

New Beginnings (Gloucester) Ltd

Fern Croft

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Outstanding ☆

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Fern Croft is a residential care home providing personal care to six people with a learning disability at the time of the inspection. The service can support up to seven people in one adapted building.

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.

Through implementing links with national support organisations, staff were enabled to provide outstanding support for people to manage their specific health needs.

We heard positive comments from people using the service and their representatives such as "I've loved it since I came here", "I'm quite happy here" and "everything is very good here."

Staff and management understood how to protect people from harm and abuse. Risks to people's safety were identified, assessed and appropriate action taken and their medicines were safely managed. People were supported by sufficient skilled staff.

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.

People were treated with dignity, respect and kindness and were involved in the planning and review of their care and support.

People received individualised care which reflected their personal preferences, wishes and routines. There were arrangements to investigate and respond to complaints.

The registered manager was visible and accessible to people and staff, providing clear leadership and developing ideas to continually improve the service. Quality checks were made with the aim of constantly improving the service in response to people's needs.

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

Rating at last inspection

The last rating for this service was Good (report published 23 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below

Outstanding ☆

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 well-led.

Details are in our well-Led findings below.

Good ●

Fern Croft

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

Fern Croft 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service, a relative, the registered manager and four members of staff. We reviewed a range of records. This included three people's care records and multiple medication

records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from two social care professionals and a person's relative.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because staff had the knowledge and understanding to safeguard people. People told us they felt safe living at Fern Croft.
- People were protected from financial abuse through appropriate arrangements to manage their money.
- Staff demonstrated a clear awareness and understanding of whistleblowing procedures. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Assessing risk, safety monitoring and management

- People were protected against identified risks. Risk assessments identified the potential risks to each person and described the measures in place to manage and minimise these risks.
- People were protected from risks associated with legionella, fire, electrical and gas systems, through regular checks and management of identified risks. Staff had received fire safety training. The premises of the care home were well maintained. Improvement work on the laundry room, toilets and bathrooms had been completed since our previous inspection.
- A plan for dealing with any emergencies that may interrupt the service provided was in place. People had personal emergency evacuation plans.

Staffing and recruitment

- Adequate staffing levels were maintained. The registered manager explained how the staffing was arranged to meet the needs of people using the service. Staff were supported by an on call system and by the registered manager who was based at Fern Croft.
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. People living at Fern Croft were involved in the process of staff recruitment through interviews.

Using medicines safely

- People received their medicines as prescribed. People told us they were satisfied with how their medicines were managed. Medicines were stored securely with monitoring in place to ensure correct storage temperatures. To ensure the safe management of people's medicines, regular audits took place of medicine administration records and stock levels. Staff had received training and competency checks to support people with taking their medicines.

Preventing and controlling infection

- When we visited we found the care home was clean. People told us it was kept clean and a social care

professional commented Fern Croft was, "Clean and tidy."

- Infection control audits were carried out on a monthly basis with an annual report. Recommendations in the latest report and been acted on and included redecoration of the laundry, toilets and a bathroom to enable improved cleanliness in these areas. Staff had completed infection control training.
- The latest inspection of food hygiene by the local authority in January 2017 had resulted in the highest score possible. Staff had completed food safety training.

Learning lessons when things go wrong

- A system was in place to investigate and learn from accidents and incidents. As a result of monitoring a person's falls, health care professionals had been involved and the person was now using a walking aid.

