

London Borough of Redbridge

Fernways

Inspection report

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Date of inspection visit: 25 November 2014
Date of publication: 18/03/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 25 November 2014 and was announced.

At our last inspection in September 2013 we found the provider was meeting all the standards reviewed.

Redbridge Care is registered as a domiciliary care agency and is part of community services provided by the London Borough of Redbridge. They provide an extra care service to 21 people who are tenants at Fernways, which is one of the borough's sheltered housing units. The service offers individuals personal care, support and extra care they require to continue to live independently.

There was a registered manager in place. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives expressed their satisfaction with the care and support provided by the service and said they felt safe.

The service had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not

Summary of findings

inappropriately restrict their freedom. The safeguards should ensure that a care home, hospital or supported living arrangement only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them.

Staff knew people's support needs and we observed positive interactions between people and staff. We saw staff being kind and thoughtful, involving people in conversations and treating them with dignity and respect.

Training and support was in place for all staff to do their job effectively. Staff told us that supervision and team meetings were held on a regular basis and the records we looked at confirmed this. Staffing arrangements were sufficient to meet people's needs.

People said they knew how to make a complaint if they were unhappy about the support they received and that they would let the registered manager or a member of staff know.

People using the service, relatives and staff told us that they felt the management of the service was good and the manager was approachable and supportive. Systems were in place to monitor the quality of the service and to encourage people to express any concerns, so these could be addressed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. The provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff had been trained in safeguarding vulnerable adults and knew what to do in the event of suspected abuse.

Risk assessments had been carried out to identify and manage risks

There were enough staff on duty to meet the needs of the people living at the service.

There were systems in place to manage people's medicines so that they received them when they needed.

Good



Is the service effective?

The service was effective. People experienced care and support that met their needs. Staff attended training courses on a regular basis.

The provider understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People told us they enjoyed the food provided at the service.

Good



Is the service caring?

The service was caring. People told us staff treated them with respect and dignity.

People were supported by kind and considerate staff. Staff we spoke with told us how they supported people. People and relatives confirmed staff were caring, respectful and polite.

People's preferences, likes, dislike and diverse needs had been recorded and care and support had been provided in accordance with their wishes.

Good



Is the service responsive?

The service was responsive. People's care plans took into account their needs and wishes. These were reviewed regularly. Staff we spoke with demonstrated a good understanding of people's needs.

People were given choices and support to make decisions for themselves. All people we spoke with were happy with the care they received.

People knew how to contact the manager if they were unhappy about anything. We saw a copy of the complaints procedure.

Good



Is the service well-led?

The service was well-led. Staff told us they felt supported by the manager. People and relatives we spoke with said that the service was run very well.

The manager and staff had a good understanding of the ethos of the service.

Regular audits and checks took place. Issues identified were acted on. This indicated the service had effective systems in place to identify improvements and continually meet people's needs.

Good



Fernways

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 was an announced inspection carried out on 25 November 2014 and the provider was given 48 hours' notice of the inspection to ensure that the manager would be available. This inspection was done by one adult social care inspector.

Before our inspection we reviewed the information we held about the service which included statutory notifications we have received in the last 12 months and the Provider

Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make.

During our inspection we observed how the staff interacted with people who used the service. We looked at the way people were supported during the day of our inspection. We spoke with four people who used the service, two relatives and two staff working at the service. After the inspection we spoke with two relatives of people who used the service and two members of staff on the telephone

During our visit to the service, we looked at three care records including people's risk assessments, three staff training records and other records relating to the management of the service, such as staff duty rosters, policies and procedures and various audits.

Is the service safe?

Our findings

People we spoke with told us the staff were caring and that they felt the service was safe. One person said, "I don't have any concerns living here." Another person said, "Yes I feel safe, the staff are good."

