The Brandon Trust

Ferncroft

Inspection report

41 Old Lodge Lane
Purley
Purley
Surrey
CR8 4DL

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12 August 2019

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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

Summary of findings

Overall summary

About the service:

Ferncroft is a 'care home' providing personal care and accommodation to people living with moderate to complex learning disabilities. The service can support up to six people. The care home accommodated five male adults at the time of this inspection in one adapted building. All the people had been living in the home for more than two years and for some up to fifteen years.

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:
Staff refresher training was not updated as required by the provider's own policies. The frequency of supervision support for staff needed to be more regular. The team manager and the registered manager told us improvements were required and put in place a plan to implement this immediately.

People and their relatives told us they were safe and that staff were kind to them.

Staff had training to do with safeguarding adults that helped them keep up to date with best practice. Staff followed clear safeguarding procedures that helped to protect people from harm.

Risks to people, including those associated with their healthcare needs, were assessed and plans were in place to reduce them.

Whistleblowing procedures were in place and displayed on notice boards. Staff told us they were confident any concerns they reported would be dealt with appropriately.

Appropriate infection control procedures were in place and staff received training with food hygiene.

Staff rotas and staffing levels were appropriate to meet people's needs and safe recruitment practices were in place.

People's medicines were stored, administered, recorded and audited appropriately. The provider had appropriate policies and procedures in place to support people safely with their medicines as prescribed.

Comprehensive needs assessments were carried out and there was sufficient detail and personalisation in

the care plan to ensure the person's needs were met in a personalised way.

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

Records showed people were supported to have their health needs met, with access to health professionals as required.

Relatives of people told us their relationships with the staff team was good. They said people's privacy and dignity was respected. They also said they were able to express their views and preferences and staff responded appropriately.

There were systems in place to ensure concerns and complaints were responded to in an appropriate way.

Quality assurance processes were in place that monitored practice and procedure by staff, however some improvements in developing the quality assurance systems were needed and the provider was in agreement with this. The provider worked collaboratively with other agencies and organisations to meet people's needs.

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

Rating at the last inspection
At the last inspection the service was rated Good (9 February 2017published).

Why we inspected:
This was a planned inspection in line with our inspection schedule.

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? The service was safe. Details are in our Safe findings below.	**Good**
Is the service effective? The service was not always effective. Details are in our Effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our Caring findings below	**Good**
Is the service responsive? The service was responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our Well-Led findings below.	**Good**

Ferncroft

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 to provide a rating for the service under the Care Act 2014.

Inspection team:
This inspection was carried out by one inspector.

Service and service type:
Ferncroft is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service had a registered manager. A registered manager 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:
The inspection took place on 12 August 2019 and was unannounced.

What we did before the inspection:
We reviewed information we had received about the service since the last inspection as well as the information the provider sent us in the provider information return. This is information we require providers to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:
We spoke with three people who used the service. We also spoke with the registered manager, the team leader and two staff. We observed medicines being administered and we were able to see support people received from staff. We used the short observational frame work for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed four

care records and medicine administration records (MAR). We looked at five staff recruitment files, together with the provider's training schedules. We also examined other documents relating to the management of the service, procedures, quality assurance audits, team and residents meeting minutes and satisfaction surveys.

After the inspection:
We spoke with three relatives. We contacted two health and social care professionals by email but we did not receive any responses.

Good

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 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

● Staff and relatives told us they thought people were safe and happy living at Ferncroft. Our observations of people and their interactions with staff supported this. One staff member said,
"Staff make it a top priority to ensure people are safe." A relative told us, "[family member] is safe there, I see them every weekend and they always seem so happy and well cared for".

● Staff completed safeguarding training and demonstrated a good knowledge of recognising the signs and symptoms of abuse. They knew who to report any concerns they might have about people both with the organisation and externally.

● The home had effective policies and procedures in place for reviewing and referring safeguarding and whistleblowing concerns. Staff told us they were confident their concerns would be acted upon by the registered manager.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

● Comprehensive risk assessments were carried out for each person that covered all aspects of their care and support. The risk assessments were reviewed every year or earlier if people's needs changed.

