Orchard Vale Trust Limited

Ferndale

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out a comprehensive inspection of Ferndale on 17 and 21 May 2018. This was an announced inspection. We told the provider two days before our initial inspection visit that we would be coming. This was because we wanted to make sure people and staff would be at the service to speak with us.

Ferndale provides care and accommodation for up to three people who have autism. It is part of the Orchard Vale Trust, a charity which offers care and support to people with learning disabilities and autism living in Somerset. At the time of the inspection two people were living at the service; both had their own self-contained accommodation.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service was last inspected in January 2017. At this inspection, we found four breaches of the Health and Social Care Act 2008. This was due to governance systems not being adhered to by not recording accidents, monitoring the service properly and not carrying out regular reviews of people's care. Risks to people were not being monitored regularly. There were restrictive control measures in place for one person, which had not been adequately assessed. A financial agreement had been made for one person without evidence of the person's consent. At this latest inspection we found the required improvements had been made.

We spoke with both people who lived at the home. As these discussions were limited, we also used our observations and our discussions with people's relatives and staff to help form our judgements.

Staff understood people's needs and provided the care and support they needed. The home was a safe place for people. People living at the home told us they were happy with their service.

People interacted well with staff. Staff were skilled at communicating with people and in identifying any changes in people's mood. People made choices about their own lives. They were part of their community and were encouraged to be as independent as they could be.

Staffing levels were good. People received good support from health and social care professionals. Staff had built close, trusting relationships with people over time. One relative said their family member "Could not live in a more caring place than Ferndale. Kindness and understanding are very much part of their [meaning staff's] every day work."

People, and those close to them, were involved in planning and reviewing their care and support. There was a close relationship and good communication with people's relatives. Relatives felt their views were listened to and acted on.

Staff were well supported and well trained. Staff spoke highly of the care they were able to provide to people. One staff member said, "It's a very good service; very tailored to each person's needs. There's always a positive atmosphere."

There was a management structure in the home which provided clear lines of responsibility and accountability. All staff worked hard to provide the best level of care possible to people. The aims of the service were well defined and adopted by the staff team.

There were effective quality assurance processes in place to monitor care and safety and plan ongoing improvements. There were systems in place to share information and seek people's views about their care and the running of the home. One relative said, "I have to say that [person's name] could not live in a better place."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse and avoidable harm. Risks were identified and managed well.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs. Staff recruitment was safely managed.

People were supported with their medicines in a safe way by staff who had been trained.

Is the service effective?

Good

The service was effective.

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

People were well supported by health and social care professionals. This made sure they received appropriate care.

Staff had a good knowledge of each person and how to meet their needs. They received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good

The service was caring.

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

People were supported to keep in touch with their friends and relations.

People, and those close to them, were involved in decisions about the running of the home as well as their own care.

Is the service responsive?

Good

The service was responsive.

People, and those close to them, were involved in planning and reviewing their care. People received care and support which was responsive to their changing needs.

People chose a lifestyle which suited them. They used community facilities and were supported to follow and develop their personal interests.

People, and those close to them, shared their views on the care they received and on the home more generally. Their views were used to improve the service.

Is the service well-led?

Good

The service was well-led.

There were clear lines of accountability and responsibility within the management team.

The aims of the service were well defined and these were adopted by staff.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. People were part of their local community.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Ferndale

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 and 21 May 2018 and was announced. The provider was given 48 hours' notice because people are often out during the day; we needed to be sure that someone would be in. It was carried out by one adult social care 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 looked at the information in the PIR and at other information we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send to us by law.

During our inspection we spoke with both people who lived at the home and read their care records. We also spoke with the registered manager, two staff members, the provider's CEO and one visiting care professional. We looked at records relevant to the running of the service. This included two staff recruitment files, staff training records, medication records, surveys, staff meeting minutes, staff rotas and quality monitoring procedures. Following our inspection visits, we contacted three relatives to gain their views on the quality of the service.

Good

Is the service safe?

Our findings

The service was safe. At the last inspection in January 2017, we found improvements were needed to ensure people's safety. This was because accidents and incidents were not always being reported when they occurred and some risk assessments had not been reviewed. At this latest inspection, we found the required improvements had been made.

People had occasional accidents and incidents. One person nearly fell on the first day of our inspection. They were given immediate support and reassurance by staff. A staff member ensured a written report was completed following the incident. Staff completed an accident or incident form for each event which had occurred; 'near misses' were also recorded. The registered manager read and reviewed each report. Reports were also reviewed at each of the provider's auditing visits to further ensure accuracy in recording and that appropriate action had been taken.

