New Beginnings (Gloucester) Ltd

Fern Court

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

Fern Court is a 'care home'. 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.

Fern Court can accommodate up to 13 people who have a learning disability, mental health condition and Autism. At the time of our inspection 12 people were living there. Accommodation was divided between two houses; the annexe could provide en suite accommodation for up to four people with a living room, kitchen and dining area. People living in the annexe had full access to the facilities in the main house. People living at Fern Court had their own bedrooms with en suite facilities and had access to a shower and bathroom. They shared two lounges and a dining room. The grounds around the property were accessible. A shed in the garden was being converted into a sensory environment.

Fern Court had been developed and designed in line with the values that underpin the Registering the Right Support, Building 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 lived as ordinary a life as any citizen.

This inspection took place on 5 February 2019. At the last comprehensive inspection in August 2016 the service was rated as Good overall. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

There was a registered manager in post. They had been registered with the Care Quality Commission (CQC) in 2015. 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.

People's care and support was individualised, reflecting their personal wishes, routines and lifestyle choices. They were treated with kindness and care. They had positive relationships with staff, who understood them well. People sought out the company of staff. Staff knew how to keep people safe and how to raise safeguarding concerns. Risks were assessed and encouraged people's independence. There were enough staff to meet people's needs. Staff understood and respected people's diverse needs. People who became anxious were helped to manage their emotions. Staff recruitment and selection procedures were satisfactory with the necessary checks being completed prior to employment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. They made choices about their day to day lives. People and those important to them were involved in the planning and review of their care and support. They chose the activities they wish to take part in. People went horse riding, swimming, trampolining and to the cinema. They went on day trips, to social clubs and a local place of worship. People kept in touch with those important to them. People used information technology to keep in touch with relatives.

People's preferred forms of communication were recognised. Staff were observed effectively communicating with people, taking time to engage with them. Good use was made of easy to read information which used photographs and pictures to illustrate the text. People had access to easy to read guides about safeguarding, complaints, activities and menus.

People's health and wellbeing was promoted. A weekly menu encouraged people to have vegetables and fruit in their diet. They helped to prepare and cook their meals. People at risk of choking had special diets and the support of staff to keep them as safe as possible. People had access to a range of health care professionals and had annual health checks. People's medicines were safely managed. People had expressed their wishes about how they would like to be cared for at the end of their life.

People's views and those of their relatives and staff were sought to monitor the quality of the service. This was provided through quality assurance surveys, reviews, complaints and compliments. People had information about how to raise a complaint. The registered manager completed a range of quality assurance audits to monitor and assess people's experience of the service. Any actions identified for improvement were monitored to ensure they had been carried out. The registered manager worked closely with local and national organisations and agencies to keep up to date with current best practice and guidance. Comments about Fern Court included, "I love this place," "It's very nice living here" and "I don't think the service can be improved."

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Fern Court

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 was a comprehensive inspection, carried out by one inspector. The inspection took place on 5 February 2019 and was unannounced.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During our inspection we observed the care being provided to all people living at Fern Court. We spoke with five people. We spoke with the registered manager, and five members of staff. We looked at the care records for three people, including their medicines records. We looked at the recruitment records for two new members of staff, training records and quality assurance systems. We had a walk around the environment and checked health and safety and infection control records. We also considered a report by a local advocacy group giving feedback about their visit to the home and responses from people and their relatives to the provider's annual survey.

Good

Is the service safe?

Our findings

People's rights were upheld. A relative commented, "I trust them to do the very best in caring for [Name]." Safeguarding procedures were in place and staff had completed training in the safeguarding of adults. Information about local safeguarding procedures was available. Staff had a good understanding of their responsibility to raise safeguarding concerns and were confident the appropriate action would be taken by the registered manager. When needed safeguarding alerts had been raised with the local safeguarding team. On occasions the police had been called for their support. The Care Quality Commission had been informed of any safeguarding concerns.

People were supported to manage their finances. Staff kept financial records for any payments or expenditure. Receipts were kept for any purchases. As an additional safeguard the registered manager audited people's financial records.

Risk assessments were proactive promoting people to take risks whilst minimising any known hazards. The Provider Information Record (PIR) stated, "Care plans and corresponding risk assessments are in place and reviewed regularly to highlight apparent risks to safety and how best to minimise them whilst taking into consideration service user's choices and preferences and restricting their freedom as little as possible." Accident and incident records were detailed and the registered manager confirmed they analysed these to assess for any recurring themes should action need to be taken to prevent further risks to people or staff. For example, after a series of falls, thought to be due to seizures, an alarm was installed in the person's bedroom to alert staff when they might be at risk of harm. People's risk assessments were updated to reflect any changes.

People's care records provided guidance about how to anticipate and support people when they became anxious. The registered manager said physical intervention and 'as needed' medicines were only used as a last resort. Their use was closely monitored and shared with local health care professionals to ensure it was proportionate. Staff understood people well and anticipated their needs effectively using diversion and distraction to help them manage their emotions. For example, giving space, reassuring them or going out.

People lived in a home which provided safe and comfortable accommodation. Parts of the home, such as the kitchen and bathrooms had been refurbished and ongoing day to day maintenance was being carried out. Health and safety records confirmed a safe environment was being maintained and equipment was being serviced at the appropriate intervals. Staff checked to make sure fire systems were in working order. People took part in fire drills. Each person had a personal emergency evacuation plan in place describing how they would leave their home in an emergency.

