

Mr Shaun Martin Brelsford & Mrs Amanda Jane Brelsford

Fern House

Inspection report

28 Accrington Road
Burnley
Lancashire
BB11 4AW
Tel: 01282 451950

Date of inspection visit: 21 November 2014
Date of publication: 30/06/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We undertook an unannounced inspection on 21 November 2014. Fern House provides accommodation and support to people with a learning disability. The service can accommodate up to six people. At the time of our inspection six people were using the service.

At our last inspection on 23 July 2013 no breaches of regulations or concerns were identified at the visit.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the location to be meeting the requirements of DoLS. People

using this service and their representatives were involved in decisions about how their care and support would be provided. The registered manager and support staff understood their responsibilities in promoting people's choice and decision-making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The service had a registered manager who had been in post for some time. A registered manager is a person who has registered with CQC to manage the service. Like

Summary of findings

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 people using the service told us they felt Fern House was a good place to live. When asked why, they said it was because of the staff and the support provided to them. People told us staff were available when they needed them and they were able to obtain the support they required.

There was a safe environment for people who used the service but there was a need to re- decorate some areas, particularly on the ground floor of the accommodation.

Staff were knowledgeable in recognising signs of abuse and the associated reporting procedures.

Medicines were securely stored and administered. Assessments were undertaken to identify people's health and support needs and any risks to people who used the service and others. Plans were in place to reduce the risks identified.

People had individual personal plans that were centred on their needs and preferences. Care plans were developed with people who used the service to identify how they wished to be supported and decide upon goals they wanted to achieve whilst at the service.

We found staff recruitment to be thorough and all relevant checks had been completed before a member of staff started to work in the home. Staff had completed relevant training for their role and they were supported by the management team.

Staff had the skills and knowledge to support people who used the service. Staffing levels were flexible to meet the needs of people, and could be increased to support people to go out if they preferred to have staff with them.

Staff were supported by their registered manager and were able to raise any concerns with them. Lessons were learnt from incidents that occurred at the service and improvements were made when required. The registered manager reviewed processes and practices to ensure people received a high quality service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People we spoke with felt safe and staff knew about their responsibility to protect people. There were robust arrangements in place to protect people from the risk of abuse and harm

We saw people who used the service had up-to-date and individualised risk assessments in their files that were clear for staff to follow.

Recruitment and selection procedures ensured all reasonable precautions to minimise the risk of unsuitable staff being employed at the service had been taken. This was because all appropriate checks, including written references from previous employments, were obtained prior to the individual starting work at the service.

Good



Is the service effective?

Some aspects of the service were not effective.

People's needs were consistently met by staff who had received a thorough induction to their roles and ongoing learning and development.

People using this service and their representatives were involved in decisions about how their care and support would be provided. The registered manager and support staff understood their responsibilities in promoting people's choice and decision-making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's health and care needs were kept under review with regular communication with external healthcare professionals.

There was a safe environment for people who used the service but there was a need to re- decorate some areas, particularly on the ground floor of the accommodation.

Requires Improvement



Is the service caring?

The service was caring.

People described the care they received as good.

Staff were knowledgeable about people's interests and care was delivered the way people needed it.

People who used this service were treated with kindness and compassion and their rights to privacy, dignity and respect were upheld.

Good



Is the service responsive?

The service was responsive

Good



Summary of findings

People's support plans were regularly reviewed and updated when required.

People were encouraged to express their views on how their care and support would be provided.

People received flexible support to maintain their independence.

People using this service could be confident that their concerns would be listened to and dealt with appropriately.

Is the service well-led?

The service was well led.

The service had an open culture where people were encouraged to express their views. Staff were knowledgeable about the best ways to respect people's dignity.

The provider regularly assessed and monitored the quality of the service to ensure care was to a good standard.

All levels of staff have clear lines of accountability for their roles and responsibilities.

Good



Fern 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, and to provide a rating for the service under the Care Act 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 contacted the local authority commissioners, to seek their feedback on the quality of the service provided, but we did not receive a response to our request. No concerns had been raised by people who used the service, their representatives or other agencies since we completed our last inspection of this service in July 2013.

We reviewed the information included in the PIR along with information we held about the service.

