

# North Yorkshire County Council

## Fernbank Court

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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 3 and 11 December 2018 and was announced. This was the service's first rated inspection since it was registered in December 2017.

Fernbank Court provides domiciliary support to mainly older adults living in their own flats.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Not everyone living at Fernbank Court receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection, 12 people received support with a regulated activity.

There was a registered manager. 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.

Risk assessments were not consistently in place for areas of identified risk and medical conditions. The risk assessments which were in place lacked information to guide staff about the potential risk and actions taken to address this. We have made a recommendation about risk assessments.

People told us they felt safe and received support from a consistent team of staff. Recruitment procedures were safe. Staff understood the potential signs of abuse and knew how to report their concerns. People received the support they required with their medicines. Staff received medicines training and their competency in this area was assessed. Staff understood their responsibility to record and report if an accident or incident occurred. The provider had recently introduced the monitoring of any trends with accidents and incidents which was being further developed.

Staff received training essential to their role and received ongoing support in the form of supervisions and annual appraisals. Staff told us they felt well supported in their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's consent was sought before providing people with support and written consent was obtained. People received support to maintain their diet and fluid intake, if required. Staff sought the input of medical

professionals if a person deteriorated or required further professional input. This information was available within people's care records for staff to follow.

People told us staff were kind and caring towards them. Staff promoted people's dignity and independence through the way they supported them. People's communication needs were assessed and staff understood effective ways to communicate with people to promote their decision making. Confidential information was securely stored.

Care plans were in place which were detailed and person-centred. Reviews of people's care were completed to ensure this continued to meet people's needs and preferences. The housing provider scheduled a programme of activities for people to engage with. A complaints policy was in place and people were aware of their right to complain. People and their relatives expressed their confidence that any issues raised would be addressed.

People told us the service was well-led. There was a registered manager in post who was supported by team leaders. The management team worked closely with the housing provider and shared relevant information. A variety of meetings were held to share important information and learning from recent events and to promote best practice. The registered manager and provider had a system of checks to monitor the quality and safety of the service. People's views were sought in the running of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

Risk assessments were not always in place for areas of identified risk.

Staff understood potential signs of abuse and who to report their concerns to.

People received their medicines as required.

There were sufficient staff to ensure people received the support needed in addition to responding to people's emergency call bells.

### Is the service effective?

**Good** ●

Staff received appropriate training and support in their roles.

Staff sought people's consent and promoted the principles of the Mental Capacity Act.

People received support with their food and fluid intake.

People had access to healthcare professionals.

### Is the service caring?

**Good** ●

People told us staff were kind and caring.

Staff promoted people's choice and treated people with dignity and respect.

People had access to independent advocacy support.

### Is the service responsive?

**Good** ●

People received person-centred support.

Care plans were in place and people were involved in developing these.

Complaints were responded to appropriately.

**Is the service well-led?**

**Good** ●

People told us the service was well-led.

Checks were completed to monitor the quality and safety of the support provided.

People told us the management team were supportive and approachable.

The registered manager and provider sought people's feedback on the running of the service.

# Fernbank Court

## 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 was 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 3 and 11 December 2018. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The first day of the inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was completed by an inspector.

This inspection was partly prompted by an incident which had a serious impact on a person using the service and this indicated potential concerns about the management of risk in the service. While we did not look at the circumstances of the specific incident, which we are looking at outside of the inspection process, we scrutinised the provider's risk management process.

Before our inspection we reviewed information we held about the service, which included information shared with the CQC and statutory notifications sent to us since our last inspection. The provider is legally required to send notifications about events, incidents or changes that occur and which affect their service or the people who use it.

We also considered the Provider Information Return. This is information we require providers send us at least once annually to give key information about the service, what the service does well and any improvements they plan to make. We sought feedback from the local authority and local Healthwatch England. Healthwatch is an independent consumer group who share the views and experiences of people using health and social care services in England. We used all this information to plan our inspection.

During the inspection we spoke with six people who used the service and five relatives of people who used the service. We spoke with six members of staff which included the registered manager, team leader, care

services manager and care and support workers.

We reviewed two staff files, which contained information about training, supervisions and appraisals. Only one staff member had been recently recruited and we checked their documentation. We looked at documentation for three people who used the service, which included care plans, risk assessments and daily records. We reviewed the medicines management systems and a variety of documentation relating to the running of the service.

