

Forward Plus West Midlands Ltd

Fordrough Cottage

Inspection report

312-314
Alvechurch Road
Birmingham
West Midlands
B31 3PU

Date of inspection visit:
31 July 2019

Date of publication:
29 August 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Fordrough Cottage is a residential care home which provides personal care to two people with a range of needs including autism, learning disabilities and behaviours that may challenge. The service can support up to four people.

Services for people with learning disabilities and or autism are supported

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People's relatives told us they felt people were safe. Care staff knew how to keep people safe from harm. The provider's recruitment process was not always robust enough to ensure they had employed suitable care staff to support people safely. People received their medicines as prescribed, however, records were not always completed accurately. Care staff followed infection control guidance and had access to personal protective equipment.

Care staff received induction training however they had not always completed this before they started work. This meant the provider could not be assured that care staff had the correct skills and knowledge to meet people's needs when they first started working. Care staff had not received regular supervisions and competency checks to ensure they were working in line with best practice. People's nutritional needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported by care staff who were kind and caring and knew them well. Care staff were

passionate about their role and had built good relationships with people. People's privacy, dignity and independence were respected by care staff. People's equality and diversity needs were respected.

People's support needs were assessed regularly and planned to ensure they received the support they needed. People's support was individualised. The provider had a complaints process which people were aware of to share any concerns.

The service was not always well managed. Previous to the appointment of the new registered manager there had been a lack of effective oversight and auditing of the service. Since the appointment of the new registered manager, governance and auditing systems have been implemented to improve the quality of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 14 September 2018 and this is the first inspection.

Why we inspected

This was a planned comprehensive inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Fordrough Cottage

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Fordrough Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

People at Fordrough were unable to communicate their views to us, we, therefore, spoke with three relatives about their experience of the care provided. We spoke with nine members of staff, including the registered

manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with one health professional.

We reviewed a range of records. This included two people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medication administration records (MARS) were not always completed accurately and we identified gaps where staff should sign to confirm they had administered medication as prescribed. On further investigation, it was identified that medicines had been administered but care staff had forgotten to sign to confirm this had been done.
- The provider's policy requires two staff to sign for controlled drugs. Staff were not always complying with company policy and had not always obtained a counter signature.
- Whilst care staff had received training in how to safely administer medication, they had not received any competency checks since their training to ensure their knowledge was still up to date.
- The registered manager's recent medication audit had identified the areas of concern we identified during inspection and had implemented an action plan to address these issues. A new senior had been employed to support with safe administration of medication including competency checks on care staff.
- There were protocols in place for as and when required (PRN) medication.
- Relatives we spoke with told us they had no concerns with medication. One relative said, "The staff have been really good at working out when [name of person using the service] needs medication."

Staffing and recruitment

- The provider had a recruitment policy and we saw evidence of recruitment checks taking place before care staff were appointed. However, these systems were not always robust. Staff files seen did not always contain full previous employment histories, references obtained were not always in line with company policy and some care staff had been working without appropriate checks in place. The provider could not, therefore, be completely assured that these care staff were suitable.
- The registered manager had recently completed an audit of staff files and was aware of the concerns. They had implemented an action plan to ensure this did not happen in the future and that current staff were suitable to work with people using the service.
- There were enough care staff to support people.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us that people were safe at Fordrough Cottage. Staff knew how to recognise abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.

- There was a communication book to pass important information between day and night staff.

Assessing risk, safety monitoring and management

- Risk assessment documentation was in place which showed the actions taken to manage and reduce risks to people.
- Risk assessments were detailed and presented in an easy read format. They gave clear guidance to staff on how to manage risk safely.
- The new registered manager had implemented a new system which recorded accidents and incidents and analysed data to identify any patterns or trends to prevent these accidents and incidents from happening again.
- Some fire safety measures needed improving. The registered manager had identified that one fire door was not fit for purpose. The fire extinguishers were being temporarily stored in the locked medicines room as they had not been fixed to the wall safely enough and had presented as a risk to one particular service user and other people around them. Actions were being taken by the provider to rectify these issues immediately.

Preventing and controlling infection

- We found the home to be generally clean. One family member said, "It is spotlessly clean."
- Staff had received training in infection control and used personal protective equipment when needed.
- We saw staff supporting people following good standards to ensure they could protect against the spread of infection.

Learning lessons when things go wrong

- A health professional we spoke with told us about a safeguarding that had been raised earlier in the year. They commented on how quickly the provider addressed the situation and said, "There was good learning from the allegation." Relatives we spoke with also confirmed this. The registered manager has implemented a new process to prevent this incident from happening in future.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Care staff received induction training in line with the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings. This training included e-learning which care staff had not always completed before commencing employment. The provider could not, therefore, be assured that care staff had the required knowledge when they first started working at the service. The registered manager had implemented changes to ensure that some of the more important areas of training were completed before staff began working at the service.
- Care staff had not received regular supervisions or appraisals with their manager and therefore, the provider could not be assured care staff were confident or happy in their job role. The registered manager had implemented a system to ensure regular supervisions were now carried out and one member of staff confirmed they had recently received a supervision with the registered manager.
- Whilst relatives told us they were happy with how care staff supported people using the service, one relative said, "Certain members of night staff are better than others." A care staff member expressed their concerns that they thought some of the night care staff team were not completely confident in how to manage behaviours that challenge. The registered manager was aware of these concerns and was looking at ways to further support the night staff.
- Care staff were on a tracker system to ensure they kept up to date with on-going training.
- People were supported by staff that knew them well. One relative said, "Because [name of person using the service] has complex needs, they are hard to manage the right way. They [the staff] manage [name of person using the service] the best way they can. I am happy with how staff have managed physical behaviours." A care staff member said, "I feel confident."

