

# Trident Reach The People Charity Ferndale Crescent

## Inspection report

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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: 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.

People's experience of using this service:

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service was registered before CQC's 'Registering the right support' policy was published. However, the registered manager demonstrated they promoted the principles of this guidance. People were treated as individuals, encouraged to lead active lifestyles and were part of their local community.

People received personalised care, which met their needs. Guidance was in place to support people consistently and in the way, they wanted. Care plans were informative. People had access to other health care professionals. People were supported to pursue their interests and hobbies, and social activities were offered

Staff knew people well. They were caring in their approach. People told us they liked the staff that supported them and were at ease with the staff that were on duty. People's relatives spoke positively about the service and the support that was in place.

Risks to people's health, safety and wellbeing were assessed. Support plans were put in place to ensure these were reduced as much as possible. People were protected from potential abuse by staff who had received training and were confident in raising concerns.

There was a thorough recruitment process in place that checked potential staff were safe to work with people living at Ferndale Crescent. People were involved in the recruitment of staff. Staff were provided with the training, supervision and support they needed to care for people.

The service was well led. There was a positive culture at the service where staff and people felt listened to and supported. There were suitable quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

Rating at last inspection: Rating at last inspection: Good (report published June 2017)

Why we inspected: This was a planned inspection based on the rating at the last inspection. We found the service continues to meet the characteristics of good with improvements made to how the service supported people with meaningful activities.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-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](http://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.

# Ferndale Crescent

## 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: The inspection was carried out by one inspector.

Service and service type: Ferndale Crescent is a care home which provides support to people who have learning disabilities. People in care homes receive accommodation and nursing or personal care as a 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. We carried out the site visit of the inspection on 3 and 4 April 2019.

What we did:

We reviewed information we had received about the service since the last inspection in May 2017. This included details about incidents the provider must notify us about.

We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we met with everyone living in the home. Some people had communication difficulties associated with their learning disability, so they were not able to fully talk with us about their experience of living in Ferndale Crescent. People looked relaxed and comfortable with the staff who

supported them. We spoke with five care staff and the registered manager.

We reviewed a range of records. These included three people's care records and medication records. We also looked at two staff files around staff recruitment, training and supervision. We reviewed records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

We asked the registered manager to send us further documents which included the training matrix for all staff and quality assurance checks completed by the provider. We received and reviewed this information as part of our inspection.

We contacted two relatives by telephone seeking their views of the service. We also emailed two health and social care professionals and local commissioners of the service. You can see what they told us in the main body of the report.

# 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. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and understood how to keep people safe from abuse or harm. They knew how each person expressed if they were distressed or unhappy about something. They closely monitored changes in people's behaviour.
- There was a safeguarding and whistleblowing policy in place, which set out the types of abuse, how to raise concerns and when to refer to the local authority.
- Concerns and allegations were acted on to make sure people were protected from harm.

Assessing risk, safety monitoring and management

- People continued to receive a safe service because risks to their health and safety were well managed. Care records included risk assessments about keeping people safe whilst encouraging them to be independent.
- Staff understood the risks to people and knew the actions to take to keep people safe. An example was where a bed was moved so the person could use their stronger side to manoeuvre. Staff said this had been very effective in reducing falls from their bed.
- The environment was safe and well maintained.
- Emergency plans were also in place to ensure people received the support they needed in the event of a fire or other incidents.
- Relatives felt the service was safe and they were kept informed of any concerns about their loved ones wellbeing.
- Systems were in place to ensure that equipment, such as moving and handling aids, were safe to use. These had been kept under review to ensure they were suitable for the person.

Staffing and recruitment

- Staff told us staffing levels were safe and sufficient to meet people's needs.
- People told us there was always staff around to help them when needed. They said there was lots of opportunities to go out if they wanted.
- The provider had a system in place to make sure they only employed staff once they were satisfied of their suitability to work with people. The registered manager told us all recruitment information was held at the company's head office. They told us that a member of staff would not commence in employment unless all the satisfactory checks had been completed.

Using medicines safely

- Medicines were stored, administered and disposed of safely. People's medication records confirmed they received their medicines as required.

- Where people received medicines 'as and when required', there were guidelines in place for staff to follow. This gave them information about the reason the medicine was required, when it could be given, and the potential side effects.
- The registered manager audited medicines records regularly to ensure medicines were given to people safely and in line with the GP's instructions.
- Staff completed training in medicines administration and their competency and knowledge was checked.
- People's medicines were regularly reviewed by the GP.

