Brighton and Hove City Council

21 Ferndale Road

Inspection report

21 Ferndale Road
Hove
BN3 6EU

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17 February 2016

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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

This inspection took place on 17 February 2016 and was announced.

21 Ferndale Road is a supported living scheme where people live in their own home under a tenancy agreement, and is registered to provide personal care. People received personal care or social support in order to promote their independence. The support provided was tailored to meet people's individual needs and enable the person to be as autonomous and independent as possible. 21 Ferndale Road had two people with a learning disability living in the service, whose behaviour can be complex. People have single bedroom accommodation and a range of communal facilities they can use. The service is situated in a residential area with easy access to local amenities, transport links and the city centre.

The service had a registered manager, who was present throughout the inspection, who has been in their current post for a number of years and knew the service well. 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 service was going through a significant period of review, where the provider and local stakeholders were looking at the service provision and what was needed and how the service would best be provided in the future.

Care staff were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively.

Relatives told us people were safe in the service. People were supported by staff that were trained in safeguarding adults at risk procedures and knew how to recognise signs of abuse. There were systems in place that ensured this knowledge was checked and updated. Medicines were managed and administered safely. Accidents and incidents had been recorded and appropriate action had been taken and recorded by the registered manager.

Care and support provided was personalised and based on the identified needs of each individual. People were supported where possible to develop their life skills and increase their independence. People's care and support plans and risk assessments were up-to-date, were detailed and reviewed regularly.

Consent was sought from people with regard to the care that was delivered. Staff understood about people's capacity to consent to care and had a good understanding of the Mental Capacity Act 2005 (MCA) and associated legislation, which they put into practice. Where people were unable to make decisions for themselves staff were aware of the appropriate action to arrange meetings to make a decision within their best interests.

People were supported to eat a healthy and nutritious diet. People had access to health care professionals. They had been supported to have an annual healthcare check. All appointments with, or visits by, health care professionals were recorded in individual care plans. There were procedures in place to ensure the safe administration of medicines.

People were supported by kind caring staff. There were sufficient numbers of suitable staff to keep people safe and meet their care and support needs. The number of staff on duty had enabled people to be supported to attend social activities.

Staff told us that communication throughout the service was good and included comprehensive handovers at the beginning of each shift and regular staff meetings. They confirmed that they felt valued and supported by the registered manager, who they described as very approachable.

Relatives, staff and a visiting healthcare professional told us the service was well led. People representatives were asked to complete a satisfaction questionnaire to help identify any improvements to the care provided. The registered manager told us that staff carried out a range of internal audits to review the quality of the care provided, and records confirmed this. The registered manager also told us that they operated an 'open door policy' so people living in the service, staff and visitors could discuss any issues they may have.

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 had individual assessments of potential risks to their health and welfare, which had been regularly reviewed. Any incidents and accidents were recorded and reviewed.

There were sufficient staff numbers to meet people's personal care needs. People were supported by staff that recognised the potential signs of abuse and knew what action to take.

Medicines were stored appropriately and there were systems in place to manage medicine safely.

Is the service effective?

Good

The service was effective.

Care staff had received training and updates to ensure they had the skills to meet people's care needs.

Staff were aware of the Mental Capacity Act 2005 and how to involve appropriate people in the decision making process if someone lacked capacity to make a decision.

People's nutritional needs were assessed and recorded.

People had been supported to have an annual health check with their GP, and to attend healthcare appointments when needed.

Is the service caring?

Good

The service was caring.

Staff involved and treated people with compassion, kindness, dignity and respect.

People were treated as individuals. People were asked regularly about their individual preferences and checks were carried out to make sure they were receiving the care and support they needed.

Is the service responsive?

Good

The service was responsive.

People had been assessed and their care and support needs identified. These had then been regularly reviewed and changing needs were responded to. The views of people and their relatives were sought and informed changes and improvements to service provision.

People had been consulted with as to what activities they would like to join in, and supported to join in a range of activities and leisure activities.

A complaints procedure was in place. Relatives told us if they had any concerns they would feel comfortable raising them.

Is the service well-led?

Good

The service was well led.

The leadership and management promoted a caring and inclusive culture.

There was a clear vision and values for the service, which staff promoted.

Effective systems were in place to audit and quality assure the care provided.