We found that suitable safeguarding policies were in place. Staff we spoke with demonstrated a good understanding of the different types of abuse. They were able to tell us what action they would take if they suspected abuse. Staff were also aware of the whistleblowing procedures. They said they would use these if necessary. A copy of the local authority multiagency policy was kept in the office so staff could access it. Key telephone numbers for the local authority were available in the office. Staff knew who to contact in an emergency. We saw records that staff had received mandatory safeguarding training. This meant that staff had the skills and knowledge to help maintain people's safety and protect them from the risk of abuse. We also saw certificates of attendance on the staff files we looked at.

The service had a process in place to manage risk to people. Individual's records contained risk assessments, including instructions to staff on action to reduce risks to people using the service and themselves. We saw copies of individual risk assessments such as moving and handling in the care records we looked at. This meant that people were protected against risk of harm. We also found that regular fire safety checks were carried out by an external company, including checking fire safety equipment. A fire safety risk assessment had also been carried out. However during our visit we noted that a number of fire doors were being wedged open by people using the service and this could put them at risk in the event of a fire. We discussed this with the manager who informed us that they had already identified the same concern and work was going to start to install magnetic holder to the doors to keep them open. Following our inspection we received confirmation that the work had started.

The service had arrangements in place to deal with foreseeable emergencies. The manager told us they

operated an "on call" system. For example, if a member of staff was unwell they could call the on call number to make arrangements for a replacement member of staff. This meant staff could contact the on call person at any time for assistance to ensure people's care was not compromised.

We saw that systems were in place to record and monitor incidents and accidents. We saw evidence that incidents and accidents were investigated and action was taken. Records were analysed to identify any trends and ensure appropriate actions were taken to reduce risks to people. We saw that action had been taken where one person was having frequent falls.

People were kept safe as staffing levels were sufficient to meet people's needs. People we spoke with said there were enough staff on duty at any time to meet the needs of people using the service. One person said: "Yes, there are enough staff." People who used the service told us they knew the staff team supporting them well and liked them. At the time of our visit a number of the staff working at the service were from an agency however they had been working at the service for a long time and knew the people well. We spoke with some people about the agency staff and they did not have any concern and they said they knew them well. They said they were not treated differently by the agency staff.

Medicines were administered safely. People told us that if they needed assistance to take their medicine that care staff helped them. One person said, "They get my tablets ready for me." And another person said, "They help me with my medicines." We saw each person had a medicine record in place and staff signed to say they had prompted the person to take their medicines. Each week the medication administration records (MAR) charts were reviewed by senior staff. We saw where a person had their medicine changed by their GP this was recorded in their care file and their care plan was reviewed. We found that any medicines not taken were returned to the pharmacy. This reduced the risk of stock piling medicines in the person's flat. We saw staff had training in administration of medication.

Is the service effective?

Our findings

People we spoke with said they felt the staff were trained and that their needs were always met. One person said, "They do a good job." Another person said, "Staff have lots of patience and I am not rushed." There was system in place to ensure people were supported by staff who had the knowledge and skills necessary to carry out their roles and responsibilities. Staff told us that they had access to training that supported them to look after people safely. One staff member said, "I've had refresher training on safeguarding and there is more training coming up." We looked at three staff personnel records and saw training certificates such as safeguarding, food and hygiene, moving and handling and medicines administration. This meant staff had the skills and knowledge to meet people's needs. There was an induction period for new staff. Staff would shadow an experienced member of staff until they were competent to work alone. Staff told us they felt supported in their roles. They told us they were supported to gain qualifications in health and social care. One staff member said, "The training is good."

Staff were supported through regular supervision. This was confirmed by the staff we spoke with and personnel records we looked at. Staff were supported to ensure they could meet people's needs. We saw minutes of supervision records that showed these were an opportunity to discuss any issues or problems the staff member might have and any training requirements as well as check on their knowledge of the provider's policies and procedures. This meant that staff had the opportunity to raise any issues or concerns and discuss the care of people who used the service. We also noted that staff had an annual appraisal in the records that we looked at.