#### Preventing and controlling infection

- Infection control was managed well. Staff had received infection control training and followed safe practices; washing hands and using gloves and aprons appropriately.
- The home was clean and odour free. Cleaning schedules were in place and formed part of the daily and weekly planner for staff and people that lived in Ferndale Crescent.
- Relatives confirmed the home was clean and free from odour when they visited.

#### Learning lessons when things go wrong

- Staff completed accidents and incident records, and these were reviewed to consider if lessons could be learnt to reduce further risks.



# 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.

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

- People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care.
- Information from the assessment had informed the plan of care. Care plans were detailed enabling staff to provide consistent support to people.
- People's equality and diversity needs were identified within their care plans. Staff received training in equality and diversity to be able to meet people's individual and diverse needs. There was a person centred approach to the delivery of care.
- Annual reviews were taking place to ensure the support people received care that was effective and responsive to their needs. Meetings were held with the person, their relative and placing authority.

Staff support: induction, training, skills and experience

- People were supported by staff who received ongoing training. New staff had an induction programme, which ensured they received training in areas relevant to their roles.
- Staff confirmed they received the training they needed to support people effectively. Staff said when they first started they had shadow shifts where they were supported by more experienced staff. This enabled them to get to know the people they were supporting.
- Specialist training was in place to ensure that staff could support people who may display behaviours which challenged. Staff also received training in supporting people with epilepsy and supporting people to eat and drink safely.
- Staff received regular supervision and an annual appraisal. Staff told us they felt well supported in their roles.

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

- People were supported to maintain a healthy and balanced diet. Meal times were sociable and flexible, reflecting people's needs and preferences
- Care plans clearly documented any likes, dislikes, and dietary requirements, and these were respected by staff.
- People were offered food and drinks throughout our visit. One person was observed helping themselves to fruit. They told us there was always lots to eat. Staff said they tried to encourage people to eat healthier.
- Staff assisted people with menu planning, shopping and cooking. One person told us they regularly went shopping with staff and they were involved in planning the menus. They told us there was accessible information such as, picture cards and plastic fruit and vegetables to help people make choices. These were in a huge bowl in the dining area.

- We observed the meal for two people who were on a soft diet. It was noted that the meal had been mashed up together. This was discussed with the registered manager who said this should not have happened. They said food would be mashed up separately to ensure it was appealing and enable the person to taste each part of their meal. The registered manager said they would discuss this with the staff that were on duty and at the next meeting.

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

- Staff told us they had good relationships with the local surgery. They told us the district nurse team visited regularly.
- Staff closely monitored people's skin condition. One person liked to spend time in their bedroom in the afternoon on their bed listening to music. This helped relieve the pressure from sitting in their wheelchair. Specialist wheelchairs had been sought for people to aid their comfort and reduce risks of pressure wounds. Staff said they had good relationships with the district nurses and would have no hesitation in contacting them for advice.
- People's weight was closely monitored. Staff were aware that if they were concerned they could liaise with the person's GP, dieticians or speech and language therapist.
- Where people were at risk of choking staff had liaised with the appropriate professionals to ensure food and drinks were at the correct consistency.

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

- Ferndale Crescent was meeting the needs of the people they supported. Some people used wheelchairs. There were wider doors and areas were obstacle free to enable them to independently move around their home. The lounge had limited furniture this was to again to enable people to move freely from one room to another.
- People had their own room with an ensuite. Their bedrooms had been personalised to suit their own taste, hobbies and interests.
- There was a programme of maintenance and ongoing decoration. Staff told us new carpets had been laid in some people's bedrooms. Another person told us they had been supported to buy a new bed. People were evidently proud of their bedrooms and actively showed us around their home.
- The kitchen was large enabling people to participate in the cooking. Some of the worktops were badly chipped and needed replacing. This was because it was an infection control risk. The registered manager contacted a senior manager who confirmed in an email this would be rectified. Staff said there was a good response to repairs and maintenance.

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

- The registered manager told us they had access to the local community learning disability team and referrals could be made through people's GP.
- Each person was supported to attend annual health checks with healthcare professionals such as opticians, dentists and their GP to maintain good health.
- The staff had not recorded a recent optician visit to the home. The registered manager said they were waiting for the print out from the company that visited. There was a risk that this information would have been lost. The registered manager gave assurances that this would be rectified.
- Staff had detailed guidance of how to support people with any health conditions and worked well with other health and social care professionals in meeting people's needs.
- Important information was shared across organisations to ensure people's needs were known and understood by others. For example, 'Hospital Passports', were used to record and share information with hospital staff, about a person's health and social care needs in their ongoing care.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decision and are helped to do so when needed. When they lack mental capacity to make 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).