21 Ferndale Road

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 February 2016 and was announced. This was so that key people could be available to participate in the inspection, and for people living in the service to be made aware we would be visiting their home. The inspection team consisted of one inspector.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports, and any notifications. A notification is information about important events which the service is required to send us by law and any complaints we have received. 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. This enabled us to ensure we were addressing any potential areas of concern. We received feedback from a health care professional and three relatives/representatives about their experiences of the service provided.

There were two people living in the service at the time of our inspection. We used a number of different methods to help us understand the views of these people, who had complex needs which meant they were not able to tell us about their experiences. We spent time in the service observing the care provided. We spoke with the registered manager and four care workers. We looked in detail at the care provided for one person, and we reviewed their care and support plans. We looked at records of meals provided, medication administration records, the compliments and complaints log, incident and accidents records, policies and procedures, meeting minutes, and staff training records. We also looked at the service's quality assurance audits.

The service was last inspected on 8 May 2014 when no concerns were identified.

Good

Is the service safe?

Our findings

People all appeared relaxed happy and responsive with staff and very comfortable in their surroundings. Feedback from the relatives and the social care professional was that people were safe in the service. One relative/representative told us, "Definitely safe." Another relative/representative told us, "Yes, he is safe there."

The provider had a number of policies and procedures to ensure care staff had clear guidance about how to respect people's rights and keep them safe from harm. This included clear systems on protecting people from abuse. The registered manager told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. These policies and procedures had been reviewed to ensure current guidance and advice had been considered. The registered manager had shared this revised information with staff. Care staff told us they were aware of these policies and procedures and knew where they could read the safeguarding procedures. There were arrangements in place to prevent any financial abuse. People had cash books to record and check what they were spending. Members of staff demonstrated a good understanding about what constituted abuse and how they would raise concerns of any risks to people and poor practice in the service. They told us they had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse.

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff told us had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

People participated in their preferred activities. For example people were supported to if they wished to attend a range of social activities, going out for a meal, using local sports facilities, going to the local shops or park. To support people to be independent risk assessments were undertaken. They assessed any risks against individual activities people were involved in, for example where they went out to local facilities and events. There had been a regular assessment of the environmental risks and this included individual fire risk assessments. There was a regular review of the risk assessments. Staff had completed training in managing people's behaviours that challenged others. Risk assessments and guidance for care staff to follow were in place to manage any challenging behaviour.

Staff were able to tell us what was in place to support people and could talk about individual situations where they supported people, and what they should do to diffuse a situation. One member of staff told us, "There is good debriefing as it can be quickly challenging here. There is good feedback from (registered managers name) and other staff." Additionally staff from the behavioural support team had been contacted for support and advice, and were providing training to a group of care staff during part of the inspection. Care staff had the opportunity to discuss the best way to support people through regular reviews of peoples care and support and from feedback from the care staff in team meetings as to what had worked well and not worked well. From this they could look at the approach staff had taken and identify any training issues.

Records allowed care staff to capture any changes in behaviours or preferences and to so be quickly responsive to these, and then reviewed on a regular basis, which reduced risk of further incidents and ensured learning, to provide a responsive service. One relative/representative told us, "(Name) is settled now, and does not have so many anxious times. The staff know how to react to him. It's all written up for new staff to follow."

Staff told us how staffing was managed to make sure people were kept safe. There was a long serving consistent staff team, who covered for each other when there were any staff absences. One member of staff told us, "The care staff are longstanding members of staff and experienced."One relative/representative told us, "It's a really friendly staff group who have been there a long time." A formal tool was not used to calculate the level of staff needed. Staff told us there were minimum staffing levels to ensure peoples safety and these had been maintained. The registered manager looked at the staff skills mix needed on each shift, the activities planned to be run, where people needed one to one, or two to one support for specific activities, and anything else such as appointments people had to attend each day. It was then possible to work out many staff would be needed on each shift. The registered manager regularly worked in the service and so was able to monitor that the planned staffing level was adequate. Staff told us it was very busy, but they had worked flexibly to meet individual people's needs and there had been adequate numbers of staff on duty to meet people's care needs. One visiting healthcare professional told us, "The staff team is understanding of the need and importance for consistency." Where possible the provider's bank staff were used in the service to cover any staff absence. Staff members spoke of a good team spirit. Staff had time to spend talking with people and supported them in an unrushed manner. A sample of the records kept of when staff had been on duty confirmed this.

There had been no recruitment of new staff since the last inspection. So it was not possible to fully evidence that safe recruitment process were in place. However, senior staff had the support of the provider's human resources department when recruiting staff. They told us that all new staff went through a robust recruitment procedure to meet the requirements of the provider's policies and procedures. This included the completion of an application form, attending an interview and two written references and criminal records check being sought prior to commencing work in the service.

