The Brandon Trust

Ferncroft

Inspection report

41 Old Lodge Lane
Purley
Purley
Surrey
CR8 4DL

Date of inspection visit:
09 January 2017

Date of publication:
09 February 2017

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

Ferncroft is a residential care home, providing accommodation and personal care for up to six people with learning disabilities. At the time of inspection there were six people living in the home. The inspection took place on 9 January 2017 and was unannounced. At the previous inspection on 13 November 2014 we found that the service was meeting the required standards.

There was a registered manager in post, and they were at the home at the time of our inspection. 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 home had a homely feel and reflected the interests and lives of the people who lived there.

Most of the people living at the home were unable to communicate verbally with us to provide feedback. In addition to speaking with people we used observation of interaction and engagement between people and staff in order to understand how comfortable and at ease people were. People were able to demonstrate their needs through various interactions with staff and enjoyed freedom of movement and activity in and around the home.

There were sufficient numbers of staff to meet the needs and preferences of the people that lived there. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police. Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks, without restricting people's freedom. Staff ensured that people were involved in these decisions by speaking with people and making sure care plans were personalised and easy to read.

People were offered choices, supported to feel involved and staff knew how to communicate effectively with each individual according to their needs. People were relaxed and comfortable in the company of staff. Staff supported people in a way which was kind, caring, and respectful.

People were supported to keep healthy and well. Staff supported people to attend appointments with GP's and other healthcare professionals when they needed to. Medicines were stored safely, and people received their medicines as prescribed. People were involved in their food and drink choices and meals were prepared taking account of people's health, cultural and religious needs.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Where people's liberty may have been restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

The provider regularly sought people's and staff's views about how the care and support they received could be improved. There were systems in place to monitor the safety and quality of the service that people experienced.

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.

The provider had an effective staff recruitment and selection process in place and there were enough staff on duty to meet people's needs.

Staff knew people's needs and were aware of any risks and what they needed to do to make sure people were safe.

There were arrangements in place to protect people from the risk of abuse and harm and staff knew about their responsibility to protect people.

Medicines were managed and administered safely.

Is the service effective?

Good

The service was effective

People received care from staff who were supported and who had access to training to enable them to care for the people that lived there.

People's rights under the Mental Capacity Act were met. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

People were protected from the risks of poor nutrition and dehydration by having a balanced diet and support to eat healthily. Where nutritional risks were identified, people received the necessary support.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve as a result of the care and support they received.

Is the service caring?

Good

The service was caring.

Staff were caring and friendly and interacted with people in a

respectful manner.

People were involved in making decisions about their care, treatment and support. The care records we viewed contained information about what was important to people and how they wanted to be supported.

People's privacy was respected.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and gave detail about the support needs of people. People were involved in their care plans, and their reviews.

People had good access to the local community, and could take part in activities that interested them, and promoted their independence.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

Is the service well-led?

Good

The service was well- led.

People, their relatives and staff were involved in improving the service.

Regular staff meetings helped share learning and best practice so staff understood what was expected of them at all levels. The service encouraged feedback about the service through regular audits.

Systems were in place to regularly monitor the safety and quality of the service people received and results were used to improve the service.

Ferncroft

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 9 January 2017 and was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had 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 spent time with all six people. We also spoke with the registered manager and four members of staff. We spoke with two relatives and received feedback from an external professional involved with the service.

We reviewed care and other records within the home. These included six care plans and associated records, a sample of medicine administration records, three staff recruitment files, and the records of quality assurance checks carried out in the home.

Good

Is the service safe?

Our findings

People were supported to make choices and take risks and were protected from harm.

Observation of the interaction between people and staff throughout the day demonstrated that people felt very comfortable and relaxed in staff presence. The home also had clear policies and procedures with regard to safeguarding.

Staff were clear on their obligations towards people and demonstrated a clear understanding of what constituted a safeguarding matter and how to report this. One member of staff told us, "I know how important it is to discuss anything we are concerned about." Another member of staff said, "We are a small team and we work well, but I still wouldn't have any problem reporting anything I didn't like to the manager."

We saw that people's needs were assessed before they moved into the service. This pre-admission assessment involved input from people, relatives and professionals where appropriate and identified if the service could meet the person's needs. Risk assessments clearly identified risks and provided staff with clear guidance on how to address these risks. Examples included health-related issues, behavioural challenges, participation in household tasks, mobility and safety awareness. Assessments meant that staff were able to support people in a safe way whilst supporting them in activities or interests of their choice. Risk assessments were reviewed at regular intervals or in response to incidents or changes in behaviour.