- Staff had an awareness of the MCA and how this impacted on the people they supported. This ensured people's rights in relation to decision making was protected.
- Appropriate applications had been made in respect of deprivation of liberty safeguards. Any restrictions were kept under review involving other health and social care professionals, the person and their families.
- Care plans were developed with people and we saw that people had consented to their care where possible. Staff confirmed they always asked people's consent before delivering care.
- There were visual aids to help people make day to day decisions around food choices, activities and who they wanted to be supported by. Staff was asking one person who they would like to support them with personal care using photographs.

Staff support: induction, training, skills and experience

- Staff confirmed they had the training and support to enable them to support people living at Ferndale Crescent.
- Staff completed an induction to ensure they had the skills and knowledge to support people. They shadowed more experienced staff to build on their confidence in supporting people living in the home. Staff were subject to a six month probation where their competence and suitability was checked. This meant people were supported by suitable staff that had the right skills and knowledge. The probation period could be extended or terminated if needed.
- The registered manager sent us a copy of the training matrix. This highlighted some staff needed training in fire, moving and handling, safeguarding and food hygiene. There was a plan in place to ensure all staff were trained with dates booked for updates.
- Staff were supervised by either the registered manager or the deputy every eight weeks. In addition, staff had an annual appraisal. Staff said the registered manager was approachable and they could speak with her whenever.

# 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.

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

- People evidently had good relationships with each other and the staff team that supported them. People were actively engaged in conversations about what was going on in the home and their personal interests such as art, football or television programmes.
- Whilst most staff actively engaged with people there were times when staff did not fully explain what was happening. For example, when placing a protective apron on prior to their evening meal or explaining what a person was eating. Staff told us this person was non-verbal. This was fed back to the registered manager who said this would be addressed.
- Staff were caring, compassionate and encouraged people to lead the life they wanted.
- Care documentation included information about the protected characteristics including expressing sexuality, religion and cultural needs. Staff promoted care that was tailored to the individual taking into account their preferences.
- Some people were supported to attend church on a Sunday. Those without any religious beliefs had their views respected.
- People told us they could keep in contact with friends and family. Friends and family were made welcome. Social gatherings were organised, which people could invite their friends and family.

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

- Monthly house meetings were organised to enable people to be involved in the running of the service and an opportunity to plan activities. It was evident that people felt very much part of the service.
- People were involved in reviews of their care enabling them to be fully involved in how they wanted to be supported and live their lives. Information was in an accessible format enabling people to be involved.
- Each person had a key worker who spent time with them on an individual basis. This time enabled them to plan activities, organise trip to the shops or just spending time chatting. They also completed a monthly review of care and support that had taken place and set goals for the forthcoming month.
- Some people were involved in staff interviews. This showed people were involved in their service including the decision on whether to employ staff.
- Easy read support plans and information to enable people to make choices were used to support people's communication and engagement.
- People were supported to make decisions and were provided with information in formats which best suited their communication needs. Where people were unable to verbal communicate their needs staff monitored their body language to judge whether they were happy or not. Communication care plans were in place to help staff understand people communicated.
- Where people needed support to make decisions, staff had referred people to external advocates.

Advocates are people who are independent of the service who help people to communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. We saw that staff knocked on doors before entering and respected that people's rooms were their own private spaces.
- People told us they could decorate and personalise their bedrooms. People were involved in the decisions about the furniture and the colour scheme.
- People were encouraged to show us their personal space and were asked for their permission before we entered their bedroom. This showed that staff respected people's personal space. It was evident people were proud of their bedrooms.
- People were encouraged to be independent. People were seen engaged in preparing the food and clearing the table. One person who had been eating independently was assisted with the last three mouthfuls. There was little explanation on why the staff member had decided to assist. We shared this with the registered manager. We were told this was a new staff and this would not normally occur. This was because the person was independent in this area.