During our observations we saw that before people received any care or treatment they were asked for their consent and the staff acted in accordance with their wishes. We noted that staff were unhurried and gave people enough time to make decisions. For example, we saw consent for staff to assist people with mobilising. We saw that documented policies and procedures were in place for the Mental Capacity Act 2005. The procedure referred to mental capacity assessment forms and best interests decisions forms. This is legislation that protects people who are not able to make decisions for themselves. The registered manager was aware of a Supreme Court

judgement made in 2014 relating to the deprivation of liberty safeguards. These are legal safeguards to ensure that people are deprived of their liberty only when absolutely necessary. It is unlawful for staff who work with people in domestic settings to deprive a person of their liberty unless the Court of Protection has authorised this. The registered manager informed us that there had been no applications to the Court of Protection to authorise the deprivation of anyone's liberty but knew how to lawfully apply to restrict liberty by completing the appropriate form and sending to their local authority. They said that people who used the service had the right to go out whenever they wished and that staff could not stop them.

People we spoke with told us that staff were caring and showed them respect and consideration. One person said, "Staff ask me if I need help, they always ask me for my views." This meant that people's views were gained and their individual preferences were respected.

The manager showed us copies of the information that people were given. This contained contact numbers and out of office details as well as a copy of the complaints procedure. This identified the level of service the person should expect. This meant that people and their relatives were made aware of their rights.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable and nutritious food and drink. People who we spoke with told us that food was tasty. A weekly menu was displayed for people to see. Each day staff let people know what was the main meal planned and asked people if they would prefer an alternative. Each person had access to hot or cold drink either in their flat or in the communal lounge. One person said, "You can have a drink when you want, you just ask." This meant that people had access to sufficient fluids during the day to stay hydrated. We noted on one care record that specialist health care services had been sought as the person was having difficulty swallowing. We saw that the advice they gave was acted upon and incorporated into people's care plans. This indicated that people were supported to maintain their nutrition and fluid needs safely.

People were supported to have their health needs met. Health records showed that the manager and team worked together to keep people's health and support plans up to date. Records confirmed medical professionals had been consulted without delay, if required. The action taken and

Is the service effective?

what the outcome was were noted. This showed that people were protected from avoidable health

complications. On the day of our visit one person was complaining of pain in their big toe. The manager was making arrangement for the person to see either their GP or the chiropodist who was already involved in their care.

Is the service caring?

Our findings

People we spoke with confirmed their privacy and dignity were respected. One person said, "It is a very good service and staff always respect my wishes." Another person said, "The staff are very obliging and never rushed." A relative said, "I am very happy with the service." Staff we spoke with were knowledgeable of people's individual needs and preferences. For example they knew what people liked eating or the time they liked to have support with their personal care. This showed people received care as they wished and on an individualised basis.

People told us that staff came on time to deliver their care. One person said, "They always come and see me on time." People also told us they were happy with their support. People said the staff teams were helpful and helped them maintain their independence. A staff member said, "We encourage people to continue to do things for themselves to promote their independence."

People told us they knew the staff who supported them well and the staff were aware of their care needs and how they preferred to be supported. One person told us, "I get the same carers and they know what I like." This showed us that people using the service had a sense that their needs were important and respected.

During our visit we observed staff and people who used the service talking together and we saw people were involved in their care. We noted staff were respectful in their attitude

to people and conversations were friendly and relaxed. One person commented, "We all get on well." We saw people were involved in decisions about their care and staff sought their permission prior to giving personal support/care. We observed people were confident and relaxed with staff.

People who used the service were supported to understand the care and treatment choices available to them. Staff told us they gave people choices daily. This was confirmed by people we spoke with. Examples of these choices included how they wanted to be supported, meals and drinks and what people wanted to wear.

Where people needed support to make decisions, relatives and professionals were involved. This meant that people were supported to make decisions about their care. Staff had the knowledge to meet people's needs and choices at all times because communication within staff teams was good. There was regular handover between the three shifts pattern where information was shared among staff and also during staff meetings.