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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people's outcomes were consistently better than expected compared to similar services. Feedback from people and their representatives described it as exceptional and distinctive.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's health was actively promoted by the service using an approach involving input from and liaison with health care professionals, support organisations and complimentary therapists. The service had an approach of establishing effective links with national support organisations where these related to medical conditions of people using the service. This enabled staff to obtain specific knowledge and skills to support people to manage their health-related needs.
- Staff described how they would support a person to manage a health condition following specific training they had received from a national support organisation. Training was not available locally but the registered manager and a senior member of staff had travelled to attend the training. They had then cascaded the information to the staff team and to the person. We spoke with the person who acknowledged the benefit of the support they were receiving to monitor their diet since staff had received the training. The person's relative also felt the person had positively benefitted through improved weight control as a result of increased staff knowledge of how to support the person. Benefits for the person included more detailed meal planning and monitoring, which enabled them to manage their weight and maintain their well-being. The person also had another medical condition. Through links with the relevant national organisation staff were able to support the person resulting in improvements to their mobility.
- Another person had been supported to manage their diabetes through diet and weight monitoring. This had enabled them to manage without the need to take regular medicines which had been maintained for two years. A social care professional commented, "I visited him a couple of months ago and was delighted to see (the person) had lost a lot of weight through support to follow (a slimming programme) and is now managing their diabetes through diet rather than medication which is a huge achievement."
- Staff completed training in equality and diversity this enabled them to recognise and understand people's protected characteristics such as disability and age. One person had been identified as having developed dementia. The Provider information return stated, "Within the home we have mandatory training but alongside this I ensure that the staff receive training which is relevant to our service users individual needs for example we have had Downs Syndrome & Dementia training for one of our service users who has been diagnosed with Alzheimer's as this was something we had never come across before but in doing the training it has enabled the staff to gain a better understanding and in turn work more effectively with the individual". As a result, the service had worked with relevant health professionals to reduce certain medicines the person was taking, with the benefit they were now less drowsy resulting in the person being

able to enjoy activities more and a reduced risk of falls.

- People also received complimentary therapies such as massage and fitness programmes to further enhance their health and well-being.
- The registered manager had a good awareness of national guidelines to support people with their oral health care. These were implemented through oral health care plans to ensure staff knew people's oral health care and preferred routines. were known Staff assisted and prompted people to maintain good oral health care.
- People had health action plans and hospital assessments. These were written in an individualised style and described how people would be best supported in the event of admission to hospital or to maintain contact with health services. They also recorded the outcomes of any health appointments.
- People's needs were fully assessed which included ongoing involvement of their close relatives and if needed, health and social care professionals. The main focus of staff meetings was to discuss and implement any changes to the needs of people using the service and the support they required.

Staff support: induction, training, skills and experience

- People using the service were supported by staff who had received training for their role.
- Staff had completed training such as, first aid, fire safety, and managing distressed behaviour. One member of staff had received an introduction to their role through completing the care certificate qualification.
- Staff had regular individual meetings called supervision sessions with senior staff. These were to identify any development needs and support they might require to effectively support people using the service.

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

- People were regularly consulted about meal preferences to ensure they received meals of their choice. Since our previous inspection the registered manager had introduced individual meetings with people to record their meal choices on a weekly basis. One person described the meals as, "lovely" and added, "You can choose what you want".
- We observed lunch which was served in a relaxed atmosphere by attentive staff checking and respecting people's choices.

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

- People's individual rooms were decorated in response to their needs and choices.
- When we visited the home was warm and by the second day, communal areas had been decorated for the festive season.
- The rear garden was accessible and included seating and raised plant beds for people to tend.

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.

- Assessments had been completed of people's capacity to consent to receive care and support.
- Applications for authorisation to deprive three people of their liberty had been approved; another application was in the process of being assessed. There were no conditions relating to the authorisation of these applications.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- We observed people were treated in a caring way by staff who used a warm and friendly approach with them. People's relatives also told us positive relationships were developed between staff and people using the service. One person described staff as, "nice people". Social care professionals commented, "Staff are respectful at all times" and "(The person's) relationship with staff is wonderful".
- We received positive comments from a person's relative about how the person had been supported through a recent bereavement.
- We noted staff spoke to people to check on their wellbeing, engaged with them and responded to their requests.
- People's needs in respect of their religious beliefs were known and understood and staff had received training in equality and diversity.