# 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

- People received personalised care and support specific to their needs and preferences. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs. These were kept under review and as people's needs changed were updated.
- Each person's daily routine was described in their plan of care. From the time they got up to the time they went to bed, and any support needed overnight. This was what was important to the person. This was based on each person's preferences, and how they wanted their support.
- People led active lives with access to leisure, educational and work opportunities. People attended various clubs and day centres as well as going shopping, meals out and visiting places of interest. People told us they were going to the Zoo and were looking forward to their trip. A relative said, "I always phone before I visit as often X, is out doing something".
- One person told us they enjoyed the garden and were looking forward to planting vegetables in their greenhouse. There was art equipment, games and books for people to enjoy. It was evident that people were seen as an individual. One person liked to listen to audio books and or staff read to them.
- People were supported to have an annual holiday. People were consulted on what they would like to do, helping research hotels and who they would like to go with.
- Reasonable adjustments were made where appropriate and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- People had clear information on how they communicated with staff. Flash cards had been developed to aid communication. People had access to a notice board containing pictures of what staff were on duty and activity cards to enable them to choose what they wanted to do. This empowered people to know what was going on and enabling them to plan their day.

Improving care quality in response to complaints or concerns

- There had been no formal complaints received from people or on behalf of people that lived at Ferndale Crescent.
- People told us that they if were unhappy they would tell the registered manager or the deputy if they were unhappy.
- Relatives were aware of how to complain. They said they had no complaints but would have no hesitation in speaking to staff or the registered manager.
- A social care professional told us, "The residents who attend our services have never shown any signs of concern and always well dressed and highly presentable".

End of life care and support

- No current end of life care was being delivered.
- People had been consulted about their wishes in the event of their death such as whether they wanted to stay at home, the funeral arrangements, any specific requests such as music, flowers and who they wanted to be told. This was in an easy read format.

# 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

- There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.
- The registered manager was responsible for another care home in the local area. They shared their time between the two homes. Staff said they always knew where the registered manager was and could make contact for advice and support. The registered manager was supported by a deputy manager.
- A representative of the provider visited monthly to review the service and support the registered manager.
- The provider information return (PIR) was returned on time and showed us that the registered manager had a good insight into the care of the people, the legislation and where improvements were needed.
- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care. This was to ensure people received positive outcomes. They attended management meetings along with other registered managers working for the provider.
- The registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People's care was planned with them. Each person was treated as an individual.
- Staff told us they felt the home was managed and led well. They said the registered manager was always contactable and when working in Ferndale she part of the team.
- The registered manager was described as supportive and knew and cared for the people that lived at Ferndale Crescent. People at the home knew who the registered manager was and looked comfortable in her presence. One person said that 'she can never leave', and another said they liked the manager and the staff that supported them. People were seen talking to the registered manager and the deputy manager about what had been happening and what they were planning to do.
- The registered manager was aware of the statutory Duty of Candour, which aims to ensure providers are open, honest and transparent with people and others in relation to care and support.
- A member of staff told us they would be happy for a family member to use this service. They told us, "Yes, because I know they would be safe and well cared for".



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

- Social events were organised to enable people and their families to get together. Events had included a valentines, summer and Christmas party.
- The service had worked collaboratively with the local neighbourhood and the police to make improvements to the local area. This included putting CCTV to the front and side of the building. The registered manager said this had greatly improved the street improving the safety not only for the people living in the home but their neighbours.
- People told us how they were planning a sponsored walk to raise money for Cerebral Palsy. They were looking forward to the event.
- Staff told us they were able to make suggestions for improvements and felt listened too. Staff were able to make suggestions via their supervisions, appraisals and monthly team meetings.
- A social care professional told us "I find the management, staff and residents at Ferndale Crescent friendly and helpful".
- Relatives spoke positively about the service and their involvement. They said the service was welcoming and staff approachable. One relative said, "It is amazing, X is so much more settled. Cannot fault the service wish we found it years ago".
- The service involved other professionals to ensure people's individual needs were met.

Continuous learning and improving care

- Effective systems were in place to monitor the quality of the service and the care provided. A range of audits were completed by the registered manager and provider. There were service development plans to address areas for improvement for the service.
- Team meetings and daily handovers were used to communicate updates keeping staff informed about any changes to people's care and within the organisation.
- There were development opportunities in place for staff. Staff told us they had delegated responsibilities. This was important to ensure staff felt valued but also the registered manager was responsible for two services which meant work load was shared.
- Staff said they sat with the registered manager to discuss and update care plans as part of their key worker role on a regular basis.
- The registered manager worked closely with health and social care students offering regular placements at Ferndale Crescent. Student feedback was positive, and it was evident people had built good relationships with the students that were working in the home. Some students had been successfully recruited to work at Ferndale Crescent on a permanent basis.

Working in partnership with others

- Staff worked collaboratively with other agencies to improve care for people. The service had well established links with the local community and key organisations, reflecting the needs and preferences of people in its care.
- People had links with other organisations, such as advocacy and local day centres and clubs. One of these provider's told us, "We have a good working relationship and good communications".