There were sufficient numbers of staff deployed to keep people safe and support the health and welfare needs of people. In addition to the registered manager there were two support staff on duty throughout the waking day. At night there were one waking staff. Staff told us, and records confirmed that there was a robust recruitment procedure in place which included application with two references, criminal records checks, interview and probationary period.

The staff completed a handover between each shift. The staff in charge of the previous shift discussed relevant issues and made staff aware of the planned arrangements and appointments for the next shift. This meant staff were up to date and well informed about people they cared for.

There were effective Infection control procedures in place. These included Food Hygiene procedures (e.g. checking of food temperatures, labelling of food kept in fridge and colour coded chopping boards). There were in-house COSHH and environmental risk assessments. All accident and incidents were appropriately recorded.

People's medicines were managed and given safely, and people were involved in the process. Staff who administered medicines to people received appropriate training, which was regularly updated. There were no gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. Medicines were stored in locked cabinets to keep them safe when not in use.

Good

Is the service effective?

Our findings

People were cared for by staff who had the knowledge and skills they needed to deliver safe and effective care.

Staff told us they regularly attended training relevant to their roles and this was confirmed in records we examined. We examined a training matrix which identified courses the service considered necessary to support their staff to deliver safe and appropriate care and treatment. These included subject areas such as safeguarding, mental capacity, moving and handling, first aid, fire safety and infection control. There were also awareness raising e-learning modules on autism, epilepsy and positive behaviour support. The service had a record of training for all staff as well as details of planned refresher training covering all basic mandatory training as well as training specifically relevant to supporting people in the home.

Staff skills were also monitored and supported by the service through regular one-to-one supervisions. Staff confirmed that they received supervision. We looked at staff records and discussed supervision with the registered manager. We saw that formal personal supervision sessions took place approximately every three months. We discussed with the registered manager the guidance provided by the Social Care Institute for Excellence (SCIE) which advises that in relation to frequency of supervision it is suggested that supervision take place at between two and six-weekly intervals for all front-line workers and at weekly intervals for newly-qualified workers.

In addition to personal supervision there were daily handovers and regular monthly staff meetings as well as a general open door culture at the home where the registered manager was accessible at all times. There were annual appraisals in place for staff. One member of staff commented, "I feel supported and we discuss things as a team."

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.

We saw that where people lacked capacity any assessments and decisions were based on specific situations rather than a general assessment of a person's understanding. People could then be assured that decisions would be made for them in their best interests only in the areas they could not understand.

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. The manager and staff had completed

training in these areas and understood the principles. We saw entries in care records about mental capacity and assessments. Where appropriate relatives were involved and if required the service could access independent mental capacity advocates to support people and ensure their best interests. When required, the manager had submitted applications for DoLS authorisations. At the time of inspection five applications had been made and approved under DoLS with one application awaiting a decision.

Relatives we spoke with told us that they felt the service was effective in the way it cared for people. One relative said, "I visit regularly and have found the staff to be good at their job and I feel they really know what they are doing." Another relative told us, "While I feel there could be more in the way of community based activities I do feel that the staff are excellent in the way they support people."
We saw that staff understood the support needs of people well, and that they also understood people's preferred method of communicating their needs. Staff supported people in a respectful manner, and always ensured that where possible, people were given the time to voice their opinion and give consent to whatever activity or tasks they were being invited to participate in.

People had enough to eat and drink to keep them healthy and had good quality, quantity and choice of food and drinks available to them. Menus were planned with the involvement of people, with people's preferences being incorporated into the overall menu for each week. People's special dietary needs were met and their preferences for food were identified in their support plans. Where a specific need had been identified, such as food needing to be prepared in a particular way to aid swallowing this was done.

Staff completed a daily record of activities and events for each service user and there were records of health appointments, health action plans and contacts of relevant professionals in place for everyone. The service had developed strong working relationships with a range of professionals from the local Community team, including Speech and Language teams, psychologists, community nurses and the local GP surgery

Good

Is the service caring?

Our findings

The staff at the home developed positive, caring relationships with people.

People we spoke and interacted with demonstrated that they felt staff were caring. Some people said "yes" and smiled when asked if they liked the home and the staff. Other people were able to tell us this in longer sentences.

Relatives we spoke with were positive about the caring attitude of the staff. One person told us, "Whenever my relative comes for a visit or I go to the home I can see how attentive the staff are towards the residents." Another relative we spoke with said, "I have always found on the whole that the staff are very caring towards the residents." One external professional told us, "I was impressed with the way the staff supported a resident in hospital. They were very attentive, made sure that the resident knew what was happening and took their time in helping them feel comfortable."

