

# Trident Reach The People Charity Ferndale Crescent

## Inspection report

10 Ferndale Crescent  
Highgate  
Birmingham  
West Midlands  
B12 0HF

Tel: 01217721885

Website: [www.reachthecharity.org.uk](http://www.reachthecharity.org.uk)

Date of inspection visit:  
26 October 2016  
27 October 2016

Date of publication:  
06 December 2016

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 26 and 27 October 2016 and was unannounced. When we last inspected this service in January 2016 where we found improvements were needed in how the service was led and there were two breaches in regulations. The provider had not informed us of the absence of the registered manager and quality monitoring systems were not always effective. We had received an action plan from the provider and this inspection found that improvements had been made and there was no breaches of regulation.

Ferndale Crescent is a residential home which provides support to people who have learning disabilities. The service is registered with the Commission to provide personal care for up to eight people and at the time of our inspection there were six people using the service.

Since our last inspection a new manager had been registered. They were not available on the first day of our inspection visit. 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 and associated Regulations about how the service is run.

People we spoke with told us they felt safe. Some people we met found verbal communication difficult. We observed people looking relaxed and showing happiness with their facial expressions and body language. Staff knew how to protect people from avoidable harm and abuse. Staff knew how to keep people safe and reduce risks but this information was not always reflected in people's care records. There was enough staff to support people in a timely manner. The registered manager had access to a resource of agency and bank staff when necessary to ensure people were supported in accordance with their care needs. We saw that the registered manager and staff had a clear understanding of people's needs.

People received their medicines safely and staff had access to thorough guidance about supporting people to take their medicines.

Staff were appropriately trained and skilled to provide care and support to people. Senior staff were always available for them to seek advice and guidance. The registered manager and staff we spoke with understood the principles of protecting the legal and civil rights of people. Staff were observed seeking people's consent before providing any care and support.

People's changing health and wellbeing needs were responded to and people had regular access to health care professionals to maintain their health. People were given a choice of foods and staff knew what people liked to eat. Meals were prepared according to people's specific dietary needs.

People and staff enjoyed caring and positive interactions with one another. We saw that people were treated as individuals and they visibly looked at home. People were supported to maintain relationships

with people that were important to them.

Staff recognised the individuality of each person, and had planned and delivered support that reflected their individual needs and preferences. Staff were in the process of introducing a new care planning format to ensure that people's care plans reflected what was important to them, which included the way they received their care and expressed their needs. Staff spoke affectionately about the people they supported. We saw people had access to activities and interests that they enjoyed.

People were aware of the provider's complaints process but felt they could talk with staff and that their concerns would be addressed. People were encouraged to express their views about the service and felt involved in directing how care was provided. Staff felt involved in developing the service through staff meetings and supervisions with the registered manager.

The registered manager was aware of her responsibilities and had the skills and experiences required to enable her to effectively lead this service. The registered manager had used feedback from the last inspection to make improvements. Quality assurance audits were in place to monitor the quality and safety of the home, however, some of these audits had not identified some record keeping issues we found.

## 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 kept safe by staff who knew how to protect people from the risk of harm.

People were supported by enough staff to keep them safe from the risks associated with their specific conditions.

People received their medicines safely and as prescribed by their GP.

### Is the service effective?

Good ●

The service was effective.

People were asked for their consent before care and support was provided.

Staff had the necessary skills and knowledge to care for people effectively.

People were supported with eating and drinking and to maintain their overall health.

### Is the service caring?

Good ●

The service was caring.

People had positive relationships with staff and we observed caring interactions throughout the day.

People were supported to maintain their independence and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People were encouraged to raise any concerns about the service and the provider responded when people expressed their opinions.

People took part in activities they liked.

**Is the service well-led?**

The service was not consistently well-led.

Quality assurance audits were in place to monitor the quality and safety of the home, however, some of these audits had not identified some record keeping issues we found.

There was a registered manager in place. The registered manager had used feedback from the last inspection to make improvements.

