information to help support individuals with a learning disability when they are admitted to hospital.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Care plans detailed people's likes, dislikes, needs and abilities. One person had been seen by a nutritionist and staff were working with them and the person to develop a menu to meet their needs. The people who lived at the home were fully involved in planning their menu. Each person was asked about their likes, dislikes and were able to choose meals from pictures. From this a six week menu was developed. A member of staff said "The menu's not set in stone. There are always alternatives. When we go home we choose what we want to eat so why shouldn't they [people who lived at the home.]" Staff told us about each person's routine and how they were supported to plan their menus, shop for food and prepare their meal.

Staff had received training and had a good understanding of the principles of the Mental Capacity Act 2005. They were clear about respecting people's rights and of the procedures to follow where a person lacked the capacity to make decisions about the care and treatment they received. Where decisions were being taken in the person's best interests these were clearly recorded. Records showed people's ability to consent to specific things had been assessed and where it was felt they lacked the mental capacity to make a decision a best interest decision was made following good practice procedures. For example best interests decisions had been made involving the person, family members and professionals regarding the management of people's medicines and routine well-being health checks. This ensured people's legal rights were protected.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity

to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available.

Staff asked people for their consent before supporting them. For example staff asked two people for their consent for us to look at their bedroom and care records. We also heard staff asking people what they would like to do, whether they wanted a drink or something to eat. Care pans contained forms signed by the people who lived at the home giving their consent for sharing their care records and the management of medication. In one person's care plan staff had used photographs and easy read information to help them understand about the medicines they took and what they were for.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made appropriate referrals where people required this level of protection to keep them safe.

Good

# Is the service caring?

## Our findings

Staff spoke with great affection when they told us about the people they supported. One member of staff said "Everyone here is wonderful and I feel lucky to be able to spend time with them." A relative said "It is a wonderful place and the staff are just great." One person smiled and responded "Yes. I like [staff member's name]. They are good." When we asked if they liked the staff member who was supporting them.

Staff interactions with people were caring and sensitive and people looked relaxed and content with the staff who supported them. For example it was important to one person to look smart and have their hair done. Staff had taken time to support the person to choose their outfit and jewellery and spent a relaxed period of time blow drying the person's hair. Another person enjoyed sensory activities so a member of staff changed their clothes and made up a large amount of "messy play" items which the person clearly enjoyed.

Staff knew people very well. They told us about the people they supported, what was important to them and who were the important people in their lives. This meant staff could have conversations with people about things that were important to them and about their interests.

Staff encouraged people to be as independent as they could be. Staff saw their role as supportive and caring but were keen not to disempower people. For example a member of staff explained how they involved one person to check the temperature of the hot water in their bedroom en-suite. They said "[Person's name] puts his hand under the tap and gives a thumbs up when he is happy." Each person had a "progression plan" which detailed individual goals and how best to support the person. We saw people were supported with shopping, cooking, cleaning and banking. The care plans we read demonstrated people were supported by staff to achieve their goals. For example one person had wanted to go on a trip to London and to attend a music event and this had been achieved. Another person wanted more independence when they went out. Staff told us how the person had progressed and now went to a nearby shop and bought something to eat without staff support.

People were supported to express their views about their care and support even where they were unable to express their views verbally. A member of staff explained how they spent one to one time with people on their "home days." These are days where people spend time at home and are supported with cleaning their bedrooms, doing their laundry, shopping, banking and enjoying leisure activities of their choice. The member of staff told us "I always have a meeting with [person's name] on their home days. We chat about their goals and encourage them to talk about what they feel is working and what is not working. It really works well."

There were weekly meetings for people which provided an opportunity to share information and seek people's views. Discussions at a recent meeting included up and coming events, activities and planned decoration in the home. Staff told us about one person who found it difficult to speak up in group settings. The member of staff said "After the meeting we give [person's name] a pen and piece of paper so they can write down if there is anything that is bothering them or there is something they want to do."

People's views were valued and responded to. For example in a satisfaction questionnaire one person had written that they wanted to have more activities outside of the home and this had been facilitated. A member of staff said "Based on [name of person's] feedback, their whole one to one time is changing so that we can make this happen. The staff rota is also changing as [person's name] wanted particular staff to support them." They also said "Everything changes here all the time based on what people want."

Each person had their own bedroom which they could access whenever they wanted. Bedrooms were decorated and furnished in accordance with each person's tastes and preferences. People's privacy was respected and people were able to spend time alone in their bedrooms if they wished to. The layout of the home meant that there were ample communal areas where people could chose to spend their time.

Staff understood the need to respect people's confidentiality and to develop trusting relationships. Care plans contained confidential information about people and were kept in a secure place when not in use. When staff needed to refer to a person's care plan they made sure it was not left unattended for other people to read. Staff treated personal information in confidence and did not discuss personal matters with people in front of others. Staff sought people's permission before we looked at their care plans.

Good

# Is the service responsive?

## Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. The staff we spoke with and observed demonstrated a very good knowledge of the people they cared for. Each person had a comprehensive care and support plan based on their assessed needs. The care plans provided clear guidance for staff on how to support people's individual needs and of their preferences. Care plans had been regularly reviewed to make sure they remained appropriate.