This unannounced Inspection took place on the 21 November 2014 and was carried out by one adult social care Inspector. During the visit, we spoke with four people living at the home, one support staff and the registered manager.

We examined in detail the following documents and records: two care plans, four Medication Administration Records (MAR), staff duty rota, training records for all staff, staff recruitment records and monthly audits that had been completed by the registered manager. We also looked at policies and procedures in relation to the following – safeguarding, Mental Capacity Act, Deprivation of Liberty Safeguards (DoLS) risk management, plans to respond in an emergency, recruitment and selection and medication.

Is the service safe?

Our findings

We spoke with four people who used the service who told us they felt safe at Fern House.

Staff we spoke with were knowledgeable about people and how to protect them from abuse. The registered manager had ensured all staff had attended training on safeguarding people and managing challenging behaviour. This meant people were supported by staff who had been provided with the skills and knowledge to safeguard them.

We reviewed safeguarding information with the registered manager who was able to tell us what actions had been put into place to safeguard people and to prevent situations arising again. This meant staff were learning from events and were able to act to prevent them from happening again.

The service undertook risk assessments to ensure people's safety and to promote their independence. Assessments undertaken included helping people access the community, use of public transport and the risk of falls. These assessments were reviewed and updated in line with changing needs.

The registered manager told us staff were trained in first aid and if there was a medical emergency they would call the emergency services. Staff also received training on how to respond to fire alerts at the service.

On the day of our inspection we saw there were adequate numbers of staff on duty to meet people's needs. We saw from information we received in the provider information return that there had been no new staff recruited in recent months.

From records we reviewed we saw staff who were recruited were suitable for the role they were employed for and that the provider had a robust process in place. Files contained records of interviews, appropriate references, full employment histories, and Disclosure and Barring Service (DBS) checks. A DBS check identifies whether people have a criminal record and whether they are barred from working with vulnerable adults and children. This check helped ensure staff were suitable to work with vulnerable people.

We looked at the way the staff managed the medicines for the people living at the home. We saw that medicines were stored safely within a secured locked medication cupboard. Senior staff, who had received training in medicines administration and management, dispensed the medication to people. Staff told us that an external provider delivered the training; they then had a competency based assessment at the service, undertaken by the provider.

We reviewed medication administration records and found these to be in good order. Medication was clearly prescribed and dated. The service did not have any controlled drugs at the time of our inspection.

Is the service effective?

Our findings

Two staff told us they had received annual refresher training in health and safety, moving and handling and safeguarding adults from abuse. They confirmed that specific training was provided according to the needs of the people they supported. We saw a training plan was in place to further develop staff skills during 2014/15.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act 2005 (MCA) and is in place to ensure people are looked after in a way which does not inappropriately restrict their freedom. We saw policies and guidance were available to staff about the MCA and DoLS. We saw staff had undertaken relevant training and knew the key requirements and their responsibilities.

A member of staff told us they had received training to understand their responsibilities under the MCA. They were able to describe how they supported people to ensure their rights to make decisions were maintained. They knew when best interest decisions were needed and who should be involved in the process. Staff and the registered manager told us that none of the people using this service presented with behaviours which required them to be restrained, although they confirmed all staff had been trained to use physical intervention strategies in a safe way. No DoLS applications have been made.

We saw staff had monthly supervision and yearly appraisals with the registered manager. This enabled staff to discuss their practice and professional development on a regular basis as well as identify any learning or development needs. Staff we spoke with confirmed they received supervision and this has continued since the new manager took over. They said they felt supported by the registered manager.

We saw there were regular monthly team meetings and staff were kept updated about training needs and organisational information such as policy updates or changes. Staff also shared information through a communication book. We sampled some staff meeting minutes which were clear and focused on people's needs, the day-to-day running of the service and information sharing within the organisation.

We saw if people had become distressed and needed hands on assistance from staff to prevent them from hurting themselves or others, that the behaviour was reviewed and contributing factors identified to try and prevent it from happening again.

We saw evidence from care plans they had been reviewed and updated when a person's needs had changed. Care plans showed that people had been offered choices in what they would like to eat in line with their recorded preferences. People's cultural and health requirements were taken into account and staff completed menu sheets and food charts to provide evidence these needs were being met.