**Requires Improvement** 

# Ferndale Crescent

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 and 27 October 2016 and was unannounced. The inspection team consisted of one inspector.

We asked the local authority and Health Watch if they had any information to share with us about the care provided by the service. As part of our inspection we also checked if the provider had sent us any notifications since our last visit. These are reports of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection we spoke with three people who used the service. We observed how staff supported people and if this was in line with their wishes. Some people due to their communication needs were not able to tell us their views of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spoke to the registered manager, deputy manager and four members of staff. We looked at records including three people's care records and staff training. We looked at the provider's records for monitoring the quality of the service and how they responded to issues raised. Following our visit we spoke with the relatives of three people and received information from a health care professional who had supported a person who used the service.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe. A person who used the service told us, "I have no worries here." Another person told us, "I feel quite safe as all the staff are nice." The relatives of three people told us they felt people were safe at the service.

People were kept safe from the risk of harm by staff who could recognise the signs of abuse. Staff we spoke with demonstrated a good awareness of their responsibilities in respect of safeguarding people. Staff were able to describe signs and symptoms of abuse and when they should escalate concerns and to whom. There was guidance available in various formats to support people who used the service, visitors and staff to alert the appropriate agencies if they were concerned about their own or the safety of others. This indicated that any safeguarding matters would be investigated and people would be protected.

Some people needed staff to use a hoist to help them change position or transfer from their bed to a chair and vice versa. Two people we asked said that staff helped them in a safe way when using the hoist. Staff we spoke with and our observations confirmed that care records contained information which enabled staff to manage the risks associated with people's specific conditions. We saw evidence that other health care professionals had been approached when, due to a change in a person's condition, they required special equipment to maintain their safety. A health care professional who had recent contact with a person at the home told us that staff had taken action to help reduce the number of falls a person was experiencing.

All the people who used the service and staff we spoke with told us that they felt there were enough staff to meet people's care needs. The relatives we spoke with told us there enough staff to meet people's needs. One relative told us, "There have been some staff changes but there are enough staff."

People told us they were always supported when they wanted and during our visit we observed that people received support when requested. This included help with personal care. The registered manager also had access to a resource of agency and bank staff when necessary to ensure people were supported in accordance with their care needs. Staff told us that current staffing levels were safe. The registered manager told us that staffing levels were flexible in line with people's needs, for example staff had recently been allocated to support a person during a hospital stay.

People benefitted from a staff team that understood what actions to take in the event of an emergency. We saw emergency plans in place for people for example how to support people if there was a fire within the building. Staff had recently received fire training and people who lived at the home had also been included in this.

The registered provider had a robust and thorough recruitment process in place for identifying suitable candidates and completing appropriate pre-employment checks. The registered manager advised us that people who lived at the home had been involved in the recruitment process and had participated in the interviewing of potential new staff. Staff members confirmed that checks including seeking references and a Disclosure and Barring Service (DBS) had been obtained before they commenced working at the home. This

helped to ensure that potential workers were suitable for the roles they were being considered for.

People were supported with the management and administration of their medicines. One person we spoke with confirmed they received their medicines on time. We saw that staff who supported people with their medicines had received training and were regularly observed to ensure they were continually safe to administer medicines. One member of staff told us, "I was not allowed to administer medication until I had had the training." The staff we spoke with were able to explain the provider's protocols should any medication errors occur.

Medication audits were completed to identify any errors and took action to prevent them from reoccurring. Medicines were stored correctly to ensure they were safe and maintained their effectiveness. People's care records contained details of the medicines they were prescribed and any side effects. We sampled the Medication Administration Records (MARs) and they had been correctly completed which indicated medication had been given as prescribed. Where people were prescribed medicines to be taken on an "as required" basis there were details in their files about when they should be used. The registered manager told us that more detailed information had been completed on how people preferred to take their medication and this was currently with the GP for their agreement prior to being implemented. People could be confident their medicines would be well managed and administered as prescribed.



