Inclusion Independence Limited

3 Ferndale Close

Inspection report

3 Ferndale Close
Hagley
Stourbridge
West Midlands
DY9 0QA

Tel: 07980145915

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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

About the service: 3 Ferndale Close is registered to provide accommodation and personal care for up to one younger adult who may have a learning disability or autistic spectrum disorder, sensory or mental health needs. At the time of the announced inspection, one person was living at the home.

3 Ferndale House is a residential town house and care is provided across two floors, with communal areas located on each floor.
The care service has been developed in line with the values that underpin Registering the Right Support guidance. These values include choice, promotion of independence and inclusion. People using the service were treated as an individual, encouraged to lead active lifestyles and were involved within the local and wider community. The values and ethos of the service was to promote and support independence through person centred care.

People's experience of using this service:

The person enjoyed living at the home and felt well supported by kind, caring and considerate staff. Staff supported the person to be as independent as possible, such as making their own decisions and doing the things they wanted to do.

The person did they things they wanted to do because staff's approach involved positive risk taking which enabled them to do something, rather than prevent them. This meant the person was enabled to undertake age appropriate activities with any risks identified and managed with their consent and agreement. Social inclusion and independence was a clear focus of the care they provided. The person was involved in activities and personal interests which included a range of individual and social activities.

Staff 's focus and attention to detail was evident. Staff knew the person well, what worked well and how to recognise signs of past and current anxieties and how this could affect their mental wellbeing. Staff understood people's concerns and were quick to offer reassurance and seek support and guidance from other healthcare professionals when needed.

There were enough staff to provide the support and engagement needed. Staffing cover over a 24-hour period meant the person had one to one staff support seven days a week. Planned staff breaks were agreed so staff and the person had their own time to do the things they wanted to do.

Records supported safe care and risk management. However, it was not always clear how risk scores were calculated so the home manager agreed to review them to make sure, risks continued to be managed safely. Care plan records were reviewed, and we recommended the small but more personal information staff knew about the person, should be included to ensure a consistent approach was maintained.

The person's dietary needs, preferences and nutritional needs were assessed, recorded and followed with

the person's consent.

Medicines were administered safely from trained and competent staff. Regular checks and safe medicines management ensured any errors were kept to a minimum.

Staff had training in relevant subjects and they were clear about their own and other roles and responsibilities, such as safeguarding people from poor practice.

The person continued to have choice and control of their life and staff continually promoted choices that were the least restrictive.

Quality assurance systems were effective and any learning from those audits or when issues arose, resulted in actions. Health and safety, infection control and fire safety checks were regularly completed. During our visit we identified a potential fire risk with a fire door and the registered manager sought immediate action to reduce the risk.

We found the service met the characteristics of a "Good" rating in five areas. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: This is the first rating inspection since the provider registered with us on 13 September 2017.

Why we inspected: This was a planned and announced inspection based on date the provider registered with us. We aim to inspect newly registered services within 12 months of registration.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.
For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well led

Details are in our Well Led findings below.

3 Ferndale Close

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection Team:
One inspector carried out this inspection.

Service and service type:
3 Ferndale Close is a care home. People in care homes receive accommodation and personal care. 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. The registered manager was also the provider and owner. During this inspection visit they were unavailable, so we spent time with the home manager.

Notice of inspection:
The inspection was announced. The registered manager was given 24 hours' notice because they provide care and support to people in their own home. We needed to be sure that someone would be available at the office to speak with us and to let people know of our arrival.

What we did when preparing for and carrying out this inspection:
Prior to the inspection, we looked at the information we held about the service since it was first registered with us and any notifications they provider was required to send to us. We used this information to help us plan our inspection. We considered the Provider Information Return (PIR). This is information we ask the provider to send to us at least annually to give us key information about the service such as what it does well and any improvements they plan to make. Through our conversations with the management team and staff we gave them an opportunity to tell us and show us how what they described to us translated into everyday

practice.

During our visit, we spoke with one person who used the service to get their first-hand account of what it was like from their experience. We spoke with a home manager, one senior care staff member and two care staff.

We reviewed a range of records. For example, we looked at one care plan, medication records and examples of related healthcare records. We also looked at records relating to the management of the home. These included systems for managing any complaints, staff training and people's feedback. We looked at the provider's checks on the quality of care provided that assured them they delivered the best service they could.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong;
●Risks related with people's care were assessed, reviewed and managed in a safe way.
●Staff knew the person's individual risks and the actions to take to minimise the risk of harm inside and outside of the home environment. For example, risk assessments were completed for slips, trips and falls, online abuse, social media, risk of absconding and independent travel. Staff were confident in managing risk however it was not clear how the risk level was assessed through a lack of scoring. This meant it was difficult to see if risks had increased or decreased over time. The home manager agreed to review all risks to ensure it was clear.

●Environmental and health and safety checks risk assessments were completed so any known risks could be reduced. Fire and water safety checks were completed at the appropriate intervals. Staff had completed both fire training and fire evacuation (drills). There were policies and procedures in the event of an emergency and fire evacuation and regular fire safety checks ensured equipment remained fit for use. However, we identified a designated fire door may present a risk of non-containment, so the registered manager arranged for this to be rectified without delay.