Each person was allocated a key worker who supported them to plan and be involved in a monthly review of their plan of care. A member of staff told us about how one person had chosen from photographs, who they wanted to invite to the meeting, where they wanted the meeting to take place and what food and refreshments they wanted. They also chose which staff they wanted to support them. From this the person's key worker developed a newsletter which was sent to the person's representative. The person was involved in deciding what was included in the newsletter. A health care professional told us "Consideration was given to all aspects of how [person's name] wanted their care to be delivered." They also said "My impression of the staff was that they were informed and caring. They had a good relationship with [name of person's] family. They seemed organised and the paperwork looked good and up to date."

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. Staff told us about one person who was due to move to the home. They told us staff from the home regularly visited the person so they could get to know the individual, their daily routines, preferences and needs. These visits enabled the person to get to know the staff who would be working closely with them as their keyworker when they moved to the home. The individual would then have visits to the home before moving there permanently. This helped to ensure a smooth transition for the individual and would enable staff to determine whether they were able to meet the person's needs and aspirations.

Staff recorded information about each person at the end of each shift. These records included information about the person's well-being, health and how they had spent their day. This information helped to review the effectiveness of a person's plan of care and made sure people received care which was responsive to their needs and preferences.

People had opportunities to take part in a range of activities and social events. Staff had a good knowledge of what each person enjoyed. Some people liked to attend the provider's nearby day centre. Other activities included swimming sessions, bowling, cinema and visits to places of interest. One person had a job in a local shop which they enjoyed.

People were supported to maintain contact with friends and family. A relative told us how staff supported their relative to have face to face internet contact with them every week. They also told us the service had arranged for a member of staff to support the person to visit them overseas. The relative we met with told us they were always made to feel welcome when they visited.

There was a complaints procedure which had been produced in an accessible format for the people who lived at the home. There had been no formal complaints in the last year. The relative we met with told us they would not hesitate in raising concerns if they had any. They told us they were confident their concerns would be taken seriously and responded to.

Good

# Is the service well-led?

## Our findings

There was a staffing structure in the home which provided clear lines of accountability and responsibility. Staff were clear about their role and the responsibilities which came with that. The home was managed by a person who had been registered by the Care Quality Commission. The registered manager was not available at the time of this inspection however; we were able to spend time with the deputy manager and staff team. A member of staff told us "The home is really well-managed, organised and runs very smoothly." Staff told us the provider's management team were accessible, approachable and supportive.

The registered manager completed a Provider Information Return (PIR) prior to our inspection and, in this they described the vision for the service as 'We want a world where all people living with autism get to lead the life they choose'. This vision and values underpins all the work we do to ensure people live with dignity and as independently as possible." Through our observations and discussions with staff we saw this ethos had been adopted by staff. One member of staff said "This is a happy place to work. The people we support are fantastic and I know every member of staff wants them to have a really happy life." A relative told us "The staff are fantastic. [Person's name] is really happy and I know they adore the staff." A health care professional commented "The atmosphere in the home seemed positive for [person's name].and my feeling was that [person's name] was thriving there."

People were cared for by staff who were well supported and kept up to date with current developments. The PIR told us "All of our policies and procedure are audited nationally and emails sent out with the updates and we have monthly meetings with the senior management team to update on any changes to the law or regulations." Staff told us they received regular supervision sessions and annual appraisals. This helped to monitor the skills and competencies of staff and to identify any training needs staff might have. One member of staff said "It's very open here and you always get the support you need." Another member of staff told us "Supervisions and appraisals are changing to reflective practice sessions where staff will be encouraged to come in with a scenario of something that didn't go so well and they will be able to work through it."

Staff were supported to take lead roles and share their knowledge with their peers. These included communication, person centred planning, health and safety and the management of people's medicines. In their PIR the registered manager said "Staff are encouraged to come up with and implement new ideas. Ownership is given to the staff to work on the areas they are passionate about."

There were regular meetings for staff where a range of topics were discussed. A member of staff told us "We have a policy of the month which is discussed at our meetings. It's good because it reminds you and keeps you up to date if there have been any changes." The minutes of a recent staff meeting showed staff had been informed about changes to the use of mobile telephone policy and safeguarding adults from abuse. There had been discussions about people who lived at the home, health and safety and a nutritionist had attended the meeting to discuss the needs of a person with particular dietary needs. Staff told us this had been positive as "All the staff heard the same thing so there would be no confusion."

There were audits and checks to monitor safety and quality of care. The registered manager submitted monthly audits to the provider's service manager who then carried out visits to the home to monitor and highlight on any areas for improvement. We looked at the action plan which had been developed from a recent visit which was positive. The service manager who carried out the visit had recorded "A really good staff team who are empowered to learn and take responsibilities. Everybody is willing to share their knowledge." Records demonstrated that the registered manager had, or was in the process of addressing the points raised. An example included the completion of best interest documentation.

Accidents and incidents which occurred in the home were recorded and analysed. There had been very few accidents. In line with their legal responsibilities the registered manager had notified the Care Quality Commission which had occurred.