There were systems to learn from adverse events. Details of action taken to resolve the incident or to prevent future occurrences were recorded where appropriate. For example, after one person had a fall in the garden a new handrail had been fitted to support their mobility. One staff member was given considerable support following an incident in the home. This included a 'debrief' and discussion about the incident to see if any lessons could be learned.

The PIR stated, "There are a range of risk assessments in place which are regularly reviewed." We read risk assessments relating to the running of the service and people's individual care. All risk assessments were up to date and a new system had been introduced to ensure they were reviewed regularly or when risks to people changed. Any potential risks were identified and steps taken to reduce, or where possible, eliminate the risks.

Risks were managed in a way that supported people to remain safe, but did not impact on their freedom or independence. For example, one person chose to do some gardening independently on the first day of our inspection. When they cut the grass, they wore the protective clothing and took regular breaks as described in their risk assessment. Staff were knowledgeable about risks to people and worked in line with the assessments to make sure people remained safe.

There were plans in place for emergency situations. People had their own plans if they needed to be evacuated in the event of a fire or if they went missing. The home's emergency plans provided information about emergency procedures and who to contact in the event of utilities failures. The registered manager and a member of the staff team was 'on call' each day so that staff were able to access extra support or advice in an emergency.

We spoke with both people living at the home. Although our conversations were limited, they were able to tell us they were happy living at the home. We spent time with people and observed the support provided to

them. The positive and friendly interactions between staff and people indicated they felt safe and at ease in their home. People approached staff without hesitation for assistance and reassurance throughout our visits.

People's relatives told us they had no concerns about the safety of their family members. Each thought it was a safe place. They would be happy to talk with staff if they had any worries or concerns. One relative said, "I am certain that he is looked after with safety." Another told us, "I have no concerns about wellbeing or safety at all."

Each member of staff told us they thought the home was a safe place for people. One staff member said "I've never had any concerns about people's safety. The whole team here only want what's best for people." Staff had received training in safeguarding adults; the staff training records confirmed all staff had received this training. All staff spoken with were aware of indicators of abuse and knew how to report any worries or concerns. Staff were confident that any concerns would be fully investigated to ensure that people were protected. One staff member told us, "If I was worried I would report to senior managers or go to head office or to CQC."

People were supported by staffing numbers which ensured their safety. There were two staff on duty during the main part of the day which meant people could be provided with one to one staffing. At other times, there was one member of staff on duty. The registered manager also worked in the home and could provide additional support if this was needed, as they did during our inspection. Rotas were planned in advance to ensure sufficient staff with the right skills were on duty. The provider employed a small team of seven staff which ensured consistency and meant staff and people in the home got to know each other well.

There were safe staff recruitment and selection processes in place. One relative said the staff, "Are genuinely right for the job they do." Recruitment was handled centrally by the provider. Each staff member had to attend a face to face interview. Thorough checks were undertaken to identify if applicants had any criminal convictions or had been barred from working with vulnerable adults. Staff were not allowed to start work until satisfactory checks and references were obtained. This ensured staff were suitable to work in the home. One staff member said, "I completed an application form, had an interview but had to wait until all my checks were done as I couldn't start work before that."

People had medicines prescribed by their GP to meet their health needs. Both people were responsible for taking their own medicines; they had a safe place to keep them. Medicines which required additional storage and recording were managed safely. Each person had a care plan which described the medicines they took, what they were for and how they preferred to take them. There were clear guidelines to follow when people needed 'as and when required' medicines such as painkillers or sedatives. Their use was monitored to ensure they remained within safe limits. One person was currently taking more painkillers due to a health condition; staff monitored this closely.

Staff received medicines administration training and had a competency check before they were able to support people with medicines. This was confirmed in discussions with staff and in the staff training records. Medicine administration records were accurate and up to date. Unused medicines were returned to the local pharmacy for safe disposal when no longer needed.

The registered manager oversaw medicine safety. Action was taken if errors occurred. We read records of

meetings with staff following two minor errors and actions taken to ensure these did not recur. The provider also checked medicine safety during their audits of the service.

Good

Is the service effective?

Our findings

The service was effective. At the last inspection in January 2017 we found improvements were needed as there were restrictive control measures in place for one person which had not been adequately assessed. A financial agreement had been made for one person without evidence of the person's consent. At this latest inspection, we found the required improvements had been made.