Throughout the inspection we saw that care was delivered by staff in a patient, friendly and sensitive manner. We observed and listened to interactions between people and staff throughout the duration of our inspection. We saw examples of positive and caring interactions, including mealtimes, staff supporting people in preparation for personal care and staff supporting people to attend outside appointments. The home environment was structured to enable people to move freely around and staff worked in an unobtrusive way but always maintained a watchful and caring eye on people in case they required support.

The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. Staff understood people's support needs and communication methods and were therefore able to detect any discomfort or distress and provided caring interventions in a respectful manner. People's care records contained clear person-centred descriptions of how people preferred to be supported and these were followed by care staff.

People in the home did not generally participate in formal "house meetings" or similar. In order to ensure that people continued to feel involved in decision making and have their views taken into account, staff used their keyworker responsibilities to engage people on a daily basis and to co-ordinate monthly reviews on each person so that all staff were updated on any changes. We observed that staff constantly involved people in the activities and tasks of the home, using a range of methods from ordinary reminders and invitations to some people, through to prompting and physical assistance for others.

Staff were knowledgeable about people and their past histories. Care records recorded personal histories, likes and dislikes. Throughout the inspection it was evident the staff knew the people they supported well. Staff were able to tell us about people's hobbies and interests, as well as their family life. People's rooms were personalised which made it individual to the person who lived there. People's needs with respect to their religion or cultural beliefs were met.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs. The manager met people or their relatives prior to admission and completed a pre-admission assessment to ensure the service could meet their needs. The assessment provided a basis for subsequent care planning which was reviewed and updated once they came to live at the service.

Relatives we spoke with were positive in their comments about how responsive the service was to people's needs. One person told us, "If ever I need to discuss anything they are always ready to talk and make changes where necessary."

Staff were knowledgeable about and attentive to the needs of people they supported. People's care records were person centred in the way they were written and identified people's needs, goals and preferences and how they were expected to be delivered. This information about people provided guidance that enabled staff to deliver appropriate care and support in a responsive manner.

The staff supported people who had a range of disabilities, including non-verbal communication and autism. Staff were skilled with different levels of experience who knew people well and were able to respond quickly when people were not well.

The registered manager reported that there were good working relationships with GPs and learning disability teams and care records documented visits and appointments. We heard an example of how one person was carefully supported through a difficult hospital procedure. The registered manager was able to describe how the hospital staff were helped to understand the person's needs by the service staff, how the service arranged its staffing in order to enable staff to be with the person during their time in hospital and how this sometimes required strong advocacy by staff on behalf of the the person. Other staff we spoke with confirmed this example and one staff member told us, "It was a difficult time with long periods of inactivity in the hospital itself, but we were doing it for the person."

A relative told us about their experience with the home in setting up what was called a "Quality Circle", a method of improving community outreach activities for their relative which would engage relatives, the service and volunteers. This relative told us that the service had been very positive about the approach and had worked hard to develop further opportunities for the person. The registered manager later forwarded us further details of the various meetings relating to this.

The home had a complaints procedure and maintained records of any complaints, accidents and incidents. People's care and treatment were regularly reviewed to ensure the most appropriate response to their needs. Prior to a review relatives were invited to complete a pre-review form and give their input and views based on their knowledge with their relative.

People had access to a range of activities that interested them, ranging from home-based activities to attendance at community day centres and advocacy services. There had been no formal complaints

received at the home since our last visit.

Good

Is the service well-led?

Our findings

There was a positive culture within the home between the people that lived here, the staff and the manager.

Senior managers were involved in the home, where a representative from the provider carried out regular monthly visits to check on the quality of service being provided to people. These visits included an inspection of the premises and reviewing care records. Quality assurance visits were themed along the lines of the standards of the Care Quality Commission (CQC). For example, one quality assurance visit would focus on the safety at the home. Another record we saw focussed on the leadership and management of the service. An action plan was generated, which detailed who was responsible for completing the action and by when.

The registered manager was supported by a team of senior support Workers, the Locality Manager and Regional Director with on-call support out of hours if required. This enabled the registered manager to also oversee the management of a service located next door to Ferncroft, which provided a similar residential care service to a similar number of people.

The registered manager attended regular meetings at both Locality and Regional level. This provided an opportunity to share and learn from best practice. We saw that the service provider had provided an action plan for the year 2016/2017 focussing on quality of service and positive experience of people.

People were included in how the service was managed and involved in the recruitment process for staff. Staff had team meetings monthly and information from meetings was communicated to people through daily contact and from keyworkers. The provider also ensured that various groups of people were consulted for feedback to see if the service had met people's needs.

The registered manager was familiar with all aspects of the management role, including her regulatory responsibilities under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This included reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken.

Records management was good and showed that the home and care provided was regularly checked to ensure it was of a good standard. Records were stored safely and confidentially.