Records provided evidence that staff had attended training in supporting healthy lifestyles and nutritional screening had been completed for each person who used this service. The registered manager told us, "We always listen to and accommodate the views of people using the service and their relatives. This makes sure staff are aware of the person's requirements and how they like to be supported in all areas of their care." People who used the service told us they liked to plan their meals and were given plenty of choice as to what they wanted to eat. One person told us "I am helping to prepare the vegetables for our dinner – I love the food we eat here." Another person said "If you don't fancy something the staff always offer you an alternative."

People's health and care needs were kept under review with regular communication with external healthcare professionals. We saw evidence of people attending various outpatient and clinic appointments as well as visits to the optician and dentist.

Each person had a Health Passport, which was a document detailing the individual's healthcare needs. This would accompany the person if they needed to attend accident and emergency or to be admitted to hospital. This provided hospital staff with up to date information about people's health and social care needs so they could receive appropriate treatment and support in accordance with their preferences.

We noted several areas of the premises needed redecoration and refurbishment. For instance wallpaper was damaged and badly scuffed in corridors. Whilst arrangements were in place for routine maintenance and repairs, the registered manager confirmed she was not aware of any plans to redecorate and refurbish the home.

Is the service effective?

We recommend the registered persons consider advice and guidance from a reputable source in order to ensure that individual needs are met for the decoration of the home.

Is the service caring?

Our findings

The people using the service told us they felt Fern House was a good place to live. When asked why, they said it was because of the staff and the support provided to them. People told us staff were available when they needed them and they were able to obtain the support they required.

During our visit we observed interactions between staff and the people they were supporting. Staff addressed people by their preferred names when speaking with them. We saw staff treat people in a kind, caring and compassionate manner and staff responded promptly to people's need for support. We observed staff engaging in meaningful conversations with people.

From the care records we reviewed we saw people had 'pen portraits' and 'about me' documents. These documents helped to describe the person's life and what activities they like to do and how they enjoy spending their time. This information helped staff get to know people well and was especially useful for new members of staff to get to know the individual better.

The care plans we reviewed were individualised and about the person. They clearly explained what support people needed and what they preferred to do for themselves. The care plan is an important document as it guides staff in the best way to support people. We found the care plans had been reviewed regularly each month or if there were any significant changes. Staff told us people were involved in their care plan reviews as much as possible. This was confirmed in discussion with two people who had recently had a review of their care with their support worker.

People's individual needs were recognised and documented within the care plans and staff were able to tell us how they met people's needs on a day to day basis. For example what time people liked to get up, how they preferred to spend their time, and what activities they liked doing.

Staff we spoke with were able to explain that each person living at the service had different routines. For example they knew people liked their own personal space and preferred not to sit together at meal times. They were able to demonstrate how people liked to engage in different activities for example one person liked to watch certain television programmes as well as the attendance at various outside day centres and activities.

The staff we spoke with explained how they supported people to have the privacy they needed. They told us that personal care was always provided in the privacy of people's bedrooms or the bathroom and that support staff knocked on doors before entering. During our visit we heard a member of staff knocking on a person's bedroom door, before they entered the room.

Staff understood the importance of confidentiality and they confirmed personal information was only shared with others on a need to know basis. They told us that privacy, dignity and compassion were standing agenda items which were discussed at every team meeting.

We saw people had access to their rooms and there were different spaces within the service that people could use if they wanted privacy or time on their own.

Is the service responsive?

Our findings

People told us they were able to keep in contact with families and friends. Visiting arrangements were flexible and people could meet together in the privacy of their own rooms or in the lounges. One person told us, "My relative is made to feel welcome." People said, "There are things to join in with but I prefer to spend some time in my room; staff respect what I want", "There are activities if you want to do them" and "We can do different things; staff let us know what is going on".

Care plans and daily notes were written in a person centred way, by detailing each person's likes and dislikes and preferences for how they chose to be supported. Each person's care file contained a life history identifying friends and relatives who were important to the person. These records made sure staff had sufficient information about people to understand their needs and know how to provide safe and appropriate person-centred support.