One person's behaviour plan had been thoroughly reviewed and re written, with the support of psychologists from the local community health team. The section, which had instructed staff to restrict the person's movements following certain incidents, had been removed from the new plan. The old financial agreement (involving small financial rewards and deductions related to the person's behaviour) had also been removed. This showed people's legal rights were being upheld.

People were able to make many of their own decisions as long as they were given the right information, in the right way and time to decide. They were not able to make all decisions for themselves and we therefore looked at how the Mental Capacity Act 2005 (MCA) was being applied. The 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.

Staff were knowledgeable about how to ensure the rights of people who were not able to make or to communicate their own decisions were protected. One staff member said "People here make their own decisions. They only need help if it's complicated or they really struggle to understand." We looked at care records which showed that the principles of the MCA had been used when assessing an individual's ability to make a particular decision. People close to them had made the decisions in their best interests if the person lacked capacity.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care services is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff were knowledgeable about DoLS. DoLS applications had been submitted and authorised for both people. An Independent Mental Capacity Advocate (IMCA) had helped represent one person's views as part of this process. We checked whether any conditions on the authorisation to deprive a person of their liberty were being met and found they had been. A monitoring device was used for one person. Its use was limited and clearly described in their DoLS authorisation. It had been considered as the least restrictive option.

Relatives told us staff understood their family member's care needs and provided the support they needed. One relative said, "Overall we're very happy. [Person's name] has very complex needs and staff have approached that with a lot of thought and sensitivity." Another relative told us, "They [staff] understand [person's name] fully. They are all well trained." Staff had training which helped them understand people's needs and enabled them to provide people with the support they needed. New staff received a thorough introduction to the service and 'shadowed' experienced members of the staff team before they supported people on their own.

All staff received basic training such as first aid, fire safety, health and safety and food safety. Staff had also been provided with specific training to meet people's care needs, such as caring for people with autism or a learning disability and how to support people who had become upset or distressed. One staff member said, "The training covers everything you need. The training is really good here." The PIR stated, "A Training Needs Analysis has recently been conducted across the organisation. The result of this has informed the 2018 training plan." We read the analysis, which showed staff were happy with their training. Where staff had suggested topics for additional training, these were being organised.

Staff had regular formal supervision (a meeting with a senior member of staff to discuss their work) and annual appraisals to support them in their professional development. One staff member said, "I have supervisions regularly and an annual review. I enjoy them. I feel they are really helpful." There were also regular staff meetings and a verbal and written handover of important information when staff started each shift.

People's health care was well supported by staff and by other health professionals. One relative said "I am certain that [person's name] is looked after with healthcare and general wellbeing by all those involved in his care." One person currently had a health condition. They told us this was painful and affected their mobility. Staff were kind, caring and considerate towards them, making sure they had additional support, were given more time and additional medicines when they needed them. Their relative told us, "Staff are very considerate, which is particularly important as [person's name] has been facing a challenging and painful time during the past year."

People saw their GP, dentist and optician when they needed to; they had annual health checks. People also had specialist support, such as from a psychologist, dietician, learning disability nurse, therapeutic art tutor and an occupational therapist. A chiropodist visited on the second day of our inspection. People's care was tailored to their individual needs. People's health care was kept under constant review by staff and additionally as part of the provider's auditing visits to the home. This provided an overview of people's current or changing health needs and helped to ensure they were met.

People had a varied and healthy diet. Each person chose what they wanted to eat and drink and did their own food shopping. They made their own drinks and enjoyed helping with cooking and this was encouraged by staff. Staff monitored people's food and drink intake to ensure each person received enough nutrients every day. One person had a food allergy and had support from a dietician. The person and staff understood this allergy and what foods needed to be avoided to maintain good health.

Good

Is the service caring?

Our findings

The service was caring. People told us they were happy living at the home. People looked happy and settled whilst on their own or in the company of staff. There was a calm and homely atmosphere on both days of our visit. Staff had built close, trusting relationships with people. One relative said, "[Person's name] could not live in a more caring place than Ferndale. Kindness and understanding are very much part of their [meaning staff's] every day work." Another relative told us, "I've never worried about trusting [person's name] to their [staff's] care. They treat him with respect and kindness."

Staff were aware of and supported people's diverse needs. Staff knew how to support people as care was well planned and they had been provided with specialist training. They knew what person centred care was and described how they ensured that people's choices were met. Staff told us they took time to read and understand people's care records to assist them in giving personalised care. For example, one person had set daily routines and did not like to be disturbed until these were completed. Staff understood and respected this choice.