Adapting service, design, decoration to meet people's needs

- The decoration was tired and needed an update. The registered manager told us they were due to re-decorate.
- There was a pleasant garden which was easy to access and spacious. There was a summer house in the garden which the provider was looking to turn into a sensory room.
- One relative we spoke with told us, "It is homely."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider carried out an initial assessment so they could be sure they could support people how they

wanted. People and their families were involved in the initial assessment and the outcomes they would like to achieve were clear. One relative said, "I am involved in care reviews all the time. I always go."

- People's current needs were regularly assessed to ensure they continued to receive the correct level of support.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a healthy diet.
- People could choose what they would like to eat and drink.
- People were supported to cook for themselves if they so wished.

Staff working with other agencies to provide consistent, effective, timely care

- When people's care needs required input from other health professionals, their advice had been sought. The service worked with other agencies as needed and records and health professionals we spoke with confirmed this.

Supporting people to live healthier lives, access healthcare services and support

- There was good evidence of multi-agency working and people were supported to access healthcare in the community. People were encouraged to take part in activities to keep them fit and healthy.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We found where people lacked capacity and were being deprived of their liberty that the appropriate authorisations were in place and being reviewed by the local authority. People were cared for in the least restrictive way.
- Staff received training in the Mental Capacity Act. One staff member said, "Assume they have capacity."
- There was evidence of best interest decisions in care plans where people needed help to make their choices.
- We observed people being asked for their consent before support was given.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives we spoke with told us that people using the service were supported by kind and caring care staff. One relative said, "The staff are kind and respectful." Another relative said, "[Name of person using the service] is happy there."
- Care staff we spoke with told us they enjoyed supporting people using the service. One care staff member said, "If it makes them [people using the service] happy, we will do anything for them. I love my job."
- The provider respected people's equality and diversity needs and these were reflected in their care plans, for example, people's religious beliefs were recorded.

Supporting people to express their views and be involved in making decisions about their care

- People and their families were involved in care planning and their views and wishes were respected.
- People had their own individual activity plans to enable them to participate in activities they enjoyed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. One care staff member described how they shut the door when supporting with personal care.
- People were encouraged to maintain their independence. During the inspection, we heard one care staff member encouraging a person using the service to help with the cooking. One care staff member said, "I encourage [name of person using the service] to make their own bed and clean their own teeth."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were met and staff showed they understood how to support people. Some people at the home exhibited very complex behaviour and all staff had received training on how to support behaviours that challenge. One family member said, "[Name of person using the service]'s behaviours has improved dramatically." A health professional confirmed this by saying "[Name of person using the service] has had periods of real calm."
- A care plan and assessment were in place to show the support people needed and these were reviewed regularly. People and their relatives were involved in their care reviews.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- All documentation was available in easy read format to make it easier for people to understand.
- The registered manager had arranged training for care staff to learn Makaton to help them communicate more effectively with people using the service. Makaton is a language programme using signs and symbols to help people communicate.
- Care staff we spoke with understood how people were feeling by reading their facial expressions and body language. For example, care staff told us how one person using the service would touch thumbs if he was happy.

Supporting people to develop and maintain relationships to avoid social isolation

- Staff understood and knew people's hobbies, interests and preferences to support them to take part in social activities. People were encouraged to be active in their choice of hobbies and interests. One relative said, "[Name of person using the service] has a variety of activities. They have been to loads of places."
- People were encouraged to integrate into the community as much as possible and went out regularly to the local shops and readily accessed other local amenities.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and people knew who to speak to if they had any concerns. There was no evidence of effective oversight of complaints before January 2019 when the new registered manager came into post. Since January 2019, complaints that had been dealt with through the

provider's complaints process had been investigated thoroughly and outcomes and learning had been clearly documented.

- Neighbours had raised some concerns and the registered manager had visited them personally to discuss these with them. The registered manager told us, "It is important to get on with your neighbours."
- Staff knew who to talk to if they had any concerns. One care staff member told us, "The manager is willing to hear what you have to say."

End of life care and support

- There was currently no end of life care plans in place and people at the service were not receiving end of life care. The registered manager had discussed end of life care plans with relatives in order to give them the choice to implement them if they so wished.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Previous to the appointment of the new registered manager there had been a lack of effective oversight and auditing of the service. For example, there was no effective audit in place to ensure medication was administered safely and in line with company policy and no clear oversight of staff competency when administering medication. The registered manager had implemented a system to address these issues.
- Since the appointment of the new registered manager, governance and auditing systems had been implemented to improve the quality of the service. These systems had identified the areas of concern highlighted in this report and actions had been taken to improve the quality of the service. These systems now need to become embedded into the service. The provider has appointed a new compliance manager to support with this.
- The registered manager understood their legal requirements within the law to notify us of all incidents of concern, death and safeguarding alerts.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives we spoke with spoke highly of the service. One relative described how the registered manager and the care staff were proactive. The relative said, "They support us as a family really well."
- A health professional we spoke with told us, "The service has improved since the new registered manager has come in. They are more organised, I get told everything I need to be told. They are very passionate."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open and honest about the changes that needed to be implemented to further improve the quality of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager held monthly staff meetings and strategy meetings in order for staff to share their views and to share learning.

- The provider communicated regularly with people's relatives and health professionals to ensure people's support needs were being met.

Continuous learning and improving care

- The registered manager had a development plan in place to further improve the quality of the service for people who used the service.
- Management and care staff had on-going training to ensure their learning, skills and knowledge was current to support people.

Working in partnership with others

- The provider worked in partnership with hospital consultants, social workers, health professionals and relatives to ensure the service people received was person centred. This was corroborated by relatives and health professionals we spoke with.