# Is the service safe?

## Our findings

People who used the service told us they felt safe. Comments included, "I feel safe with all my carers, they do a great job" and "The carers are brilliant, I feel safe when they shower me in the morning." A relative told us, "We like the staff, they do all they can to help you. We feel very safe with them here. We have no complaints. It is not as if you have to take what they give you, we agree on what needs to be done."

Due to a recent incident, as referred to within the background of this report, we looked closely at people's risk assessments. Whilst we found risk assessments were completed for some identified risks, such as falls and moving and handling, these did not always reflect the person's current needs and were not in place for all areas of identified risk. For one person, their risk assessment did not refer to their current moving and handling support needs and a risk assessment was not introduced when their skin became red. At the time of our inspection the person's skin was in good condition and staff were aware of the level of support the person required. This reduced the risks around the risk assessments not being up to date.

Risk assessments for complex medical conditions, such as Parkinson's disease and epilepsy, were not consistently in place. There was limited information to guide staff on how to support the person and the actions staff needed to take if the person deteriorated.

We discussed risk assessments with the provider and registered manager. Between the first and second day of our inspection the registered manager and team leaders updated the existing risk assessments and implemented new ones for health conditions. The updated information was detailed and clearly explained the control measures required to address and mitigate risk for people.

We recommend the provider refers to current guidance in relation to the assessment and management of risk and consider the use of evidenced based tools.

People received support with their medicines as required and the support provided was documented on medicine administration records. The provider had an up to date medicines policy which staff were aware of. Staff undertook medicines training which was regularly refreshed to ensure their knowledge and skills were current. Staff who administered medicines had their practice observed to ensure their competency and safe practice. During the competency assessment the staff member's overall practice was observed. This included their approach to the person, the review of any documentation and application of infection control measures. Medication audits were completed and actions taken to address any issues. For example, it was highlighted that two staff were not consistently signing handwritten medicine administration records to confirm the information transcribed was correct. This was addressed with the staffing team. For another person, a medicine had not been signed for. A 'near miss' form was completed and actions taken with the staff member involved. This demonstrated that the management of medicines was safe. We discussed with the registered manager about ensuring the support people received with their creams was recorded and instructions were available to guide staff on their administration. The registered manager agreed to address these.



Staffing levels were safe and there were sufficient staff to ensure people received their care calls as required. Target staffing levels were three staff on a morning and two in the afternoons, evenings and throughout the night. Staff had a schedule of regular visits and assisted people, who did not routinely require support, in an emergency. Support was provided by a consistent team of staff who were familiar with people's needs, preferences and routines. People told us the care was flexible if they required additional support. A person who used the service stated, "We have both been involved in working out what needs to be done, if there are any problems we can change it. The staff do whatever we want and help us. They are really punctual and if I need anything I can pop in the office or in an emergency use the call system." A staff member explained the registered manager reiterated to staff that people should not be rushed and told us, "[The registered manager] says each call takes as long as it takes."

The recruitment practices for new staff were safe. A check was completed with the Disclosure and Barring Service (DBS). DBS check people's criminal records to help employers make safer recruitment decisions. The provider's human resources department was responsible for ensuring potential candidates completed an application form and health questionnaire and provided suitable references. Prospective candidates underwent a robust value based interview process. Questions related to the person's understanding of safeguarding, team working and how to promote dignified care for people.

When an accident or incident occurred, staff completed a detailed record of what happened and the actions taken in response to this. This was then reviewed by the registered manager to ensure appropriate actions had been taken. Staff were confident in what actions they would take in the event of an accident or incident. This information was then shared at handover to ensure staff were aware of any additional monitoring or support that was required. The provider recently introduced an analysis for each service which looks at incidents, safeguarding and 'near misses'. This information was shared with each location's registered manager to encourage learning and discussion around improvements that were required and response to these trends. This was only recently introduced by the provider and continues to be under development and review.

The provider had an up to date safeguarding and whistleblowing policy. Staff undertook safeguarding training, which was refreshed, and understood the different types of abuse and potential indicators that abuse may be occurring. Staff were aware of how and who to report their concerns to. A staff member told us, "If I had any concerns I would do the safeguarding paperwork and would speak with [the registered manager] immediately."

