

Young People Services Birmingham Ltd

Fern House

Inspection report

320 Moseley Road
Birmingham
West Midlands
B12 0BS

Tel: 01214401032

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12 April 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 12 April 2016 and was unannounced. This was the first inspection for Fern House since registration in August 2014.

Fern House is registered to provide accommodation and personal care for up to six younger adults with Autism Dpectrum Disorder (ASD) and learning disability needs. A respite service is also provided. At the time of our inspection three people were living at the home.

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

People felt they were safe and secure. Relatives believed their family members were kept safe. Risks to people had been assessed appropriately. Staff understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. The provider had processes and systems in place that protected people and reduced the risk of harm.

There were enough staff, who were safely recruited and had received appropriate training so that they were able to support people with their individual needs.

People safely received their medicines as prescribed to them.

Staff sought people's consent before providing care and support. People were supported to make everyday decisions and choices themselves, which helped them to maintain their independence.

People were supported to have food that they enjoyed and meal times were flexible to meet people's needs.

People were supported to stay healthy and accessed health care professionals as required.

People were treated with kindness and compassion. Care was inclusive and people benefitted from positive interactions with staff.

People's right to privacy was promoted and people's independence was encouraged where possible.

People received care from staff that knew them well. People benefitted from the opportunities to take part in activities that they enjoyed and that was important to them.

People and relatives had no complaints about the service and knew who they would speak to if they wished to raise a complaint. Information was available in easy read format for people.

The provider had effective management systems in place to audit, assess and monitor the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of harm and abuse because the provider had effective systems in place and staff was aware of the processes they needed to follow.

Risks to people was appropriately assessed.

People were supported by adequate numbers of staff on duty so that their needs would be met.

People received their prescribed medicines as required.

Is the service effective?

Good ●

The service was effective.

People's needs were being met because staff had effective skills and knowledge to meet those needs.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

People were supported with their nutritional needs.

People were supported to stay healthy.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that knew them well and who were caring.

People's dignity, privacy and independence were promoted as much as possible and maintained

People were treated with kindness and respect.

Is the service responsive?

Good ●

The service was responsive.

People were supported to engage in activities that met their needs.

People's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

People, if they wished, were supported to maintain relationships with their relatives and friends.

People knew how to complain and procedures were in place for people and relatives to voice their concerns.

Is the service well-led?

Good ●

The service was well led.

People and relatives felt the registered manager was approachable and responsive to their requests.

Staff were supported and guided by the management team.

The provider had effective systems in place to assess and monitor the quality of the service.

Fern House

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 12 April 2016 and was unannounced. One inspector carried out the inspection.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authorities who purchased the care on behalf of people to ask them for information about the service.

During our inspection we spoke with three people living at Fern House. We also spoke with the registered manager, a director and three care staff. We spoke with two relatives of people and three health and social care professionals by telephone.

We looked at records in relation to three people's medication and the home's medicine management processes. We looked at the care plans for four people and records maintained by the home about recruitment, staffing and training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures, to check people received a good quality service.

Is the service safe?

Our findings

People living at the home told us they felt safe and they would speak with their key worker, if they felt upset or threatened in any way. One person said, "I am kept safe here the staff keep you safe." Another person told us, "I do feel safe living here, I've got friends and would talk to [registered manager] if I didn't feel safe." A key worker is a member of staff, specifically assigned to work with an individual, to provide support for that person. A relative told us, "Fern House is a lovely place and if there were any concerns, I'd speak to [registered manager]. People told us staff supported them to go out as much as possible and they felt safe because a staff member was with them. A staff member told us, "[Person's name] has their own phone and they know to call us every half hour when they are out on their own." A health care professional explained there was 'no question' about peoples' safety and felt it was an 'excellent' home. People and staff were engaged in light-hearted conversations, which demonstrated to us that people felt relaxed with the staff at the home.

