

# Braintree Health Care Limited

# Fern Lodge

## Inspection report

108 Broad Road  
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Braintree  
Essex  
CM7 9RX  
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Website: n/a

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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 

## Overall summary

The inspection was unannounced and took place on 03 June 2015.

Fern Lodge is a care service without nursing, providing accommodation and personal care support for up to eight people who have a learning disability and/or associated mental health needs.

A registered manager was in post at the service. 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.

People were safe this was because the staff supported people to know and understand how to keep safe. The staff were aware of their responsibilities in managing risk and identifying abuse. People received person-centred safe care because their individual specific needs had

# Summary of findings

been assessed and care planned accordingly. The care plans contained information about risk assessments and plans to minimise while supporting people to pursue their individual aspirations.

Staff had received training regarding safeguarding people and the service had a whistle-blowing policy. Staff had received and continued to update their knowledge of medicines that were prescribed to people. The service had a policy and procedure designed for staff to administer medicines safely.

There were sufficient staff to meet people's needs who had been recruited safely and who had the skills and knowledge to provide care and support to people in ways that they preferred.

The service had a robust recruiting procedure and the staff were provided with on-going training, supervision and yearly appraisal.

People's health and emotional needs were recognised and the staff consulted with relevant health care professionals to provide appropriate support. Staff supported people to have a varied diet and that met their individual needs.

People were treated with kindness and respect by staff who knew them well and who valued their views and supported them with their individual interests. The staff supported people to pursue and enjoy social activities in the wider community.

People contributed to their own care plans via organised reviews as did their and families as appropriate. The service had a complaints system which was in user friendly format so that people could inform staff if they had any concerns.

There was an open culture and the management team demonstrated good leadership skills. Staff felt highly valued and enjoyed working on a one to one basis with people.

The management team had devised and used systems to check and audit the quality of the 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.

There were safeguarding processes in place which staff understood to address people's concerns

Procedures to identify risks were followed, so people could be assured that risks would be minimised and they would receive safe care.

There were enough staff with skills and knowledge who knew how to provide people with safe care.

Medicines was administered safely and effectively by trained staff.

Good



### Is the service effective?

The service was effective.

Staff received the supervision and training they required to give them the knowledge to carry out their roles and responsibilities.

Where a person lacked capacity there were correct processes in place so that decisions could be made in the person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

Staff respected people's choices of food and drinks and supported people to understand and consume a healthy diet.

Good



### Is the service caring?

The service was caring.

Staff were empathic in the way that they provided care and support.

People were appropriately supported to be involved in the planning of their care.

People's privacy and dignity were respected.

Good



### Is the service responsive?

The service was responsive.

Staff knew about people's interests and supported them to take part in activities that were meaningful to them.

There were processes in place to deal with any concerns and complaints and to use the outcome to make improvements to the service.

Good



### Is the service well-led?

The service was well led.

The service promoted an open culture, where people felt involved and links had been built with the local community.

Good



# Summary of findings

Staff felt valued and were provided with the support and guidance to provide assessed care and support.

There were systems in place to seek people's views and this information was used to develop the service.

# Fern Lodge

## 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.'

The inspection took place on 03 June and was unannounced. The inspection team was made up of one inspector.

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 reviewed all the information we had available about the service including notifications sent to us by the manager.

This is information about important events which the provider is required to send to us by law. We also looked at information sent to us from others, for example the local authority. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with two people who used the service. Other people were unable speak with us directly because their limited verbal communication and we used informal observations to evaluate people's experiences to help us assess how their needs were being met. We observed how staff interacted with people. We also spoke with the registered manager, deputy manager, three members of the care staff, two healthcare students and a visiting friend to people at the service.

We looked at three people's care records and looked at information relating to the management of the service which included, the recruitment process, safeguarding policy and procedure, health and safety records, staff training records, quality monitoring audits and information about complaints.

# Is the service safe?

## Our findings

People told us they felt safe living in the service. One person told us, “I like living here and I feel safe.” We saw that where risks to people’s safety and wellbeing were identified, measures were put in place to minimise the risk. Members of staff were able to give specific examples of identified risks and the actions which had been taken to reduce the risk to as much as possible. Risks to people’s safety and well-being were discussed at the staff handover between shifts to ensure staff were up to date with recent changes. There were policies and procedures in place to assess people’s care needs and identify any areas of risk either to the person or to others.