Staff undertook training in relation to infection prevention and control. Personal protective equipment, such as gloves and aprons, were readily available to staff and helped minimise and control the spread of infection.

Personal Emergency Evacuation Plans (PEEP) were in place which detailed the level of support people would require evacuating the building in the event of an emergency. This information was located within the office and accessible to all staff. There was also a crisis plan which contained instructions for staff in the event of a fire along with contact details for energy suppliers and emergency accommodation available to people.

## Is the service effective?

### Our findings

People who used the service and their relatives told us staff were well-trained. A person's relative stated, "They do care for [person's name] and their training shines through. They are very effective." Another relative told us, "They have given immeasurable amounts of care to [person's name]. They are well trained and there is a brilliant core of staff."

Staff completed training the provider considered mandatory to ensure they could safely meet people's needs. This included emergency first aid, moving and handling and equality and diversity. These topics were also refreshed on a regular basis to ensure staff's knowledge remained current and in line with best practice. Staff had undertaken additional training in areas including pressure care and supporting people with autism to ensure they understood how to respond to people's specialist needs.

Staff received regular supervisions of their performance and told us they felt well supported in their roles. Supervision records demonstrated this was an opportunity to discuss the person's well-being, any training or development needs and any concerns they may have had. A member of staff told us, "We do receive supervisions and we can ask for them at any time." Staff received an annual appraisal of their performance.

New staff undertook an induction before providing people with support. They were made aware of the provider's policies and procedures, read people's care plans to gain understanding of their needs and shadowed more experienced carers. A staff member told us, "I had a couple of days shadowing, we weren't just thrown in the deep end." Staff also received probationary reviews to discuss how they were finding their new role and whether they had any concerns or training needs to be addressed.

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 with appropriate legal authority. Applications to deprive people of their liberty in community services must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

At the time of our inspection, nobody was subject to a DoLS or any restrictions. The registered manager understood in what circumstances a DoLS may be required. The provider highlighted they were aware mental capacity assessments and associated best interest records were not in place and were working with the registered manager to address this. The registered manager and staff team did understand and promoted the principles of the MCA. Information was contained within people's care plans about their

decision-making ability, any support they may require and whether anybody had the legal authority to make decisions on their behalf.

Staff understood the importance of seeking people's consent before providing people with personal care. A staff member explained to us how they sought a person's consent, "I get myself down to [person's name] eye level, she can let you know what she wants. I explain what I'm doing before I do it. They nod their head to let us know it's okay. I wouldn't do it if they said it wasn't okay." A record of people's consent was on their file to demonstrate they agreed to the sharing of information.

Staff used handover sheets to record any important information, such as significant incidents or matters to follow up on. This information was then shared with the next staff team on duty. This was an effective system as staff were familiar with people's current needs and follow up actions were being taken. Staff documented the support they provided to people within their daily record's and highlighted any issues which needed to be addressed or that staff needed to be aware of. We discussed with the registered manager about ensuring these entries were person-centred as opposed to task-centred.

People had access to a bistro to have their main meals, should they wish to. For some people this provided an opportunity for interaction and engagement. Staff assisted people with meal and drink preparation if required. Information relating to the support people needed with their diet and fluid was recorded within their care plans.

Staff supported people to access medical professionals when required. Staff sought the advice and input of professionals and this information was stored within the person's file. A person's relative told us, "They arrange, doctors and dentist and even nurses for [person's name] when he needs them. They make sure everything is ok, they will sort it out as much as they can. They let us know if there are any problems."

Information about medical conditions, including Chronic Obstructive Pulmonary Disorder, sepsis and dementia, were stored in the office and available to staff to aid and develop their understanding.

'Hospital passports' were in place and contained important information about a person's support needs, medical history and emergency contacts. This important information could then be shared should the person's care transfer to a different environment.

## Is the service caring?

### Our findings

People who used the service and their relatives told us staff were kind and caring towards them. Comments included, "Nothing is too much of a problem for the carers, they are lovely" and "They are very caring they provide an excellent service and look after me; means I am independent which is very important for me." A person's relative told us, "[Person's name] is so much better it makes me feel quite emotional. These carers have struck up such a wonderful relationship with them. All of them make her laugh and they are so kind."

Staff spoke about people in a respectful and courteous manner; addressing people in the manner of their choosing. All of the staff we spoke with explained how much they enjoyed their role and were passionate about the support they provided. A staff member told us, "I love working here. The atmosphere, the team, the residents...it's a good place to be." Staff enjoyed the trusting relationships they had with people.