Staff told us they had received training in protecting people from abuse and they were knowledgeable about the different types of potential abuse. One staff member told us, "Although everyone here would be able to tell you if anything was wrong or if anyone hurt them, we would also know something was wrong if there was a sudden change in their mood or behaviour." We saw the provider had procedures in place so staff had the information they needed to respond and report concerns about people's safety. The information the provider had sent us and the records we held showed that the provider had reported incidents appropriately.

People we spoke with all told us they reviewed their care plans and risk assessments with their key worker regularly. One person said, "Staff do talk to me about my care plan." Staff spoken with was knowledgeable about the risks to people. Care records we looked at showed that the risks to people had been assessed and plans were in place to manage risk. Although, we also saw one record that showed there were no detailed risk assessments for one person who came to the service for respite. We discussed this with the registered manager. They explained they would take immediate action to rectify this. However, when we spoke with the relative, they explained to us they had no concerns or worries about their family member. They continued to explain to us how reassured they felt by the registered manager and the environment at the home and they would have 'no problem' speaking with staff if they needed to.

We saw that people were supported in accordance with their risk management plans. For example we saw one person was being supported to go to the shops on their own, there was a clear plan in place to ensure the staff supported the person safely but also helping to maintain the person's independence. One staff member said, "Crossing the road is a major risk, we have worked with [person's name] to support them to do this on their own which has been successful." Staff were aware of the risks to people within their home, such as access to the kitchen and laundry areas. The registered manager told us that safety checks of the premises and equipment had been completed and we saw from records they were up to date. Staff was able to tell us what they would do and how they would maintain people's safety in the event of emergencies. Staff knew what action to take because procedures had been put in place by the provider, which safeguarded people in the event of an emergency.

Everyone we spoke with felt there was sufficient staff to meet people's needs. One person said, "There is always someone here to take me out when I want to go." Another person told us, "I think there is enough staff." A staff member said, "There is definitely enough staff at the moment and when we have anyone on respite, [registered manager] will contact one of the bank staff who are pretty reliable and they come in." On the day of our inspection we saw that people did not have to wait for support from staff and there was enough staff to take people out to the shops. The registered manager explained when there were unplanned staff absences these were usually covered by staff working additional shifts or regular bank staff. This ensured people were supported by staff that knew them well and maintained consistency of care. Bank staff are just called upon when needed rather than having regular contracted work.

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work, including references and checks made through the Disclosure and Barring Service (DBS). We found staff had completed appropriate pre-employment and security checks. The checks can help employers to make safer recruitment decisions and reduce the risk of employing unsuitable staff.

All people living at the home had mental capacity to make decisions about their medicine. People told us they had no concerns about their medicines and confirmed they were given to them as they had been prescribed by the doctor. One person told us, "I have my medicine in the morning and at night." We saw there were procedures in place for the administration of medicine that were to be used 'as required.' This included protocols to instruct the staff when the medicine should be given. Staff we spoke with knew of the protocols and told us that they followed them. This enabled staff to know when to give the medicines and promoted consistency in the use of the medicines.

We saw that medicines were stored safely in locked cupboards and this prevented unauthorised people accessing the medicines. We also saw that processes were used for ordering and returning unused medicine to the pharmacy. This meant that an excess stock of unwanted medicine would not build up, and that people's medicine would be available for them to take as they had been prescribed. Staff we spoke with and records we looked at showed that medicine audits were undertaken. We looked at three Medication Administration Records (MAR) and saw that information had been recorded accurately and numbers of medicine in stock balanced. The undertaking of the audits had ensured that medicine systems were safe and that people had been given their medicine as they had been prescribed.

Is the service effective?