We looked at the management of medicines. The care staff were trained in the administration of medicines. They had received a regular competency check to ensure that they continued to administer medicines in a safe way and in accordance with the provider's policies and procedures. They told us the system for medicines administration worked well in the service. The medication administration records (MAR) are the formal record of administration of medicine within a care setting and we found these had been fully completed. Systems were in place to ensure repeat medicines were ordered in a timely way. Medicines were stored correctly and there were systems to manage medicine safely. Regular audits and stock checks were completed to ensure people received their medicines as prescribed. This would also help identify any discrepancies or errors and ensure they were investigated accordingly. Where people took medicines on an 'as and when' basis there was guidance in place for staff to follow to ensure this was administered correctly.

Good

Is the service effective?

Our findings

Relatives/representatives told us staff worked closely with them, they felt the care was good, and people's preferences and choices for care and support were met. Care staff were knowledgeable and kept them in touch with what was happening with people. One member of staff told us they liked working in the service because, "I would rather work somewhere more stimulating." Another member of staff told us, "(Names of people) are living the best life they have ever had. It should be applauded. "We are a switched on team."

Staff demonstrated an understanding and there were clear policies around the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff told us they had completed this training and all had a good understanding of consent, and where people lacked the capacity to make decisions about their care and welfare. We asked care staff what they did if a person did not want the care and support they were due to provide. One member of staff told us, "I would go back five minutes later and ask the question differently." Another member of staff told us, "I would walk away and come back and try again later."

People were supported by care staff that had the knowledge and skills to carry out their role and meet individual peoples care and support needs. The registered manager told us any new staff would need to complete an induction and this had been reviewed to incorporate the requirements of the new Skills for Care care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. There was a period of shadowing a more experienced staff member before new care staff started to undertake care on their own.

Care staff received training that was specific to the needs of people using the service, which included training in moving and handling, medicines, first aid, safeguarding, health and safety, food hygiene, equality and diversity, and infection control. Care staff also completed training to help them understand learning disabilities and their role in supporting people to increase their independence. Care staff told us this had given them information and a greater understanding of how to support people with a learning disability. Staff were being supported to complete a professional qualification, and of the nine care staff, five had completed a Level 2 or above National Vocational Qualification (NVQ) or Diploma in Health and Social Care. One member of staff told us, "The council are good for providing training. I have just been put forward to start a Level 3 qualification." They told us they felt they had received the training they needed to meet peoples care needs. Another member of staff told us, "The council are very good with training." They had received regular updates of training as required.

Staff told us that the team worked well together and that communication was good. One member of staff told us, "We are a very supportive and considerate of each other. "They told us they were involved with any review of the care and support plans. They used shift handovers, and a communications book to share and update themselves of any changes in people's care. A daily shift planning check list was seen to be used and showed clear accountability for tasks to be completed during each staff shift. They received regular supervision though one to one meetings and observations whilst they were at work and appraisal from the registered manager. These processes gave care staff an opportunity to discuss their performance and for senior staff to identify any further training or support they required. Records we looked at confirmed this. Additionally there were regular staff meetings to keep staff up-to-date and discuss issues within the service.

People's physical and general health needs were monitored by staff and advice was sought promptly for any health care concerns. People had been supported to attend an annual health check and review of their medicines. Staff booked GP appointments and they could attend these with staff.

Care staff spent time with people each week to plan their weekly menus. One relative/representative told us, "They always ask him what he wants for food. "They told us they worked with people to ensure a healthy menu was drawn up. One member of staff told us, "It's really healthy now. They don't get any rubbish. There's fresh fruit and vegetables and the right amount of meat. In the winter the menu is changed to include more warming foods." Some people had specific dietary requirements either related to their health needs or their preference and these were detailed in their care plans. Care staff were able to tell us about how this impacted on their diet and what they did to support people with their individual dietary needs. Where people were being supported to ensure they had adequate nutritional intake, records had been fully completed.

Good

Is the service caring?

Our findings

People benefited from staff who were kind and caring in their approach. People were treated with kindness and compassion. Feedback from the relatives and the social care professionals was that staff were very kind and caring. During our inspection we spent time in the service with people and staff. People were comfortable with staff.