Members of staff received training about how to keep people safe. They understood the different kinds of abuse and the processes for reporting abuse. Staff were confident that any issues they raised with the manager or deputy would be dealt with appropriately. All staff knew that they could report safeguarding matters directly to the local authority. One person told us, “I see keeping people safe from harm as my first priority.” The service had a policy and procedure for reporting abuse.

We spoke with the manager regarding safeguarding issues that had been raised. They explained to us how they and the staff team had worked with the local authority and family members to support the investigation while also providing care for the person. Subsequent reviews had also been arranged to agree how care was to be provided to this person with challenging and complex needs. Some people were unable to communicate with us verbally; we observed that there were positive relationships with the staff providing support. We saw people smile, using gestures and laughing with staff members. We also noted how the service had worked with other professionals before, during and after safeguarding concerns were raised. We saw from our observations that the person was alert and aware of their surroundings. We also saw recorded that the service during and since the safeguarding events had worked with and kept the people’s family fully informed. All safeguarding matters at the time of our inspection had been closed. No recommendations for changes or further actions to be taken had been made. Staff knew about the

processes in place to keep people safe in emergency situations. There were on site emergency plans to cover situations such as fires, floods, electrical failures and gas leaks.

We saw that the service had sufficient staff for people to receive the support they required. Staff worked flexible shifts including 10 - 4 or part of the evening when an activity to support an individual had been identified. People were supported to go out individually, go on holiday or for long weekends away. While we were at the service we noted that people’s needs were attended to promptly. The manager told us how they assessed staffing levels to ensure there were sufficient staff on duty. They explained how they used staff flexibly to take into account people’s individual needs and to arrange day trips and holidays in advance with the person and their families.

There was a recruitment process in place to ensure the applicants were suitable to work in this type of service. This included mature students coming to the service for work experience as part of a course managed by the local college. We spoke with the two students at the service on the day of our inspection. They told us about how they had been welcomed and were enjoying their placement, especially as they had time to get to know people and the staff was supportive to their learning. People wishing to work at the service were asked to complete an application form. The shortlisted candidates had a formal interview and checks on the successful applicants. These included taking up references and checking that the member of staff was not prohibited from working with people who required care and support. This was all completed before staff began to work at the service.

We observed staff administering medicines during our inspection and this was in a safe and courteous manner. A member of staff told us how new medicines prescribed were discussed at handovers so staff were aware of why they were being used and to be aware of any potential side-effects of the medicines. We saw that some medicines prescribed for the management of challenging behaviour had been reduced. The service had worked with other professionals to monitor medications. As people became familiar with the staff, positive interactions with staff and knew their surroundings, challenging behaviour had reduced.

The deputy manager took responsibility for the ordering and management of people’s medicines. They explained to

## Is the service safe?

us the arrangements in place for keeping people safe and for administering prescribed medicines. We looked at the records for all people at the service and found they were accurate. Medicines were stored securely and fridge temperatures checked daily to ensure medicines were stored within the correct temperature range. We saw that medicines administration record (MAR) sheets had been completed correctly and were in order. The MAR had a reference system in place to explain why regular prescribed

medicines were omitted or when medicines to be given only when required was administered. We saw that this had been completed accurately with reasons given on each occasion. The deputy manager also explained the system in use for returning medicines not required to the pharmacy and how staff were trained to administer medicines safely. Staff were made aware of medication changes through an alert sheet which was provided for all staff.

# Is the service effective?

## Our findings

One member of staff told us. “I enjoy the training it is not a case of look at a computer package, we are shown or things are explained and you have the chance to ask questions.”

To provide an effective training package in order that staff were trained and knowledgeable to meet people’s needs. The service had consulted widely and devised an induction and on-going training so that the staff could provide care and support to people. Some people had challenging and complex needs and the staff were able to apply their learning regarding needs led care to support people with their aspirations. The impact was that staff were confident to take people on holidays and for planned days trips to destinations such as London where people wished to visit.