Our findings

All people we spoke with told us they 'loved' living at Fern House and were complimentary about the staff and management. One person told us, "I really love it here, it's great." Another person said, "I don't want to live anywhere else, we're a family." A third person told us, "[Director] is like a mum." Relatives spoken with felt staff had the skills to meet people's needs. One relative said, "I have no problem with the staff, they're lovely." All of the staff spoken with said that they had received the training they needed in order to do their job effectively. One staff member said, "The training is pretty good." Another staff member said, "The induction was quite useful and I shadowed other staff for while, until I was signed off." We saw that new staff members were completing the care certificate. The care certificate is an identified set of standards that care staff should follow when carrying out their work. It is the new minimum standards that should be covered as part of induction training for new staff.

Staff told us that they felt supported and that the registered manager was approachable. They told us there was an open door policy and the manager would assist with the support needs of people. One member of staff said, "[Registered manager] is very approachable, I feel supported 100%." People living at Fern House and relatives we spoke with, felt assured by the registered manager, one person told us, "She's the best manager ever." A relative said, "She is very good at keeping in contact and rings me if there is anything she needs to explain and I would have no concerns in contacting her." Staff we spoke with told us they had received supervision although we saw that for some, this had been limited supervision over the last 18 months. Although, one staff member told us, "We have daily handovers and staff meetings every month and we are all happy to approach the registered manager or the director if we feel the need to". We saw that the registered manager and director was accessible and available; staff and people living at the home freely approached them for guidance, reassurance and advice when needed.

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. We found that they were. The registered manager explained and records we looked at confirmed, one DoL application had been submitted to the local authority. Not all of the staff we spoke with had received training on the MCA and DoLS. However, all staff we spoke with was aware of MCA and DoLS; one staff member had good knowledge and gave us an account of the principles of the MCA and DoLS. In respect of the remaining two staff, their knowledge was limited. We discussed this with the registered manager and they agreed this was an area of training that required updating and that this would be attended to.

People we spoke with told us the staff always asked them for their permission before supporting them. One person said, "The staff always asks me first". Staff we spoke with told us that they asked people's permission before they provided support. A staff member said, "We always ask first". We saw throughout the day staff offering people choices and asking their permission before they provided any support.

People told us staff prepared meals for them. One person told us, "[Staff name] makes the best dinner." Another person said, "We have a choice and the staff make us nice meals." One staff member explained how they encouraged people to consider healthy eating alternatives and we saw this was reflected in the food choices. Fresh fruit and drinks were freely available throughout the day. One staff member told us, "We shop weekly for the house sometimes an additional shop at the weekend and residents go out everyday and buy their own things." We saw there had been input from dieticians and Speech and Language Therapist (SALT) to provide guidance and support to people with specific dietary needs. One person told us that they had been trying to lose weight. All staff we spoke with said they had completed their food hygiene training and gave us examples of how they encouraged people to try and eat a more healthy diet.

We saw people were well cared for and they told us that they received a range of healthcare services as they needed. One person told us, "I've been to the hospital but I don't like it." A staff member explained how they had supported another person to attend a dental appointment. Staff we spoke with told us that they supported people to access health and social care appointments that included people seeing the GP, optician and community psychiatric nurses. Care plans confirmed people were seen regularly by health and social care professionals. Staff we spoke with knew what support was required to maintain people's health, which ensured their care needs were effectively met.

All people we spoke with told us they 'loved' living at Fern House and were complimentary about the staff and management. One person told us, "I really love it here, it's great." Another person said, "I don't want to live anywhere else, we're a family." A third person told us, "[Director] is like a mum." Relatives spoken with felt staff had the skills to meet people's needs. One relative said, "I have no problem with the staff, they're lovely." All of the staff spoken with said that they had received the training they needed in order to do their job effectively. One staff member said, "The training is pretty good." Another staff member said, "The induction was quite useful and I shadowed other staff for while, until I was signed off." We saw that new staff members were completing the care certificate. The care certificate is an identified set of standards that care staff should follow when carrying out their work. It is the new minimum standards that should be covered as part of induction training for new staff.

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Is the service caring?