People were supported to maintain routines which were important to them. The care plans we looked at were individualised and took into account information regarding the person's interests and preferences as well as their health care needs. For example we saw people's preferred name was recorded. People's wishes and preferences were sought and recorded. We saw care files contained information on how people wanted to be supported with personal care and to what extent.

Is the service responsive?

Our findings

People told us that they liked living at the service. One person said, "I am well looked after here" and another told us, "I love it here." We saw how the service supported people to experience safe care that met their needs. We saw that care was delivered in line with people's individual care plans. The care plans contained details of both people's needs and preferences. People and their relatives told us they had been involved in developing care plans and keeping them updated. One relative who met during our visit told us, "The manager talks to me about the care plan and asked me information about my relative for example what time to help them to get up and get dressed." We found that care plans were reviewed with the person once a year or when there had been a change to a person's need. This ensured staff had access to the most recent information regarding people's care needs so they were able to adapt the care and support they offered accordingly.

One relative we spoke with told us that the manager had conducted an assessment which they were involved in. We

saw that information from assessments had been used to form the basis of care plans, which showed the staff how to care for each person. This ensured that people's needs were met.

People we spoke with did not raise any concerns to us. A procedure was in place for complaints and people were made aware of it. The complaints procedure set out how complaints would be managed and the timescales within which complainants could expect a response. People who used the service told us that they knew how to complain if they were unhappy about something and that they would feel confident in doing so, although they had not needed to complain. The complaints procedure was included in the Service User's Guide, this was a handbook that was given to people who used the service and contained information about the service.

People's social and emotional needs were taken into account. This was because people were asked about social activities and hobbies they enjoyed. People we spoke with told us they enjoyed the activities that were provided. We saw that people were supported to take part in activities during the inspection. On the day of our visit we saw people were playing Bingo which the manager and people using the service told us was very popular activity which everybody thoroughly enjoyed.

Is the service well-led?

Our findings

People using the service said that the management team was very helpful and very efficient. One staff member said, “It’s a good place to work, the manager is very approachable and helpful.” The management team had a “hands on” approach to delivering the service which enabled them to build up positive relationships with the staff, people using the service and/or their families.

During our visit we found the working atmosphere within staff teams was positive and open. Staff told us they felt well supported by the manager and were able to raise concerns or ideas. One member of staff commented, “The manager is very good and listens to what I have to say.” Staff told us they had plenty of opportunities to raise any issues with the manager and felt confident to do so. People we spoke with were very positive about the service and the care they received. People confirmed they felt the service was well led.

The manager had several years of experience in care and was able to demonstrate a good knowledge of their role and responsibilities. Staff were aware of the organisation’s vision. They told us that their role was to encourage people to be more independent, provide them with choice and respect their privacy and dignity. The service had frequent meetings where they could raise any issues or concerns. They could also do this at any time with the management of the service.

The service had a number of systems in place to make sure that they assessed and monitored its’ delivery of care. The manager checked the daily record sheets that were returned to the office to ensure staff were supporting people the way they had agreed. Medicines records were checked for accuracy when they were returned to the office.

We saw spot checks were regularly carried out by the management team. These were unannounced visits to observe working practices and check records associated with people’s care. The checks covered areas such as care and support plans and health and safety. The checks were recorded and any improvements needed or examples of good practice were documented. For example, if someone needed longer time with help them with personal care this would be arranged. This meant the service could be assured staff were providing people with personal care that was appropriate to their needs.

We saw that regular surveys had been undertaken to inform the service of any areas of concern and improvement. People who used the service and their representatives were asked for their views about their care and they were acted on. People said that it was a good service and well run. They said the management team were ‘approachable’. People and relatives felt that the management were responsive when they had any concerns. Systems were in place to make sure that managers and staff learned from events such as accidents and incidents, complaints and concerns.