# Is the service effective?

## Our findings

Staff and the registered manager knew people well and ensured people were supported to maintain their health and welfare.

Staff told us that they received sufficient training which enabled them to support the people who lived at the home. One member of staff said, "The quality is good. There are always things you need to learn." Records showed and staff told us that they shadowed experienced staff and received an introduction about people's specific conditions when they started working at the service. One newer member of staff told us they had the opportunity to undertake autism awareness training to help them understand a person's needs. Some recently employed staff had not yet received training in epilepsy awareness but the registered manager told us she was making arrangements for this training to take place. Whilst the staff we spoke with were not all consistent in the action they told us they would take if a person had a seizure all staff described actions that would help to keep the person safe.

Staff told us that they received an induction at the start of their employment. Records showed that agency staff also received a short induction to the home and people's needs on their first day of working there. The registered manager told us the Care Certificate was available for new staff if they required it. This certificate has been implemented nationally to ensure that all staff are equipped with the knowledge and skills they need to provide safe and compassionate care.

The majority of staff told us they felt supported in their roles and records demonstrated they had had received consistent supervision meetings. Supervision's are one to one meetings that can be used to focus on staff members work and performance, they give staff the opportunity to raise issues if they need to. One member of staff told us, "There is an opportunity for both sides [manager and staff] to contribute. My strengths and weaknesses are discussed."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service 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 had received training on the MCA and DoLS. The staff we spoke with were knowledgeable about the principles of the MCA. We saw evidence that when necessary people were supported to make informed decisions When it was identified that a person lacked mental capacity, we saw that the provider had

approached the appropriate authority for approval to support them in a specific way and identify if less restrictive alternatives were available. Decisions about the care people received were made by the people who had the legal right to do so. One member of staff told us, "It's all about people's rights and acting in their best interests." We brought to the attention of the registered manager that one of the staff we spoke with was not aware if DoLS applications had been made or approved. The registered manager told us they would ensure all staff were reminded about the DoLS.

A person who used the service told us that staff would always ask their permission before providing personal care. We saw examples of staff seeking consent from people, this included asking people before they moved their wheelchairs or assisted people to wear an apron at lunch time.

A person who used the service told us they had food they enjoyed. One person told us, "I get to choose my meals, I had porridge for breakfast, I love my porridge." Another person told us, "I get asked every day what I want." During our visit we saw that staff constantly asked people what they wanted to eat and promptly responded to people's requests for drinks. One person needed the full assistance from staff to eat their meals. We saw that staff supported the person with patience and did not rush them to eat their meal. The staff we spoke with could explain people's specific dietary requirements and we observed that people were supported in line with these. This helped people to eat and drink enough to keep them well.

People had regular access to other health care professionals to maintain their health. One person told us about the appointments they had attended and told us, "Staff take me to the GP if I am not well." During our visit a person was supported by a member of staff to attend an optician appointment. Records showed that one person had received a letter reminding them a dental check up was due, staff were able to show us this had been responded to and an appointment had been booked. A relative we spoke to told us people attend health care appointments when necessary and staff would inform them of their outcomes.

One person's care records indicated that they had a specific health condition. Whilst staff described how they would support the person with their health condition there was no detailed written guidance for staff to follow. We brought this to the attention of the registered manager who showed us that staff were currently working on a new care plan for this person. After our inspection visit they contacted us to tell us this guidance had now been completed.

# Is the service caring?

## Our findings

People and their relatives told us they were supported by a staff team who were kind and caring. People enjoyed positive and trusting relationships with staff and interactions we observed demonstrated this. A person who used the service told us, "The staff are all lovely." A health care professional who had recent contact with a person at the home described staff as being very attentive and keen to help the person.

Relatives told us there were no restrictions on when they could visit people at the home. One relative told us, "I'm made welcome any time." The registered manager told us that one area she hoped to develop further was getting people's relatives more involved in the service. She told us, "Relatives can really bring something to service provision." We were informed that a first step towards this improvement was going to be the introduction of relatives meetings, at a frequency and format agreed with people's relatives.