Staff showed concern for people's wellbeing in a caring and meaningful way, and were observed responding to people's needs quickly. Where people became distressed, we saw staff understood the person's needs and ensured the distress was addressed and deescalated quickly. For example, one person had become very distressed as their shower was not working properly. Staff had responded to this immediately, supported the person and arranged for the shower to be fixed the next day.

The provider had developed their own vision and values in consultation with the people who used their services and their families. These described how to encourage diversity, equality, offer choice and focus on individual's needs. One person who lived at the home had commented, "My life at Ferndale is good because I can choose how I want to live and do the things that I like to do." Staff spoke with us about the service's values and we saw staff worked in line with them.

Staff were very positive about the care they were able to provide; they said people received individualised support. A care professional said, "It's really positive for [person's name] here. It's personalised care and works for him." One staff member told us, "The care here is very person centred which I think is impressive. It really does work. I think the guys here are very happy." Another staff member said, "It's a very good service; very tailored to each person's needs. There's always a positive atmosphere."

People were encouraged and supported to be as independent as they could be. They did their own personal care, helped around the house, with gardening, the laundry and shopping. People did things which may appear small to others but could be significant for that person. One staff member said, "People are quite self-sufficient at home, but they know we are here if they need us. We go out with people but we let them do as much for themselves as they can."

Staff treated people with respect. Staff addressed each person by name and spoke with them in a calm, respectful way. People chose what they wanted to do and how and where to spend their time. People's privacy was respected. Both people had their own self-contained accommodation. They could also use the other communal parts of the home, such as the kitchen and gardens, when they wished. We saw people did this during our visits. Staff rang people's doorbells and waited to be let in to each person's accommodation. Each person had their own bell to summon staff if they needed assistance.

People were supported to maintain relationships with the people who were important to them, such as their friends and relations. They were encouraged to visit as often as they wished and people visited their relations regularly. One person said they stayed with their family regularly and had a mobile phone, which they used to keep in touch with people. One relative said, "I speak to [person's name] every week on the phone." People were provided with emotional support. One person had recently been supported following a family bereavement. Staff had attended the funeral with them. One relative said, "The team was very thoughtful and caring about how [person's name] may have been feeling. They supported our wishes in how we approached the subject which we are very grateful for."

Good

Is the service responsive?

Our findings

The service was responsive. At the last inspection in January 2017 we found improvements were needed as people's needs were not being reviewed regularly to reflect any changes or actions taken in respect of how people were receiving their care and support. At this latest inspection, we found the required improvements had been made.

People participated in the assessment and planning of their care as much as they were able to. One person had signed their care plan to show they agreed with it. Others close to people, such as their relatives or other professionals involved in their care, were also consulted. One relative said, "We are always invited to reviews. We certainly don't feel excluded. We are listened to."

We looked at both people's care records. Care plans included people's routines, interests, likes and dislikes, communication and specific care needs. Plans were detailed; each part of a person's plan described what they could do independently, the areas where they needed support and identified any risks. All records were kept up to date and reflected people's current needs.

Each person had a member of staff (called a 'keyworker') who oversaw their care, made sure their current or changing needs were met and wrote a monthly summary of events for that person. These staff reviewed people's care plans and updated them when necessary. One person had a weekly meeting with staff where they talked about "what had gone well, not so well and what could be changed or done differently." We read when the person had suggested any changes these had been acted upon. Annual care review meetings were attended by the person, their relatives, a social worker and staff from the home. Each person shared their views. Relatives felt staff understood people's needs and adapted care and support if needs changed over time. One relative said, "[Person's name] is the centre of their [staff's] thinking. They work hard to meet their needs, which they do."

One person said they did things they enjoyed. They told us they were going out shopping on the first day of our inspection. One person enjoyed music and art, so had weekly sessions arranged for them. They had a music session on the first day we visited. Relatives said their family members chose to do things which suited them. They told us people were well supported in choosing activities and outings they enjoyed.

Each person had one to one staffing at times, so they were able to plan their day with staff. People went out at various times during our inspection. People also spent time relaxing at home. Records showed people went shopping, had meals out, went for walks, visited places of interest, had day trips and went on holiday. One care professional said, "It's quite refreshing to see people with such good levels of activities and social stimulation. [Person's name] had a holiday last year which was hugely positive for them."