● Risk assessments were detailed and included clear guidance for staff to follow on how to minimise the risks to people. An example was where one person enjoyed horse riding. Their risk assessment was detailed and assisted staff to minimise potential hazards the person might face.

● General risk assessments for the home were in place to ensure a safe environment for people, staff and visitors. These assessments included: fire systems and equipment, water safety and electrical appliances. People had Personal Emergency Evacuation Plans (PEEPS) which provided staff with instructions on how to help people to safety in an emergency.

● Accidents and incidents were recorded by the registered manager. This meant that they could identify trends in events such as falls within the home.

● Lessons were learnt when things went wrong. Learning was shared with the staff through handovers and staff meetings.

Staffing and recruitment

● The registered manager and staff told us there were good staffing levels. This was confirmed by relatives. We looked at staff rota's which showed there were two staff on each shift throughout the day and night. The registered manager told us that they rarely used agency staff but when they did there was an induction process in place to assist new staff.

● Robust recruitment checks were in place and demonstrated that staff employed had satisfactory skills and knowledge needed to care for people. Staff files contained appropriate checks, such as references and

criminal records checks.

Using medicines safely

● People received their medicines safely. The service had safe arrangements for the ordering, storage and disposal of medicines. Only staff who had successfully completed training for the safe administration of medicines and who had their competencies assessed by the registered manager were allowed to administer medicines to people.

● Each person had a medicines profile that included a photograph of the person and their allergies. Staff checked people's medicines with their Medicine Administration Records (MAR) to ensure the correct medicine was given to the correct person at the right time. MAR's were completed correctly and audited. There were no unexplained gaps in the records.

● We undertook a stock take check of stored medicines and we found stored medicines matched the recorded levels on MAR sheets.

Preventing and controlling infection

● Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. All areas of the home were tidy and visibly clean.

● The registered manager told us staff were supplied with personal protective equipment. We saw there were gloves and hand sanitiser supplies secured securely in various places throughout the home. We observed staff hand washing and ensuring areas in the home were clean. There were notices in the staff office reminding everyone to wash their hands.

● People were supported to participate in keeping their home and rooms clean to minimise the risks of the spread of infection.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff training was not refreshed in line with the provider's own policies. Training records showed that training had not been refreshed as required by the provider for all staff. The registered manager said the aim was for specific areas of training identified by the provider to be refreshed annually. As an example training such as for health and safety and first aid for some staff had not been refreshed. There was no evidence this had had an impact on people, however it may mean staff were not up to date with best practice and new legislation. The registered manager agreed and told us these areas of staff training would be addressed immediately with staff being booked accordingly onto courses to meet this need.
- All new staff received induction training. They told us this helped them to carry out their roles effectively. Staff said other training they received helped them to develop their skills and knowledge appropriately for their roles but some training needed updating.
- Staff said that the registered manager was always available if they needed to discuss anything related to their work.
- One to one supervision sessions were held with staff. Staff and the registered manager told us any issues were raised with staff in supervision, so improvements could be made. When we looked at the records we saw some staff had only one supervision session in the last year. Those records were very brief and it was difficult to ascertain what areas of discussion had been had with staff. The registered manager told us that supervision practices needed to be improved. After the inspection we received a matrix that showed staff were booked in for regular supervision support every six to eight weeks which was in line with the provider's own policy.

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

- Communal areas of the house were in need of new decorations and refurbishment. Two relatives commented on this. They said this would help to improve the feel of warmth and homeliness for their family members. The registered manager and the team manager agreed this was necessary and they confirmed plans were in place to carry out this work. The registered manager was looking at ways to best include people and their relatives to ensure the work met people's hopes and expectations and was safe.
- People's views were sought about the design and decoration of their bedrooms. They were involved in choosing the colour schemes and we noted a wide range of colours and decor with personal objects, pictures and photographs. There was a main lounge where people were able to socialise, a large garden that enabled people to have a quiet space to relax when they needed to.