Staff ensured they asked people if they were happy to have any care or support provided. They provided care in a kind, compassionate and sensitive way. Staff responded to people politely, giving them time to respond and asking what they wanted to do and giving choices. We heard staff patiently explaining options to people and taking time to answer their questions. Staff were attentive and listening to people. They showed an interest in what people were doing.

Care provided was personal and met peoples individual needs. People were addressed according to their preference and this was by their first name. A key worker system was in place, which enabled people to have a named member of the care staff to take a lead and special interest in the care and support of the person. Relatives/representatives told us they were kept in contact with what was happening for their relative. One relative/representative told us, "We are very happy with the staff group. They always involve us." Staff spoke about the people they supported fondly and with interest. People's personal histories were recorded in their care files to help staff gain an understanding of the personal life histories of people and staff were knowledgeable about their likes, dislikes and the type of activities they enjoyed. Staff spoke positively about the standard of care provided and the approach of the staff working in the service. People had a care and support plan in place which detailed their goals and progress for working towards being more independent. These had been discussed with people and their family. Their progress towards meeting their goals was discussed as part of the regular review process. People had a great deal of independence. They decided where they wanted to be in the service, what they wanted to do, when to spend time alone and when they wanted to be with staff. People were involved where possible in making day to day decisions about their lives.

People had been told what they should expect when living in the service to ensure their privacy and dignity was considered. Relatives/representatives told us people were respected and their privacy and dignity considered when providing support. Staff members had received training on privacy and dignity and had a good understanding of dignity and how this was embedded within their daily interactions with people. They were aware of the importance of maintaining people's privacy and dignity, and were able to give us examples of how they protected people's dignity. One member of staff told us, "I would knock before entering their room. Give them time in their own room if it was safe." Another member of staff told us, "If a contractor rang up to come and do some work in the service, I would look at the best time for them to come and do this."

People were supported in a homely and personalised environment. They had their own bedroom for comfort and privacy. This ensured they had an area where they could meet any visitors privately. People were encouraged and supported to decorate their own rooms and had a choice of décor. Where people

showed us their rooms these had been decorated with items specific to their individual interests and likes and dislikes. People had been supported to be well presented and dress in clothes of their choice.

People had been supported to keep in contact with their family and friends. One relative/representative told us, "We can go anytime. They make us very welcome and they are kind and caring people." Another relative/representative told us, "They take (name) out every day. We see him when he is out, or at home and come to visit him. He is always happy to go back after the visit." People all had the support of their family, however, the registered manager was aware how to access support from an advocacy service when needed.

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all staff. Staff demonstrated they were aware of the importance of protecting people's private information.

Good

Is the service responsive?

Our findings

People were involved in making decisions about their care wherever possible. People were listened to and enabled to make choices about their care and treatment. People were supported by staff with individual care and support plans to develop their skills and increase their independence with the agreed goal that people were working towards. Staff understood people's individual needs and there was the opportunity to build positive and supportive relationships. Relatives/representatives and a social care professional confirmed people had been supported to attend a range of activities and they had been involved in any review of the care and support provided. One member of staff told us the service was, "Designed around their needs and desires."

Staff told us that care and support was personalised and confirmed that, where possible, people were directly involved in their care planning and goal setting and any review of their care and support needs. Care plans were comprehensive and gave detailed information on people's likes, dislikes, preferences and care needs. People had clear and detailed care and support plans in place which reflected their individual needs and preferences. These described a range of people's needs including personal care, communication, eating and drinking and support required with medicines. The care staff told us this information was regularly updated and reviewed internally every three months. Records we looked at confirmed this. This information would ensure that staff understood how to support the person in a consistent way and to feel settled and secure. Care staff demonstrated a good level of knowledge of the care needs of the people. These had been reviewed and audits were completed to monitor the quality of the completed care and support plans and progress towards the development of people's life skills and independence. Where appropriate, specialist advice and support had been sought and this advice was included in care plans. For example, staff confirmed that advice and support had been sought from the community learning disability team. One visiting healthcare professional told us, "It's a tight stable team who have done a lot of very proactive work with the people."

There was a 'communication champion' trained in the service to promote effective communication in the service. Information was provided to people in a way they could understand. There was evidence in the service that demonstrated staff were aware of the best ways to support people's communication. For example we saw care staff used sign language, symbols (a visual support to written communication) rota boards/ countdown boards/ photographs and objects of reference and used these to support people for example, if they wanted to raise any concerns. Additionally care staff used an iPad and introduced new applications (apps) when people's communication developed.