The provider met the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any

communication support that they need. People communicated effectively with staff by speaking with them. One person could read, but needed some help from staff to understand more complicated text. Some information was in an easy-to-read format, which staff had been trained to produce. We saw people understood staff and staff understood them.

People knew they could complain if they were unhappy. If people were unhappy they would usually show this through their behaviour, so this was monitored very closely. Records showed that generally people were very settled, so were happy with their care. One care professional said, "I have known [person's name] for over two years. The number of incidents they have has reduced dramatically so I know they are happy and the care is working well."

People would not be able to use the complaints procedure independently; they would need staff to help them. There had been no complaints made in the last 12 months. Relatives spoken with did not raise any concerns with us; they knew they could complain if they needed to and knew who to complain to. One relative said, "We've not complained but we don't always agree on things. We can always discuss things; staff are not defensive at all. I think that's quite healthy."
We reviewed people's care records relating to their end of life care wishes and preferences. The service was for younger people and therefore staff had not had to provide end of life care. Where people had chosen to have this conversation with staff at the service, their end of life care plan was recorded.

Good

Is the service well-led?

Our findings

The service was well led. At the last inspection in January 2017 we found improvements were needed as governance systems were not being adhered to or identifying necessary improvements. There was no evidence the provider was taking account of people's views of the service they received. At this latest inspection, we found the required improvements had been made.

The PIR stated, "The quality of the service is continually checked against best practice. We strive to continually develop the service." We found the provider had improved their quality assurance system to monitor the quality and safety of the service and to identify any areas for improvement. The registered manager completed an internal review, which then fed into the bi-monthly quality assurance report completed by the provider's operations manager.

The operations manager visited the service, spoke with people and staff, observed care and support, toured the home and reviewed a number of records. They took an overview of all aspects of people's care as well as more general areas, such as health and safety and complaints. We read the last four quality assurance reports. Part of the report focused on the five key questions we ask at inspection. This helped to ensure the service was safe, effective, caring, responsive and well led. Where any areas for improvement had been identified, an action plan was written and reviewed at the subsequent visit. We found areas for improvement, such as updating risk assessments, had been acted upon.

People shared their views on the service. People spoke with staff informally each day. Their behaviour and reactions to events was closely monitored as they could show their views in this way. One person met more formally with staff every week. People's relatives were consulted and they said they were listened to. One relative said, "Absolutely we are listened to."

The provider also used a range of surveys to gain people's views. People who used their services completed a survey. Family and friends were surveyed, as were staff. The responses were collated and any areas for improvement were acted upon. The latest friends and family survey showed high levels of satisfaction with the provider's services. The latest staff survey was in progress when we visited; the results were not yet available.

There was a small, cohesive staff team at Ferndale. The registered manager had over 20 year's management experience. They were supported by one senior staff member, who also deputised for them when they were not at the home. The registered manager regularly worked 'on shift' to support people. They were keen to develop and improve the service; they encouraged people to share their views. People's relatives spoke highly of the service. One relative told us, "I have to say that [person's name] could not live in a better place."

The registered manager said they had a very good staff team who worked well together to meet people's needs. Care staff were honest and open; they were encouraged to raise any issues they had and put forward

ideas and suggestions for improvements. One staff member told us "It's a nice home and I enjoy working here. You can suggest things and discuss things as a group. I think it's well run."

People were part of their local community; Ferndale was a well-established home, situated in a residential part of the town. People used local shops, supermarkets, cafes and banks. People went out with staff during our inspection.

Staff worked in partnership with other health and social care professionals. Staff had developed good links, such as with GPs, the local team who supported people with learning difficulties and with the learning disability nurse at a local hospital. The registered manager also attended Somerset learning disability forum meetings. This enabled people to access specialist support to meet their needs and staff to access guidance on current best practice.

There were systems to continually learn and improve. The provider was a relatively small organisation and therefore there was regular input into the home from the CEO, the operations manager and the finance manager. The operations manager had been involved in the implementation of the national Learning Disability Mortality Review (LeDeR) programme in Somerset; this had helped staff to review their practice. The registered manager attended national conferences and seminars, which helped keep them up to date on new care initiatives. They also received supervision from an independent professional (which is recommended best practice), which allowed them to reflect on their own practice.

Accidents, incidents and near misses were checked by the registered manager. They were discussed with staff so they could learn from them and try to prevent them from recurring. Staff ensured the environment remained safe by carrying out regular tests and checks such as on fire safety procedures and equipment. The service had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.