Staff understood the importance of promoting people's dignity and privacy. Staff knocked on people's flat doors, as opposed to just walking in, and offered people support in discreet ways. A relative told us, "The carers are very respectful." We asked a staff member how they ensured people's privacy and dignity were maintained and they explained, "It's different for each individual. It's about getting to know what they want." People's care plans reminded staff about the importance of maintaining people's dignity.

Staff continually considered ways to promote people's independence and spoke with enthusiasm about how they could support people to regain elements of their independence. A staff member explained, "When we first met a particular person they couldn't do anything for them self; we fastened their coat, held their cup and lit their cigarettes. Three years later they can fasten their own coat, they can pick a cup up and hold their cigarette. By the end of our support they could do 95% of things for them self." Staff understood the need to balance the promotion of people's independence with risk and promoted positive risk taking. People's care plans highlighted the areas of people's lives where they maintained their independence to ensure they were not de-skilled. For some people they had benefited from the introduction of equipment to simplify some activities of daily living. Sensors, such as falls detectors, had been introduced for some people and ensured staff were alerted if assistance was required but enabled them to continue living their day to day life as they wished to.

Information was available about people's communication needs and any additional equipment or support they required, to enable staff to support them with their daily decision making. One person's care plan stated, '[Person's name] speech is limited and they respond better to closed questions. [Person's name] prefers people to communicate with them in a quiet tone of voice and does not like people to be overly loud.' Due to the rapport staff developed with people they understood people's preferred communication methods and the most effective way to approach them. They read and understood people's body language and the fluctuations in people's presentation and how this may affect them.

Advocacy organisations provide independent support to people to enable them to make decisions about their lives and to speak up about the things that are important to them. The registered manager understood in what circumstances an advocate may be required and had supported people to access this service.

Staff were mindful to protect people's confidentiality. People's records were stored and locked away in the office and only essential information was shared with people. Delicate or confidential conversations were held in the office.

## Is the service responsive?

### Our findings

People received person-centred support which was tailored to their needs and preferences.

Before people moved into the service the registered manager and housing manager completed an introductory visit. This provided an opportunity to discuss the support the person required, to ensure the service could appropriately meet their needs, and to share information about the service. These assessments were not being recorded and this had been identified and was being addressed by the provider.

People had care plans which detailed the support they required. Care plans were in place for areas of people's lives which included personal care, nutritional support and medication. These documents described people's needs and their goals of what they wanted to achieve with the support of the service. Reviews of people's care plans were completed or had scheduled dates to ensure the support people received continued to meet their needs and wishes.

Care plans provided information about people's likes, dislikes, personal backgrounds and interests. Staff used the information contained within people's care plans and spent time with them to enable them to establish a rapport with people and to understand preferences. A staff member told us, "We know everybody and they know us. We know their families and understand how to support them." A staff member explained to us how they got to know people new to the service, "Approach is the answer to everything. We sit down, discuss what they like or don't like and I tell them they can stop at any time with anything they feel uncomfortable with. Maybe the first time, they don't agree to have any support but you build the support up so they can trust you."

People told us they were involved in developing their care plans and decisions around their care. A relative stated, "We were both fully involved in producing the plan which says what is to be done. It is excellent. If anything needs to be changed they ask to meet and we discuss what is required and agree changes together." A person who used the service told us, "I wrote my care plan with the carers. It is great and helps me do what I want to do when I want to do it. They make sure I am okay. They help me be as independent as I can be. It takes the stresses and strains out of it."

The Accessible Information Standards (AIS) was introduced to ensure people who have health or social care support receive information in a format which was understandable to them and takes into account their communication needs. The registered manager and provider were aware of the need to ensure people received accessible information and assessed people's communication needs. The provider advised information was available in braille, easy read and audio, if required.

A variety of activities were organised by the housing provider for people to access should they wish to. This included coffee mornings and fitness classes. Noticeboards within the service contained information about the timetable of activities scheduled, any up and coming events and other important information for people to be aware of. Due to staff's familiarity with the people they supported, they were aware of activities people

may enjoy and could encourage them to participate. Community organisations were also invited to use the space. This included a meeting for people living with Parkinson's disease. Holy Communion was held in the service on a monthly basis. For special occasions, events were arranged such as a local school choir coming in to perform Christmas carols.