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

● People had lived at Ferncroft for many years. Needs assessments were reviewed every year [or earlier if their needs changed] to make sure the service continued to be right for them. Staff knew people's needs, preferences and wishes. Relatives told us they were fully involved in the assessment process and they confirmed there were effective relationships between staff, themselves and people.
● Our review of people's care files demonstrated people's physical, mental and social needs were all assessed as part of the needs assessment process. People's care, treatment and support was delivered in line with current legislation and standards which helped to achieve effective outcomes for people.

Supporting people to eat and drink enough to maintain a balanced diet
● People's meals were mainly prepared by staff but some people were able to contribute to the process. People were given choices. People's preferences and cultural needs were taken into account when menus were drawn up. People said they enjoyed the food they received.
● Relatives told us people enjoyed their food. One relative said, "Oh [family member] is quite happy with the food they get." Another told us their family member had to have a soft diet and staff ensured this was provided for them. That person they said enjoyed the meals they received.
● Specialist advice was sought by the manager from the speech and language team where people had swallowing or choking problems with eating and drinking. We saw this personalised guidance displayed where staff could ensure it was followed. This helped minimise risks to people.
● Staff told us people could make choices from a menu drawn up to take into account people's different tastes and would always encourage people to try something new or offer alternatives if people changed their mind.

Supporting people to live healthier lives, access healthcare services and support
● The registered manager told us maintaining good health for people was important and they worked closely with health services to make sure people maintained healthy lives. We saw people had regular appointments with their dentists, opticians, chiropodists and GPs as necessary to meet their needs. The care plans we inspected included details of involved health professionals and there were procedures for staff to follow in reporting any health emergencies.
● Relatives told us their family members were supported to be healthy by staff. They told us their family members were encouraged to participate in activities that included physical exercise. For example for one person who went to the gym each week and another who went horse riding and needed to keep their weight down in order to be able to do so.

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, and some hospitals, 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. The registered manager knew what they were responsible for under these principles.

● All the people living at Ferncroft required a DoLS to be in place because of their complex needs. Records evidenced applications were made to the appropriate local authorities and authority granted.

Good

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 good. At this inspection this key question 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; equality and diversity

- Relatives told us the care and support offered by staff to their family members was good. One relative said, "The care [family member] receives is very good. Staff are kind, they work hard to enable him to do the things that he enjoys."
- Staff treated people with care and kindness. Staff told us how they respected people's wishes and supported them in every aspect of their lives so that they could achieve their maximum potential. We observed people's reactions to staff and saw there was a good level of trust between staff and people.

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

- Relatives told us Ferncroft was their family members' home. One comment we received from a relative when talking about Ferncroft being a 'home' to people included this, "I mean this in the true sense of the word 'home'". Relatives said staff enabled people to live a life in which they could express their wishes and were heard and supported with their decisions about their care.
- People's learning disabilities meant for some their full involvement in making decisions about their care was limited. However, due partly to the stability of both the staff group and the people living at Ferncroft, staff had developed a good understanding of people's non-verbal communications. For example, staff described to us the different ways [body language, facial expressions and sign language] people who had limited communication expressed their preferences. We observed staff gave people the time they needed to communicate.
- Where people could not be engaged, the registered manager told us they involved families and relatives in making decisions in people's best interests where needed. Relatives confirmed this with us and the health and social care professionals we spoke with told us people's best interests were always a top priority in decisions made by staff.

Respecting and promoting people's privacy, dignity and independence.

- Care plans were person centred and focused on what people could do for themselves and areas they felt they needed support with. Staff encouraged people to take risks safely. They did this by offering appropriate support that helped to empower people and respect their wishes.
- People were supported to maintain relationships that were important to them and staff recognised the significance of this on individual's well-being. For example, supporting and enabling families and friends to feel welcomed when they visited people. One relative told us, "I can no longer get out of my house, so staff bring [family member] here some weekends. This is so important to me because I want to keep up my relationship with them." Another relative said, "We are always made welcome when we visit, we chat with

staff and they update us on everything."