Our findings

People told us that the staff were helpful and respectful. One person said, "Staff are kind." Another person told us, "Staff listen to me and are caring." We saw that staff called people by their preferred names and listened to what people had to say about matters that were important to them. We saw how one person was becoming upset and staff were able to give reassurance in a sensitive and caring manner. Staff were also able to tell us about people's individual support needs, their likes and dislikes. This contributed to the staff been able to care for people in a way that was individual to the person. A staff member told us, "I will pray with [person's name] because it is very important to them." The health and social care professionals we spoke with explained they had never seen or heard the staff act in an inappropriate way and always found staff to be friendly and polite. Although the home was busy, with lots of activity, there was a calm atmosphere. People were engaged in friendly conversations with each other and staff.

People explained how they were involved in planning their care and support needs. One person said, "We talk with staff all the time about what we want." Another person told us, "Staff talk to me." We saw from the care plans that the care and support planning process was centred on the people, taking into account the person's views and their preferences. We saw people went to the registered manager's and staff offices and spoke with staff telling them how they felt. One person said, "I can talk to anyone here." We saw that where it was appropriate, the registered manager had ensured people had access to an advocate to make sure the person's views were represented. An advocate is an independent person that supports people to speak up about what they want, working in partnership with them to ensure they can access their rights and the services they need.

We saw that there was information available to people in accessible formats so that they could make choices and decisions about their care. Such as what they ate, what they wanted to do and where they choose to spend their time. Staff supported people to do what they wanted. For example, one person chose to stay in their room for the best part of the day while we were there and staff respected this decision. People told us they chose when they got up and went to bed. We were invited into one room and saw it was personalised with objects that were important to them. The told us, "I can hang pictures on my wall."

We saw that people were treated with respect and dignity. One person told us, "If I want time for myself I just tell the staff." Another person said, "Staff never shout at me." Staff knew the people who lived in the home well and spoke about their challenges in a sympathetic way. They were able to explain how they ensured people's privacy and dignity. One staff member said, "We are like one big family but it's important to give people space." A health care professional explained when they visited, staff would make sure they could meet with people in private. This safeguarded the person's privacy and reduced the risk of a breach of confidentiality.

People were dressed in their own individual styles of clothing that reflected their age, gender and personality. People we spoke with felt they were supported to be as independent as much as possible. They were encouraged to go the shops, local social clubs and completing household tasks. For example, cleaning their rooms, loading the washing machine and helping in the kitchen. One person explained how they

enjoyed vacuuming their room.

Is the service responsive?

Our findings

People we spoke with were able to explain how they were supported to make decisions about their care and support needs. People told us they were 'very happy' how their support needs were being met. One person said, "The staff are great, I've no complaints." Another person told us, "We do lots of different things." We saw that staff responded to people that required support. For example, when two people ask staff to accompany them to the shops, they were supported in a timely way. A health care professional told us when they were assessing people's care and support needs; they found the staff was knowledgeable about people's preferences and medical history. They continued to explain when advice or guidance was given to staff, they were happy to action. We saw staff had a good understanding of people's needs and relationships between staff and people were good and people felt they could go to staff and ask for help when needed.

People living at Fern House had been assigned a key worker. They met with their key worker weekly and were supported to structure their week which helped to establish a positive use of their time. Activity plans were developed from these meetings. A staff member said, "We all work with everyone here in an individual and personalised way." We saw current activity plans were all different and reflected each person's interests and hobbies.

There were a range of photographs displayed around Fern House that showed people smiling and happy, attending special events, holidays and trips out. One person explained to us where they had been on some of the photographs and how much they had enjoyed themselves. Throughout our inspection we saw that people had things to do that they found interesting. For example, one person went shopping with a member of staff and told us what they had bought. One staff member told us, "We take people out every day, we can either go for a walk, a bike ride, swimming, a trip into town, the disco. Or if they prefer we have a range of games that can be connected to the television which everyone enjoys." Another staff member explained how they were trying to arrange a college place for one person because it was something they had expressed an interest in.