The staff we spoke with were confident that their training provided them with the information they needed to provide care to people. We saw the training record which showed to us the training that had been delivered this year and future training that was planned. Staff had up to date knowledge of areas which included health and safety, manual handling, medication, fire prevention and training related to the needs of the people that used this service.

We saw the staff induction programme which included time for new staff to spend with selected experienced staff to introduce them into working at the service. Staff told us they had meetings with the manager or deputy during their induction to support them and once the induction was complete staff moved to regular supervision and a yearly appraisal. A member of staff told us. “I have regular face-to-face supervision and there is also support from the management and colleagues whenever needed.”

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found the provider was following the MCA code of practice. Systems were in place to make sure the rights of people who may lack capacity to make particular decisions were protected. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person’s best interests. The manager understood the process for making DoLS referrals where required. Staff understood about assessing people’s capacity to make

decisions. There were DoLS authorisations in place for some people and appropriate procedures had been followed to put these in place with on-going reviews planned.

Time had been taken to work with people having carried out an assessment to support people individually and appropriately to manage their own money.

Staff were able to demonstrate a knowledge based and empathic understanding of people’s emotional and mental health needs. They explained the specific support they provided when people were anxious or upset and described what they would do to support people at that time. A member of staff explained that when one person was upset, they needed a little time on their own, while for another person, this would have been the last thing to do. They wanted staff to be with them to talk through the issue and be with them. This meant that staff were aware and able to put into practice effective techniques to support people. The impact being that staff the distress experienced by the person was reduced in both time and severity.

Staff understood the need to be sensitive to people’s feelings and how to give them additional reassurance and time to talk about their feelings. During our inspection we observed how staff supported different people over issues of clothing, clarifying outings in particular concerns over time of appointments and the return of library books. The staff did this in a calm effective manner which reduced the initial anxiety so that the person was able to take control of the situation with a clear plan supported by the staff.

The information recorded in the individual care plans, reflected the details that staff had discussed with us. The plan contained information about the person and how they preferred to receive support. There was an emphasis on what support people needed to enable them to lead fulfilling life’s as the person perceived and to maintain independence. The care plans we saw focussed upon what was important to the person as well as what made them happy, sad or caused anxiety.

One person told us. “I like the food.” They were able to tell about the various meals of the day and snacks. We saw from records that people were involved in designing the menus, staff provided a variety of meals while also balancing against established favourites of the person in case they did not like the new food they tried. We saw a



## Is the service effective?

member of staff explaining to people the options for lunch and showing them different pictures of plated food so they could make an informed choice about which meal they would prefer. When specific needs around diet or nutrition had been identified, input was sought from relevant health professionals in order that appropriate support was received regarding that condition.

People could choose where they wished to eat and some people needs had been identified that they were best met with regular small meals and snacks rather than sitting at a table at set times. Assistance with eating and drinking was provided sensitively. During and at the end of the meal, we heard staff asking people whether they had enjoyed the meal. A member of staff told us, "Part of our training is to feed another member of staff and in turn they feed us, this is so we have a better understanding of feeding and what it is like when someone places a spoon into your mouth."

People were encouraged to access the kitchen and make their own drinks and snacks which they could consume in their own rooms. Staff also supported people to cook dinner in the kitchen. People were also encouraged to invite friends to visit and have meals with them in their rooms.

Staff supported people to do their own laundry and clean their respective rooms thus ensuring daily living skills were developed and maintained. People spent time regularly with staff to review what they had done and make plans for the future which was recorded. Peoples rooms were decorated with their involvement with the choice of the décor.

A person had recently celebrated a birthday and a buffet lunch had been arranged with friends at the local public house. People were also supported to spend time away from the service with their families.

People's health needs were appropriately monitored and the service worked with health professionals to meet people's individual needs. When specific health care needs such as epilepsy had been identified staff had received training about the condition in order that they could provide specific care to the individual. A member of staff explained how they provided care to person with regard to their specific need. All people had their own GP and Dentist and we saw regular and as required appointments with these professionals had been made to maintain good health. The service had a system for recording and planning appointments for people to meet professionals regarding their health needs. We saw that the service had made referrals quickly when concern about a person's health had been identified.