People were actively encouraged and supported to take part in daily activities around the service such as helping with the health and safety checks of the vehicles. People were supported to go to activities in the local area. People enjoyed participating in a range of leisure activities. People were in and out during the day of the inspection and were involved in a range of activities. For example, one person had one to one support to play basketball. Another person was helping with the baking of biscuits. One relative/representative told us, "They take him out places."

People were asked and supported individually each week to choose the activities they were going to be involved in and with menu choices. A variety of communication methods were used including picture cards to enable people to make their choices. Care staff utilised signing and photos of completed meals. To help people pick social opportunities, care staff also used more photographs. This enabled people to be fully involved with the planning of the weekly menu and to looking at activities people were going to be involved in. One relative/representative told us, "(people's names) have different personalities and like and dislikes. They treat them as individuals and take them out individually." Quality assurance questionnaires were sent out for feedback on the care provided and people's representatives had been able to comment on the development of the service at forums which had been set up within the service.

The compliments and complaints system detailed how staff would deal with any complaints and the timescales for a response. It also gave details of external agencies that people could complain too such as the Care Quality Commission and Local Government Ombudsman. We asked care staff how they ascertained if people were unhappy with any aspect of the care and support provided. They told us, they knew the people well, and they used either facial expression or body language to tell care staff they were unhappy. Relatives/representatives told us they felt listened to and that if they were not happy about something they would feel comfortable raising the issue. Where they had raised any issues they felt this had been dealt with well. We looked to see how complaints had been dealt with. However, no formal complaints had been received since the last inspection of the service.

Good

Is the service well-led?

Our findings

The registered manager within the service promoted an open and inclusive culture. Where possible people were asked for their views about the service. One member of staff told us, "We all do our bit and chip in. (Managers name) is open to suggestions. We have good relationships with their families. "One relative/representative told us, "They are a team (registered managers name) has built a good team around her."

There was a clear management structure with identified leadership roles. The registered manager was supported by a team of care worker's many of whom had worked in the service for a number of years. Staff members told us they felt the service was well led and that they were well supported at work. They told us the registered manager was approachable, knew the service well and would act on any issues raised with them.

The organisation's mission statement was incorporated in to the recruitment and induction of any new staff. The aim of staff working in the service was to be, 'Our vision is to create an integrated range of effective services and opportunities that deliver timely and appropriate responses to individuals' needs and aspirations and support them in leading fulfilled and healthy lives. Our commitment is to empower people to make informed choices about the sort of support that suits them and to achieve the outcomes they want to maximise their independence and quality of life. This includes safeguarding those people whose independence and well-being are at risk of abuse and neglect.' Staff demonstrated an understanding of the purpose of the service, with the promotion and support to develop people's life skills, the importance of people's rights, respect, diversity and an understood the importance of respecting people's privacy and dignity.

Staff carried out a range of internal audits, including care planning, progress in life skills towards independence, medication and accidents and incidents records. They were able to show us that following the audits any areas identified for improvement had been collated in to an action plan and how and when these had been addressed. Policies and procedures were in place for staff to follow.

Staff meetings were held regularly throughout the year. These were used as an opportunity to both discuss problems arising within the service, as well as to reflect on any incidents that had occurred. These had been used for updates on people's care and support needs, and to discuss the people's progress towards their agreed goals. Where quality assurance audits had highlighted areas for improvement there was an opportunity for the staff team to discuss what was needed to be done to address and improve practice in the service. Staff told us they felt they had the opportunity if they wanted to comment on and put forward ideas on how to develop the service. One member of staff told us of the staff meetings, "There the opportunity to voice anything."

The registered manager had regularly sent information to the provider to keep them up-to-date with the service delivery. We looked at the last report which gave the provider information on staffing, incident and accidents, and complaints. This enabled the provider to monitor or analyse information over time to

determine trends, create learning and to make changes to the way the service was run. The registered manager told us that where actions had been highlighted these had been included in the annual development plan for the service, and worked on to ensure the necessary improvements. The registered manager was able to attend regular management meetings with other managers of the provider's services. This was an opportunity to discuss changes to be implemented and share practice issues and discuss improvements within the service. The provider had also ensured that a detailed quality assurance audit had been undertaken in 2015. Following which an action plan had been drawn up highlighting any areas needing to be addressed. The registered manager was able to tell us how the issues highlighted had been addressed in the service.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). The registered manager had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of the new requirements following the implementation of the Care Act 2014. For example they were aware of the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.