People were encouraged to maintain contact with their family members and friends, if the person wanted this. One person told us, "I speak with my brother and he comes to visit." Everyone we spoke with told us they were able to contact friends and family if and when they wished. One relative we spoke with told us, "You here a lot of bad things about care homes but I am happy [person's name] is here, this home is very good."

People who lived at Fern House, relatives we spoke with and health and social care professionals told us they had no complaints about the quality of the service being provided. People told us they knew how and who to complain to if they had any concerns. One person told us, "If I wasn't happy I'd speak with the manager." Another person told us, "There is no problem living here, it's brilliant and if I was unhappy I'd speak to them [staff]." Staff explained how they would deal with complaints and confirmed they would follow the complaints process and were confident the registered manager would resolve them quickly. We saw the provider had a complaints recording system in place to investigate and monitor any complaints,

there were no complaints on record.

Is the service well-led?

Our findings

People we spoke with, relatives, staff, health and social care professionals told us the home was 'well managed' and the quality of the service was 'excellent.' One person told us, "[Persons names] are like my brothers, I like everyone here." Another person told us, "It's just great here, I love it." A third person said, "I'm happy here." We saw that staff would speak to the registered manager for direction and guidance. A social care professional told us, "[Person's name] has had a difficult time and the staff at Fern House have been brilliant, they are a different person since coming here." A staff member said, "I love working here, I feel supported by the manager and the director who helps out." Another staff member told us, "[Registered manager] will spend time with the residents and the staff, they are very approachable." Another staff member said, "This is the best job I've had."

We saw that staff were clear about their responsibilities and all said that the people who used the service were central to the support they provided. There were staff meetings and daily handovers. This ensured staff were kept informed on the day to day support needs of people and the development of the service. They told us they were given opportunities to raise any concerns they may have with the management team. One staff member told us, "We have staff meetings about every two months or so." Staff we spoke with was aware of whistleblowing and said that they would be happy to report any worries or concerns to the registered manager or the director. We saw there was a whistleblowing policy that provided the contact details for the relevant external organisations for example, the Care Quality Commission (CQC). Staff told us they were aware of the policy and confirmed they hadn't seen anything that had caused them concern.

Staff told us the management team were approachable, felt that there was an open culture in the home and were comfortable to raise any issues with them. We saw the registered manager and director had an open door policy and that people knew who they were and greeted them kindly and were keen to spend time in their presence. We saw that the registered manager and director knew about the things that were important to people.

We saw the registered manager held house meetings with people and staff supported people with feedback questionnaires, that were in an easy read picture format for people to understand. Relatives we spoke with told us they were satisfied with the care their relative received. The registered manager explained how they collated the feedback and used the information to develop and improve the service.

The management structure within Fern House was clear and staff knew who to go to with any issues. We saw that the registered manager was visible in the home. We saw throughout our inspection that the registered manager led by example guiding and supporting staff to respond positively to people's needs. The provider and registered manager kept us informed about any changes or incidents within Fern House and were fully aware of their legal requirements. The registered manager had completed our Provider Information Return (PIR). The information provided on the return, reflected what we saw during the inspection.

There were systems in place to monitor the quality of the service, quality audits were undertaken by the registered manager and reviewed regularly by the provider. These included audits of safeguarding practices,

staff competence, infection control and medication. We saw that where these audits identified areas for improvement an action plan had been developed. These action plans were monitored by the registered manager to ensure that the service continually improved. The provider had a system to address maintenance issues in the home, our observations and the records we saw showed that the home was well maintained.

We asked the registered manager to explain their understanding of the Duty of Candour. Duty of Candour is a legal requirement that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was able to tell us their understanding of this regulation and how they reflected this within their practice. They said, "If we got something wrong, we would acknowledge it, notify everyone who needs to know and apologise."