Good

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 good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were personalised and contained information relating to people's physical, emotional and mental health needs. Information to do with people's life histories helped staff to better understand people's interests and preferences.
- People's needs and risks were assessed and management plans were integrated into people's care and support plans identifying both short and long term goals and recording progress made on them. We saw people [where they were able] had signed their care plans to indicate their agreement with them.
- Relatives said they were happy with the service being provided for their family members and they told us the registered manager was responsive to their requests.
- Care and support plans provided staff with detailed information about people's preferences, needs and the tasks staff were expected to carry out to meet people's needs.

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 understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had a good 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.

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 follow interests and activities that they enjoyed, they offered them appropriate choices. For example, people were engaged in activities such as swimming and horse riding.
- Staff said people were involved in a wide range of interests they enjoyed doing and these activities were reviewed with people and their relatives to ensure they remained appropriate for the person. Other activities people enjoyed included, arts and crafts, shopping trips, visiting family and friends and planning for and going on holidays.

Improving care quality in response to complaints or concerns

- Staff told us that people told them if they were not happy. Any feedback received was used to develop and improve the services.

● People and their relatives told us they would talk with staff or the registered manager if they had any complaints. Relatives were confident that their concerns would be dealt with. Some comments we received about this from staff and relatives were; "I am confident that the manager will deal with things"; "I know that the manager would deal with any concern appropriately and quickly".
● The provider had an appropriate policy and procedure in place that set out the steps someone would need to take if they had a complaint. This included an appropriate timescale within which they might expect a response to their concerns. Staff were aware of how to assist people if they had a concern or a complaint to make.
● The providers' complaints procedure was readily available in different formats to meet people's needs, including an easy to read version.
● Records showed where a complaint was made it was responded to in line with the provider's policy and had been dealt with appropriately to the complainant's satisfaction.

End of life care and support
●The registered manager told us they were not providing end of life care for anyone at present. However, they said they were developing an appropriate policy and procedure to put in place for when this became necessary.
● Staff received training on end of life care.

Good

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 good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Quality assurance systems were in place however they did always identify areas where improvements were necessary, for example the need for improvements with the general décor of the home. Also where staff training and support needed some improvement in order to meet the provider's own policies. Other quality assurance systems in place monitored areas such as cleaning, medicines and health and safety. The registered manager and the team manager acknowledged the home needed refurbishment in terms of new decorations as well as the training and support provided to staff. They agreed to bring this to the attention of the provider as soon as possible following this inspection.
- The management and staff understood their roles and responsibilities. The registered manager told us they were supported well by the team manager who has regular input.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff said they enjoyed and were committed to their work supporting people at the home. They were complimentary about fellow members of staff. Some of their comments included; "It's a good team here, quite stable and not too much turnover. We support each other and take a whole team approach". "We have a brilliant team, we work well together".
- Staff, relatives and people's feedback on the management of the home was positive. Staff felt supported. They told us that the registered manager was approachable, accommodating and fair. A relative told us, "The registered manager is a good manager. They listen and act responsively to comments we may make".
- The registered manager understood the requirements of the duty of candour. That is, their duty to be honest and open about any accident or incident that may have placed a person at risk of harm.
- The registered manager was aware of their responsibility to submit notifications to CQC of notifiable events. Notifications had been submitted in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The service sought people and their families feedback and involvement through review meetings and questionnaires. Feedback was then reviewed, actions taken and shared with the staff team.
- Staff meetings were held regularly and minutes of these showed that they were asked for their input and idea's. Staff told us they felt involved in the home and made suggestions that the registered manager would take forward.

● The team manager and the registered manager were passionate about integrating people in their community by encouraging their involvement in community events and activities.
● The service had good working partnerships with health and social care professionals. Records showed that input was widely sought and instructions followed correctly to meet the needs of people living at the home.