The service involved people and their relatives in planning the care they wished to receive. We saw that people had comprehensive assessments completed prior to moving into the home. Relatives were invited to review people's care and support needs when required.

All appointments with health and social care professionals were recorded and staff had made timely referrals for health and social care support when they identified concerns in people's wellbeing. Records showed where needs had changed, or advice had been given, people's support and risk management plans had been updated. This showed that the service had worked with other professionals as necessary to deliver the care people required.

We saw additional contingency plans guided staff on what action to take if a person experienced deterioration in their

mental health and ensured they got the support they needed. Staff we spoke with were aware of potential triggers for people's anxiety or changes in their mental health and were confident in explaining what further actions they would take to ensure the individual was seen by the appropriate professional, if required.

From activity plans we reviewed we saw people had full and active days. Staff told us that people go out most days. We saw these trips out included opportunities at day centres and college to enhance life skills. One person told us they liked to go out every day or to go shopping. We saw they were supported to do this.

On the day of our inspection one person attended college and others were planning to go out for a shopping trip. Another person told us they were preparing for an evening out with friends at a curry house. Staff we spoke with knew people well and what activities they liked to be supported doing.

We saw the home's complaints procedure gave clear information about the process for dealing with concerns and complaints, including the timescales for investigating and responding to the person raising the concerns. The registered manager told us they worked closely with people and their relatives by listening and responding to their views and suggestions.

The registered manager felt that good communication was essential so that everyone involved in a person's care and support knew what to expect and what they were aiming to achieve in the person's best interests. She said, "We encourage feedback so we can deal with any concerns immediately by improving what we do. Such experiences would be used as learning opportunities, by being discussed with the staff at our team meetings." No complaints or concerns had been received in relation to the service since we last visited in July 2013.

Is the service well-led?

Our findings

Staff had clear lines of accountability for their role and responsibilities and the service had a clear management structure in place. People told us they felt involved in how the service was run and that their views were respected. Throughout our visit we observed the registered manager often spent time speaking with people using the service and responded to their queries or requests for information.

The provider had policies relating to whistle blowing and safeguarding which were accessible to staff. Staff told us they felt the service encouraged the views of the staff that worked there. They told us if they had to speak with registered manager or the owners about any concerns they would feel comfortable to do this. They also felt they would be listened to. There were regular resident meetings where people who used the service had the opportunity to plan days out and holidays as well having the chance to discuss any matters that may affect the smooth running of the home. This showed a management culture that encouraged people to be open in sharing any concerns.

All of the staff we spoke with were enthusiastic about their job roles. One member of staff told us, "It is a lovely place to work. The management and support are great as are the people we look after".

The provider had procedures that ensured all relevant authorities were informed of any incidents when appropriate. This showed that there were systems in place to ensure accidents and incidents were managed and reported appropriately.

The registered manager used various ways to monitor the quality of the service. This included audits of the medication systems, care plans, staff training and staff supervisions. These were to ensure different aspects of the service were meeting the required standards. Checks of the

medication systems included looking at the medication administration records and storage arrangements. We saw that where risks had been identified necessary actions had been taken. This meant that the provider protected the people who lived there from the risk of inappropriate care by regularly assessing, monitoring and where necessary taking action to improve the quality of the service provision.

Staff received regular supervision with their line manager and told us any feedback on their work performance was constructive and useful. Staff were invited to attend regular meetings and were able to add items to the agenda.

People and their family members were invited to attend regular meetings. We looked at the minutes from a recent meeting and noted a range of topics had been discussed. People were able to add any items of their choice to the agenda. This ensured the meetings were meaningful for the people living in the home.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. The service kept appropriate records of all accidents and incidents. Appropriate investigations and follow up actions were taken following incidents and changes were made to people's risk and support plans as necessary. The provider regularly looked at complaints, safeguarding and whistle-blowing to identify where any trends or patterns may be emerging. As required by law, our records showed the provider had kept us promptly informed of any reportable events.

Evidence showed us the provider used a range of resources to continually review their practice and place the interests of the people using services at the centre of what they do. The various on-going audits, both internally and externally, ensured the quality of care was regularly assessed and evaluated.