Our inspection identified some specific examples where incidents had been responded to in a caring way. One person had recently had a stay in hospital. The registered manager told us that staff had been allocated to stay with the person during the daytime. This showed a caring attitude to help reduce the person's anxiety.

Staff's communication with people was friendly, endearing and respectful. We observed staff speaking with people appropriately and addressed people by their preferred name. Staff we spoke with described people's personal preferences. We saw that staff were patient and took time to talk with people, listen to them and it was apparent that staff knew people well. Staff spoke affectionately about people and enjoyed supporting people to engage in tasks they liked. Staff helped people to celebrate their birthdays and records showed a surprise party had been organised for one person to help them celebrate a 'special' birthday.

Some people we spoke to said they enjoyed helping with chores around the home and we saw that an area in the kitchen was adapted to allow people who used wheelchairs to make drinks and wash up if they wanted. One person told us they liked to pick up litter outside the home and that staff helped them to do this. This helped to promote people's independence.

People behaved in a way that reflected that the home was theirs. For example, we saw one person had the remote control for the television in the lounge and so were able to choose for themselves what they wanted to watch. Two people proudly showed us their rooms which we saw were personalised and pleasantly furnished, featuring items of importance and value to them. People told us they were supported to choose furnishings and decorations for their bedrooms. One person told us that their bedroom was in the process of being redecorated in the colours they had chosen. This meant that people felt at home at the service and enjoyed a comfortable and relaxed environment.

People told us staff respected their privacy and we saw staff seek permission before entering people's bedrooms. The registered manager and staff spoke about people with respect and care and provided examples of how they maintained their dignity. This supported people's privacy and dignity.

At our last inspection we identified there were several notices for people who used the service and instructions about how staff were to support people displayed in communal areas and bedrooms. Some of this was information about how people were to be supported with personal care. This did not support people's right to confidentiality or promote a homely feel. At this inspection we saw these notices had been removed to help protect people's personal information.

## Is the service responsive?

### Our findings

People received care that had been planned to meet their individual needs and preferences. People told us that staff knew how they wanted to be supported and that staff respected their wishes. One relative told us, "I'm more than happy with the care provided." Care plans included information about people's personal history, individual preferences and interests. Staff were in the process of introducing a new care planning format to ensure that people's care plans reflected what was important to them, which included the way they received their care and expressed their needs. Staff we spoke with were responsive to the needs of people because they knew people well.

During our visit we observed that people were enjoying the activities they were engaged in. These included , watching TV, reading newspapers and playing cards. These were all activities people's care plans had identified they liked to do. At our last inspection we identified that several people spent much of their time watching TV and staff did not regularly prompt them to engage in more meaningful activities which could promote their independence or general well-being. Whilst some people spent time watching the TV during our visit we saw that staff regularly interacted with them and spent time chatting with people.

People told us how staff had supported them to engage in activities they wanted to do. One person told us they were happy about how often they got to go out on activities, they told us, "There is enough to keep me occupied." People were supported to enjoy quality time on days out and short trips and holidays. One person told us they had recently been away to Blackpool which they had enjoyed. Some people had also recently returned from a short break to Stratford on Avon.

People were supported to engage in the community and most people attended a day centre once a week. Two people we spoke with said they enjoyed this. At our last inspection we had identified that people were not always supported to try new activities. We saw that staff and people had been consulted and some new activities had been introduced. This included one person being read stories and also a community cycling activity that was suitable for people who had mobility restrictions.

One person we met had a strong faith, and we saw that maintaining this was part of their care plan. Staff were made available for the person to be able to attend their place of worship on a regular basis.

People gave us several examples of jobs they helped with. One person said they wanted to help with washing laundry but could not access the laundry room because it was on a different floor. The registered manager told us that options of relocating the laundry had been explored but that this had not been feasible. They told us they would ensure the person was offered the opportunity to be involved in parts of the laundry process, for example folding clean laundry.