A member of staff told us about the care provided to a person that was unable to speak. They knew the person well and could identify changes in their health and well-being from their behaviour change and gestures.

People were involved in their healthcare planning, we saw in a care plan how the person had been given information about oral hygiene. The environment of the service had been planned to support people as it was based on one level with easy access throughout. There was a garden which, via level paving, was accessible to people and we saw various gardening projects and quiet areas that people could use and enjoy.

# Is the service caring?

## Our findings

One person told us. "The staff are nice and are kind to me." They explained to us that the staff had helped them with many things and were confident the staff were there to help them in the future. The staff we spoke with expressed a caring attitude and knowledgeable approach to people. We were told about how the complex needs of one person were met. The importance of eye contact and being close to the person was explained to us to aid effective communication.

We saw throughout our inspection both caring and supportive interactions between members of staff and people receiving support. We saw that staff took time to explain in detail to people what they were doing and why and gave encouragement and praise for when achievements had been made. A person visiting their friends at the service told us. "I enjoy coming here, because the staff are friendly."

Staff told us that people's views and opinions were important and were valued. A staff member told us. "It is difficult to communicate with one person so when they do express an opinion this is valued and seen as a sense of achievement." We were given examples of how people were involved in choosing the décor when the service was decorated and when people came to the service their room was to their personal taste. This included the colours used, favourite objects, possessions and murals used. Staff told us that samples of colours were shown to the person, so that they were involved in the decision making process.

The service supported people to express their views. When we began our inspection we saw that people were engaged and interacting with staff in both individual and group activities. We saw that the service planned activities in advance although these were changed to fit in with people's wishes on the day.

Staff were able to demonstrate a knowledge based and empathic understanding of people's emotional and mental health needs. They explained the specific support they provided when people were anxious or upset and described what they would do to support people at that time. A member of staff explained that when one person

was upset, they needed a little time on their own, while for another person, this would have been the last thing to do. They wanted staff to be with them to talk through the issue and be with them.

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The information recorded in the individual care plans, reflected the details that staff had discussed with us. The plan contained information about the person and how they preferred to receive support. There was an emphasis on what support people needed to enable them to lead fulfilling life's as the person perceived and to maintain independence. The care plans we saw focussed upon what was important to the person as well as what made them happy, sad or caused anxiety.

We spent time in the lounges of the service during our inspection and people using the lounge varied throughout the day. This was because many people had activities and things to do outside of the location including, shopping, cinema and clubs. We saw from the care plans that people were following individual choices of how they spent their time.

Each care plan was detailed with information about how the person was supported to maintain communication with their families. We saw that family members or representatives had been appropriately involved in the care planning and reviews where appropriate.

Staff explained to us how they reviewed care plans to make sure that they were up to date and reflected any changes in the person's needs. Care plans were reviewed at least monthly or when there were changes. Any changes were made with the person and their relatives as appropriate and we saw that this was recorded in the care plan.

People were treated with dignity and respect, for example staff were discreet when they asked if people required support with personal care. Any support required was given in private to maintain the person's dignity. Staff were polite, and spoke calmly with people. The staff referred too and

## Is the service caring?

addressed people by the names they had chosen. Everyone was wearing clothes that were well fitting and clean. A member of staff explained to us how people enjoyed shopping trips for clothes and this was confirmed by a person who pointed to the blouse they were wearing.

# Is the service responsive?

## Our findings

A new service was being built close by under the same management and provider as Fern Lodge. The service had kept people informed of the development. A person told us, "I might move when the new building is ready." They were aware that a new building being developed close by and that some people may move to this accommodation. They were confident that their choice and preferences would be respected and the level of support they required would continue to be provided.

The manager explained to us and we saw in the care plans that prior to anyone coming to the service a detailed assessment was completed to determine if the service could meet the person's needs. The manager told us, any request to move to this new service would be considered and based upon an assessment to determine if that service, which would provide less support than Fern Lodge, would be suitable. The service was explaining this to people and keeping them informed of developments at regular meetings.