The provider had a complaints policy. No formal complaints were received within the last twelve months. Informal complaints had been received and the registered manager listened and acted on these. For example, a person advised that night staff were sometimes late to their visit. The registered manager agreed with the person the action they would take, which they did. This demonstrated to us that the importance of complaints was recognised and acted on to improve people's experience of the support they received.

People told us they felt confident to raise any concerns with the management team and that these would be addressed. A person's relative stated, "Any problems the management see to them and get it sorted. They are willing to listen and take it as it is". The staff also received compliments about the support they provided to people. One of the compliments read, 'To Fernbank Care Team. Thank-you so much all the love, care and support you gave to [name of person] while they were at Fernbank. It was very much appreciated.'

At the time of our inspection, the service was not providing people with end of life support. We discussed with the registered manager and provider about the importance of recording people's wishes for their end of life, should they wish to share this information, to ensure staff were aware of these.

## Is the service well-led?

### Our findings

There was a manager in post who was registered with the CQC in December 2017. The registered manager was responsible for two of the provider's services and were assisted by team leaders. Team leaders oversaw the daily running of the services including addressing any issues for people who used the service and staff. The team leaders worked closely with the registered manager to ensure they were informed and updated. During our inspection we were assisted by the registered manager, a team leader and a care services manager from the provider team and all were open and transparent with us and keen to learn from the inspection process.

People who used the service told us they felt the service was well-led. People knew who the registered manager was and felt confident in approaching them and other members of the management team. The registered manager was familiar with people's needs and had built up relationships with them and their relatives. One relative told us, "The registered manager's a pal and friends are hard to find."

Staff spoke positively about the registered manager and all noted they felt confident to discuss any concerns, personal or professional, with them. Comments included, "You can always rely on [registered manager], she's always at the end of a phone" and "I have no worries about approaching any of the management. When I don't know something, I feel comfortable discussing anything."

We looked at the procedures in place for quality assurance and governance. These enable registered managers and providers to monitor the quality and safety of the service and to drive improvement.

The registered manager completed or delegated a series of checks of documentation and working practices. This included care plan audits, review of goals and outcomes and medication. When issues were identified through these audits appropriate follow up actions were taken to address practice.

The provider recently introduced a check of the service which covered areas including training, appraisals and medication and was completed over a series of visits. Following this check, an action plan was implemented with points for the registered manager to address with the input of the provider. The provider had recognised their documentation for the checks of the service needed to be amended to ensure it was specific to this type of service and prompted as to the level of detail required. This demonstrated to us the provider continually reviewed their systems and processes to ensure these were of high quality.

The provider organised meetings for all the registered managers of their services to meet and discuss shared learning, ideas for improvement and to provide support to one another. Topics covered included outcomes from assessments completed by the local authority commissioning team and CQC inspections, personalisation and equality and diversity. The most recent meeting focused on issues relating to human resources. The registered managers discussed supporting attendance, occupational health and coaching staff. The registered manager advised they found these meetings informative and assisted in their running of the service.



Staff confirmed they were invited to attend team meetings which were held on a regular basis. These were an opportunity to share learning from recent checks and audits and was a forum to discuss any concerns or issues. A staff member explained, "When we come across a problem, we all have a lot of experience and will discuss ways to find a solution." Peer support meetings were held for team leaders which provided further opportunity to discuss learning and review recent updates to policies and procedures. Guest speakers were invited to attend, which included a person from the health and safety team to discuss risk assessments.

People's views on the running of the service were sought in a variety of ways. This included meetings held by the provider and quality assurance surveys. There was a good response rate to the most recent quality assurance survey in June 2018. People were generally very positive about the quality of support they received.

The commission had been notified of incidents appropriately and the registered manager was transparent in sharing information with their partner agencies. Notifications were reviewed by the care services manager prior to them being sent to the commission to ensure they contained sufficient detail and the appropriate actions had been taken in response to an incident. This also ensured incidents happening within the service could be monitored by the provider. The care services manager advised a new pilot project had recently been introduced, where 'near miss' incidents, which did not require a notification, were sent to the provider's commissioning team and reviewed by senior management on a quarterly basis. This provided an additional opportunity to review these incidents to consider themes and trends and to take the necessary preventative action.