People were supported to maintain relationships they said were important to them. A person's relative told us they were welcomed at the service and encouraged to visit. One relative told us that due to their personal circumstances they were not able to visit their family member at the home but that the person's keyworker telephoned them regularly to update them on their well-being. Records showed that one person had a

friend visit them who was able to have lunch at the home.

People told us and records confirmed that they were involved in reviewing their care plans. When necessary people received help to express their views from the people who they said were important to them such as relatives and key workers. People told us and records confirmed that the staff sought people's opinions about the service at regular meetings. We saw that they had taken action when people had made suggestions about new activities and decorating the premises.

All of the people we spoke with felt they could talk openly with staff and that they thought their concerns would be addressed appropriately. We observed that people were confident to approach and speak with the staff who were supporting them. The relatives we spoke with told us they would feel confident to raise any concerns or complaints directly with staff or the registered manager. People and their relatives told us they had not made any complaints.

The provider's complaints policy was available in a variety of formats to meet people's specific communication needs. People had been supported to understand this by using symbols such as happy and sad faces to ensure they were able as far as possible to express themselves.

## Is the service well-led?

### Our findings

When we last inspected this service in January 2016 where we found improvements were needed in how the service was led and there were two breaches in regulations. The provider had not informed us of the absence of the registered manager and quality monitoring systems were not always effective. We had received an action plan from the provider and this inspection found that improvements had been made and there were no breaches of regulation.

This inspection identified that some further improvement was still needed. Some care records had not been kept up to date which placed people at risk of not receiving the correct support. Whilst this was in the process of being addressed in the new care plan format in some instances the current plans had been lacking some key information for several months. People each had an allocated keyworker who completed a monthly review with the person. We discussed with the registered manager that the records of these reviews were centred on the views of staff and did not record people's views. The registered manager told us they would review the format of these records to make sure this was addressed.

Since our last inspection the provider had introduced a system for the registered manager to complete audits about key aspects of service provision which were then communicated to the provider of the service. These aimed to monitor the service to ensure high quality care was provided. An action plan had been developed from the results of the last completed audit with timescales recorded to complete the actions. We sampled some of the actions and found these were completed or in progress. However, the registered manager had not kept the action plan under review or compiled any form of report to demonstrate the progress made. Following our inspection visit the registered manager compiled a progress report and shared this with us. This demonstrated good progress in meeting the identified actions.

Since our last inspection there was a new registered manager in post. They split their time between Ferndale Crescent and another of the provider's registered locations. The staff we spoke with told us that when the registered manager was working at the other location they were always available to give advice by telephone. Staff told us the registered manager was approachable. One member of staff told us, "I feel able to raise any concerns. It's better to air any issues rather than not say anything."

Staff expressed confidence in the way the home was managed. One member of staff told us, "It's well managed, there is good communication." Staff we spoke with had a good understanding of the leadership structure and their roles and responsibilities. Staff we spoke with told us that they had attended regular staff meetings which enabled them to share their views, opinions and share good practice. One relative commented, "It seems well run."

All of the people we spoke with were happy to be supported by the service and were pleased with how it was managed. People told us that they were asked for the opinions of how the home was run. One person told us, "They [the staff] asked us about how we wanted the lounge decorated and the kitchen. I would like the worktop in the kitchen lowered so I can help more." We saw that resident meetings were conducted as a way of gathering people's feedback and involving them in the development of the service. The provider

carried out surveys with people living at the home to seek feedback. The registered manager told us these surveys did not give results for each home and instead looked at the provider as a whole. A conference was held annually for all the people using the provider's locations to feedback the results of these surveys and to discuss action the provider was planning on taking as a result of the survey.

Our inspection visit and discussions with the registered manager identified that they were knowledgeable about all aspects of the service and knew people well. The registered manager had kept up to date with developments, requirements and regulations in the care sector. For example, where a service has been awarded a rating, the provider is required under the regulations to display the rating to ensure transparency so that people and their relatives are aware. We saw there was a rating poster clearly on display in the service and on the provider's website.