Staffing and recruitment;
●Staffing levels met people's needs because staffing was provided on a one to one basis, 24 hours a day. Other staff and on call arrangements were in place, should additional support be required.
●We did not look at staff recruitment files because there was no information or concerns identified during our planning. The home manager said all staff had pre-employment checks completed and they would only employ staff who were of suitable character. The current staff team was consistent, and they knew each other well so trust and confidence in good staff practice had been established.

Using medicines safely;
●The person received their medicines safely. Medicines were stored and administered safely and records we checked, showed staff had correctly signed medicines administration records when given.
●Time critical medicines were given at the correct time intervals which helped manage the person's health conditions. If the person required as and when medicines, clear instructions advised staff when to give them safely, such as the safe doses to administer.
●Staff were trained to administer medication and regular audits ensured medicines continued to be given safely and as prescribed.

Preventing and controlling infection;
●The environment was clean and maintained.

●Staff told us that they used Personal Protective Equipment (PPE) such as gloves to reduce the risk of the spread of infection. Staff used coloured knives and chopping boards when preparing meals to reduce the risk of cross contamination. We saw no concerns during our visit.

Systems and processes to safeguard people from the risk of abuse;
●The person said they felt safe living at the home and if anything worried them, "I have a phone, if I am scared I can call you (CQC) or (registered manager's name).
●Staff knew how to protect the person from abuse and poor practice. Staff were confident to raise any concerns with the registered manager, each other and the provider. If staff felt no action was taken, they would escalate to the local authority and CQC. Staff said they had not witnessed any poor practice whilst at this service. The home manager knew the procedure for reporting safeguarding concerns to the local authority and to us.

Good

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

Good: People's outcomes were consistently good and people's feedback confirmed this.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
●Staff followed the principles of the MCA. The person had capacity to make decisions and staff explained to the person what was about to happen before any intervention. We saw staff sought consent, for example, asking the person if it was okay we looked at their care records or when we went into the communal lounge.

●The person had no restrictions on their freedoms or liberties. Staff were respectful of their decisions and were always led by the person's wishes.

Supporting people to eat and drink enough to maintain a balanced diet;
●The person's nutritional needs were met, and they were supported to eat what they wanted, but staff were mindful to make it as nutritious and balanced as possible. The person was involved in making daily choices of what they ate and drank. The person went out for meals with staff and made their own choice in where they wanted to go and what to eat.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care;
●Where people required additional support from other professionals, referrals were made in a timely way, GP's and specialist hospitals.
●Staff monitored the person's health care needs and would inform relatives, each other, management and health professionals if there was any change in their health. The home manager said they had strong links with specialist health support that were relevant to people's specific healthcare needs. This ensured people had access to the right support.

Staff support: induction, training, skills and experience;
●Staff had been recruited based on their previous experience, knowledge and shared vision of the provider. Staff felt equipped to support those in their care. Staff completed ongoing refresher training and all training

was completed during one week in July, with staff from another of the provider's homes, close by. Staff said this worked well and minimised disruption to people using both services as well as learning from each other. During this time, people, living in both services went to their parents' home which was planned and agreed.

●Staff received regular support and supervision in which they could reflect on their practice and training needs.

● There was a training plan which recorded staff training so the provider knew when and who had received specific training.

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

●The person's rooms were decorated in line with their personal preferences and choices.

●The person had access to assistive technology. The person told us they had access to the internet for information, research and entertainment. The person living at the home was being encouraged to make their own and communal living spaces more personalised. The person had begun to display photographs of them and others, showing the good times they had out on trips and other memorable occasions.

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

●The person had a pre-assessment before they came to live at the home to ensure their individual needs could be met. These assessments were used to formulate more detailed care plans for staff to follow which were regularly reviewed, with the person.

●Staff used care plans to help them deliver care and support to the person, as well as using information from handovers. We observed a handover which explained what the person had done, what they wanted to do and how they were feeling.

●Our observations showed the support was centred around the person's choices. On the day of our visit, the person stayed in their room until they were ready to see us, before they went to a local town with staff. The person had choices, but some activities were routinely completed to help reduce their anxieties and to give them the structure they needed.

●The person's diversity was explored with them to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010). For example, people said how their views on wide ranging subjects were supported and how social and inclusive opportunities were developed with them to follow their personal interests and goals.

Good

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence;
●Respect for privacy and dignity was at the heart of the service, with a sense of equality between the person and staff. Staff said the provider was passionate about promoting people's human rights.
●Staff created an inclusive, comfortable and safe environment where the person was encouraged to do and say what they wanted. Staff ensured the persons privacy and choices were respected. The person was enabled to explore and share personal information, so staff knew when to leave them to have their own time and privacy away from staff.
●Promoting people's independence was central to developing the person's communication and daily life skills. We continually saw throughout over visit, the person making or being supported with choice. The person enjoyed detailed conversations about certain topics and staff involved themselves in those topics of conversations.