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

- People and their representatives were involved in decisions about the care and support they received through reviews and regular meetings. The registered manager described these as, "A chance to sit down with individuals and see how things are for them." As a result of a meeting with one person, a decline with an illness had been identified and input sought from health professionals.
- People made use of advocacy services; people had used the services of statutory advocates to help them express their views about important decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff checked with people if they were happy for us to view their rooms and ensured their privacy when we looked over the home. People told us staff respected their privacy. Staff had received training in respect and dignity. Staff were aware of how to support one person who had some individual needs around maintaining their privacy and dignity.
- People were able to keep in touch with family and friends, receiving visitors with no unnecessary restrictions. A person's relative told us they were made to feel welcome when visiting Fern Croft. Staff ensured arrangements were made for people to make regular visits to their relatives.
- People's care plans highlighted areas where staff should promote their independence such as using public transport, shopping and housework. Two people had keys to their individual rooms. One person was part of an organisation checking the quality of care services organised by the local authority.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 received care that was personalised and responsive to their needs. People had detailed support plans and 'person-centred plans' to guide staff in providing personalised support. Information was provided for staff reference about a person such as their likes and dislikes. One person told us "I can go to bed when I want". A social care professional told us, "Care is person-centred and the staff know (the person) and their needs very well."
- People had plans in place to guide staff with supporting them to manage and reduce the impact of any distressed behaviour.
- People were supported to take part in activities and interests both in the home and in the wider community. Such as visits to social clubs, playing pool and trips to cafes. One person played golf and was also taking part in a pantomime. People also had the use of an allotment to grow vegetables.
- Plans were being made for people to attend a Christmas party at a local activity centre. People's satisfaction with activities was discussed at meetings.
- People were supported to maintain contact with family members through visits to them supported by staff.
- One person was able to complete some of the training staff undertook at their request. This enabled them to understand staff roles, promoting better relationships with staff and other people. They told us, "I like doing the courses".

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.

- The registered manager was aware of the AIS and information had been prepared in a suitable format for people where a need had been identified.

Improving care quality in response to complaints or concerns

- One complaint had been received since our previous inspection. An appropriate response had been made to the complainant with any areas for improvement noted and actioned. Information about how to make a complaint was available in each person's file in a suitable format using pictures, symbols and plain English.
- Minutes of house meetings demonstrated how people using the service were able to express their views.

End of life care and support

- End of life care was not currently being provided.
- Peoples wishes and plans for the end of their life had been recorded for future reference where this was known. Staff had received training in End of life care.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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; 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 provider ensured they met CQC's registration requirements by continuing to meet all necessary regulations, by displaying the home's current inspection rating and completing and forwarding all required notifications to support our ongoing monitoring of the service.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

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

- The aims and objectives of the service included the statement, "Recognising that people with learning disabilities are people first and have the same rights as any other person in the community." We saw examples of these objectives being followed during our inspection visit.
- People and staff were positive about the management of the service. Staff described Fern Croft as, "Well-managed" and "100% well-run". One person told us, "I can talk to (the registered manager) whenever I want to". A social care professional told us, "The (registered) manager, is always very accessible and friendly, is always very knowledgeable about what is happening in the lives of her service users and always provides the information requested. She can immediately lay her hands on anything I ask for. She obviously cares about her residents and she and her staff provide a warm, friendly home for them."
- The registered manager described one of the current challenges as keeping up to date with current developments in social care. Membership of a local care providers organisation helped with this. Planned developments included introducing a more person-centred way of recording the daily notes with people's involvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Regular audits were taking place to support the registered manager to meet the regulatory requirements and identify shortfalls in the service.
- Recently introduced quality checks took the form of a quality audit completed by the registered manager and shared with the nominated individual. A health and safety audit was completed for the provider by an

external organisation. The recent quality audit found some areas of the care home required redecoration although action on these areas was not considered to be urgent.

- The views of people using the service and their relatives were checked with questionnaires on an annual basis. The results from the latest survey completed in May 2019 included actions to make regular contact with people's relatives and improve staff induction. The registered manager described how these actions had been completed.

- Positive relationships had been established with the local community learning disabilities team and health care professionals to ensure people received the support they needed. Links with a local charitable trust had provided funding for one person to take golf lessons.