People were supported to regularly communicate with those that were important to them, so that they could maintain relationships and avoid social isolation. This could be through sending cards or using the telephone. The manager told us, "We encouraged and support whenever possible people and their families to be and remain in contact." We saw that plans were made for people to visit family members or they received visits from relatives. There were no visiting times and families were welcome to visit at anytime that was agreeable to the person.

We observed a staff handover and saw that careful consideration was given to ensure all information was given to a member of staff who had been away for a few days. The handover was detailed regarding events that had happened peoples well-being and arrangements for the coming shift.

The staff we spoke with had in-depth knowledge and understanding of people's likes, dislikes and preferences. We saw that staff asked people what they would like to do We saw staff make suggestions so that people did

understand the choices and alternatives. It was explained to us that one person did not have any spoken word language but was able to communicate by sound and they obviously enjoyed a staff member singing a song to them. The staff played music to them at times during the day and had built up knowledge of what they liked and had therefore built up a music collection on these themes.

Another person while not able to speak to make themselves understood was able to explain what they wished by taking the member of staff's hand and leading them or by pushing an item away. Through this means of communication the staff had been able to develop a greater understanding of the person's views and preferences.

The manager told us that people were encouraged and supported to follow their hobbies and interests. The care plans contained information about the things people enjoyed to do which included visits to famous places and how the staff would support them. We saw that a computer had been set up for people to use and staff had been helping people to develop their skills. Some people had complex physical needs and used wheelchairs and the service was accessible for them to use.

One person told us that they knew how to make a complaint if they should need to. The manager informed us that staff would listen to people and give them the time they needed to respond and talk about any concerns. Information about how to raise concerns was prominently available throughout the service in a form that people could understand.

We saw that complaints had been recorded as had the many compliments about the service. The service had a complaints policy and clear procedure which laid out how complaints were to be recorded and responded to. At the time of our inspection there were no outstanding complaints.

The manager informed us that they viewed that complaints should be resolved as soon as possible while in their experience the information contained within a complaint should also be viewed to see if it could lead to an improvement within the service.

# Is the service well-led?

## Our findings

One person told us. “The manager is great, always helpful.” We saw from the written comments made about the service that relatives were positive about the culture and standard of the service. There were compliments about how the service was managed and care given by the staff.

The service values were clearly explained to staff through their induction programme. This was told to us by the manager and also staff that had joined the service. The emphasis was based upon care balanced with supporting and encouraging independence.

There was an established management structure in place of a registered manager and deputy manager. The staff considered they were well supported by the manager. There was an on-call service from the senior managers to offer support when they were not at the service. In turn the managers felt they were very well supported by the provided, who visited regularly.

At the time of our inspection we noted that the windows were being washed and it was confirmed to us that this was done monthly by the contractor. The manager told us that the service wanted to promote a clean pleasant environment in which people lived.

The service sought feedback from people and their relatives and visiting professionals to improve the quality of the service. The manager explained the systems and surveys in place to obtain the views of people, relatives, staff and professionals. This information was used to identify areas for development. We saw how this had been used to benefit the service with regard to staff training and how facilities were used such as the kitchen. We saw that future surveys were planned.

Staff were complimentary about the management. One staff member said. “They are really interested in the care and how we can grow and develop to provide it and keep getting better.” The staff felt they were supported and said that the management team were approachable and listened to their views. There were regular staff meetings to give staff the opportunity to raise concerns or make suggestions for improving the service, such as decorations representing favourite films. One staff member informed us that they enjoyed working at the service because of the variety it provided by encouraging staff to support people with their chosen interests and hobbies.

The management team had clear systems in place for monitoring the quality of the service. When we arrived to do our inspection we saw that the electrical systems of the service were undergoing routine planned checks for their safety. We saw a wide range of audits in place to monitor different aspects of the service including areas relating to fire, health and safety, medication and care records. All aspects of people’s care was also audited such as falls prevention and protocols in place for identified challenging behaviours.

There were robust systems in place for managing records, which were well maintained, containing the necessary and good standard of information, were up to date and stored securely. The service sought the support of other professionals as required to deliver the individual planned care.

The service supported people to be active in the local community and to use the various facilities near by such shops, library and entertainment venues. The service was on a bus route so this means of transport could also be used as well as cars for specific journeys.