Ensuring people are well treated and supported; equality and diversity;
●Success stories were shared with us following the person's move to the home, what had been planned and agreed with them, such as developing and working with them to enrich their life. ●Staff understood their role was to support, but one staff member said, "I set an example - its social mentoring and they are picking things up. We say natural breaks in conversation which gives a chance for reflection…teaching them to reset their mind."
●Staff recognised they all had different experiences and personalities which worked well. One staff member said, "Its variety - from me - he gets an understanding ear and I try and be a friend and a guardian." We were told how the person choose staff to do certain activities that they felt were 'age appropriate'. Staff followed the person's wishes without hesitation.

Supporting people to express their views and be involved in making decisions about their care;
●The person and staff worked together to continually focus on improving engagement. This helped people engage and communicate with others in the wider community so people's views and choices could be heard and they could lead a more independent life. Regular care reviews, working with families, planning of activities, meals and how their day was structured, was all with the agreement and consent of the person. Care records supported this so staff continued to provide the consistent care and approach that was so important to this individual.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
●We found care staff's knowledge of the person, especially 'the small things' was very good, but not always included within care plans. Staff said knowing people's past histories and behaviours helped them to know what to do to reassure the person and de-escalate behaviours. Positive approaches that worked well, were not always clearly recorded so we recommended this be incorporated into plans of care which would help provide the person-centred care, staff provided. The home manager agreed to review the care plan.
●The registered manager understood the requirements of the accessible Information standard (AIS) and took appropriate action to ensure these were met. The person living at the service had good understanding and communication. The AIS places a responsibility on a service to identify, record, share and meet the communication needs of people with a disability or a sensory loss.
●The person had access to a variety of activities, interests and hobbies that were tailored specifically to their individual needs. Staff continually involved the person in what they wanted to do, where they wanted to go and how they wanted to live their life. The person had built up professional relationships with staff and they did various activities with staff who shared similar interests. They also spent time with people living at the providers other home as well as planned visits to their family throughout the year.

Complaints or concerns;
●People were involved in day to day choices so when people's actions or signs showed they were unhappy, staff said they supported people to prevent any concerns escalating. This approach made sure complaints did not happen. The person living at the home told us, if they had concerns they would tell staff, or if it was more serious, us (CQC).

End of life care and support;
●At the time of our visit there was no one receiving end of life care. However, they recognised how a recent bereavement had affected this person's emotional wellbeing. The home manager said they were working with professional support and as a result, "We are doing separation and bereavement counselling through the hospital so we can do it." This was to prevent the person having to see others because, "They have had enough of professionals….we want to do it." Staff recognised signs and triggers which enabled them to be more responsive to manage additional anxieties.

Good

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility;

- The person enjoyed living at 3 Ferndale Close and said they got on well with everyone and the registered manager. They recognised this was a safe place for them, but still understood their family home was their home, which they returned to for certain weeks in the year.
- Reflecting the caring approach of the registered manager and the exceptionally open and positive organisational culture they had created, staff were proud to work for the provider. One staff member said, "It's down to the registered manager, in what they want to achieve." They said the care provided was excellent. Regarding the person they supported now, they said, "They are not the person I met last year" meaning they were happier and more settled. This staff member said all staff and the registered manager prided themselves on delivering good outcomes and the person who they supported, had improved immensely.
- Staff were extremely complimentary of the registered manager. They said they were approachable, responsive and allowed staff and people to express their own ideas and feedback about the service.
- Governance was well-embedded into the running of the service. There was a strong framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. Regular audits were completed and where improvement was needed, this was completed.

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

- The person was at the heart of the service because the service was led by a provider who promoted a positive culture that was person-centred, values based, inclusive and empowering. Their ethos was to respect the rights of people, their dignity, privacy, choice and independence. This open culture incorporated these values through day to day practice, such as through informal discussion, one to one reviews and in family members feedback.
- Staff told us, " They are empowering us (staff)to help him… everything is tailored to them… the pace and to the level they understand."

Working in partnership with others;

- Staff worked proactively with local services such as GPs, outreach services and specialist mental health hospitals to ensure people's health and wellbeing continued to be promoted. The home manager said this was done in a timely way so that people were linked with services that could support them to have better

outcomes. Family members were involved, and regular communication meant when the person went to stay with family, the transition was seamless.
The home manager met with at local hospital every quarter to discuss infection control and best practice. This helped them to display relevant posters and how to minimise the risk of infection through ongoing communication.

Continuous learning and improving care;
●The home manager told us they saw our inspection visit as a positive experience and one to learn from. Where we suggested recommendations, they were receptive to drive improvement and action was taken.
●Staff had regular staff meetings, handovers and supervision. They felt well-informed and described the culture as one that put people first. Staff felt this helped them to reflect on practice and proactively look for opportunities that would present positive outcomes for people.
●A structured training schedule was in place and staff felt this helped them to keep up to date with knowledge and skills.
●Family feedback was sought and comments were positive, including, 'Everything is good and very person centred led….Nothing could be done better' and as a family we have been involved in every stage'.