People were supported by enough staff to meet their needs. People who had been commissioned individual support hours had staff allocated at times to suit them. This meant at times staff levels might increase from five to seven on a shift. An emergency on call system was in place should additional staff support be needed. Staff said the deputy manager and registered manager helped them out when needed. People were consulted about the staff allocated to support them. The PIR stated, "Rotas consider the skill mix of staff and

number of staff on shift to ensure service user's needs are met safely." Recruitment processes ensured all the necessary checks had been completed including a full employment history, confirmation of their character and skills and a Disclosure and Barring Service (DBS) check. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. New staff completed an induction programme which included health and safety training.

People's medicines were managed safely. Staff had completed training in the safe administration of medicines which included observations of them administering these to people. People were observed having their medicines given to them following safe practice. Their medicines were reviewed with health care professionals. Audits were completed to check that medicine systems were operating efficiently. Medicine administration records (MAR) confirmed the stock levels of medicines were monitored and out of date medicines were disposed of when needed. Protocols were in place for the administration of medicines to be given when needed. An inspection by the supplying pharmacy in 2018 made a number of recommendations which the registered manager confirmed had been actioned.

People were protected against the risks of infection. Cleaning schedules and monitoring records were kept. Staff had completed infection control training and safe practice was followed including the maintenance of the appropriate records. Monthly audits were completed to ensure a clean environment was maintained. An annual report for 2018/2019 would be completed, in line with the requirements of the code of practice on the prevention and control of infections. The last inspection of the home by the Food Standards Agency in 2018 had awarded them with four out of five stars or a good rating. Since then the kitchen had been completely refurbished.

People's safety was improved in response to lessons learnt from accidents of incidents. The registered manager confirmed action was taken in response to near misses and accidents and any learning discussed and shared with the staff team. For example, after a fall near a covered radiator, which could potentially have caused greater injury to a person, additional padding was put in place.

Good

Is the service effective?

Our findings

People's needs had been assessed to make sure their needs could be met. Their physical, emotional and social needs were monitored and reviewed to ensure their care continued to be delivered in line with their requirements. People's care had been reviewed with commissioners, staff and their relatives where appropriate. People's diversity was recognised and their care promoted the rights of people with a disability. People's care and support had been developed in line with nationally recognised evidence-based guidance (Building the Right Support) to deliver person-centred care and to ensure easy access and inclusion to local communities.

People were supported by staff who had access to training and support to develop their skills and knowledge. The Provider Information Record (PIR) stated, "Staff receive regular supervisions and annual appraisals to ensure they are motivated and supported to develop their knowledge and skills and to promote a good team ethos within the service." Staff confirmed they were able to maintain their skills and professional development. Staff completed training specific to people's needs. For example, autism, mental health awareness and epilepsy. Individual records confirmed they had access to refresher training when needed such as first aid, food hygiene, Mental Capacity Act and fire safety. Staff had completed the Diploma in Health and Social Care or a National Vocational Qualification. Staff had individual support meetings every four months and an annual meeting to discuss their training needs and performance.

People's individual dietary requirements were identified. Their nutritional needs had been discussed with health care professionals where needed. The registered manager described how they had supported a person who needed a gluten free diet. People who were at risk of choking had been referred to a speech and language therapist and their recommendations were followed. For example, a bite sized diet was provided. Staff supervised people eating their meals. People told us they enjoyed their food. Meals were produced using fresh ingredients including vegetables and fruit.

People moving into the home would be considered carefully to ensure their compatibility with other people already living there. The registered manager said they would work closely with other professionals and providers to ensure any transitions were co-ordinated and well planned.

People's health and wellbeing was promoted. People's health needs were clearly described in their care records and health action plans. These were kept up to date with any changes to their health and wellbeing. People had annual health checks in line with national campaigns to ensure people with a learning disability and autism had access to healthcare services. People attended dentist, optician and GP appointments. Staff worked closely with social and healthcare professionals to share information to ensure people received co-ordinated and timely services when needed. They also liaised with mental health professionals. The registered manager described how people had been supported to attend inpatient and outpatient appointments at local hospitals. People had coped as a result of the close co-operation and support between staff health care professionals.

People lived in a house which reflected their individual preferences. They lived in a detached house, with an

annexe, on the outskirts of a city. People had personalised their rooms to reflect their interests and hobbies. There was sufficient space in and around the home for people to spend time alone if they wished.

People made choices and decisions about their daily lives. Staff discussed people's options with them, respecting their decisions and enabling them to plan their day. People were observed choosing where to spend their time, what activities they wanted to do and what to eat and drink. People's capacity to consent had been assessed in line with the Mental Capacity Act (MCA) 2005. 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. Records confirmed when decisions had been made in people's best interests and by whom. For example, supporting people to manage their medicines and finances.

People's liberty and any restrictions had been assessed. 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 Safeguarding (DoLS). The registered manager confirmed applications had been approved by the supervisory body for people who were being deprived of their liberty. They were monitoring and complying with conditions associated with these.

Good

Is the service caring?

Our findings

People had positive relationships with staff. They were observed choosing to spend time with staff and being relaxed in their company. People said, "Staff are alright", "Staff are very good" and "Staff are ok." Relatives commented, "Staff are really very good and hard working." The registered manager said, "Staff are here because they have a passion for it and really do care" and "Staff are good at problem solving and support people through difficult patches." The atmosphere during the inspection was very light hearted, with people laughing and joking with staff. Staff knew people really well. They were aware of their backgrounds and personal histories. Feedback from a local advocacy service included, "Staff knew people well and were nice to them." Staff were observed engaging with people, chatting and patiently replying to their questions. The Provider Information Record (PIR) stated, "Staff have good professional relationships with service users and support them to live a full and enriched life."

People's equality and diversity was promoted. People's rights with respect to their spirituality, disability, age, sexuality and ethnicity were recognised. People were encouraged and supported to participate in age appropriate activities in their local communities. People were supported to access places of worship and to meet with people of their own faith. Staff respected people's personal preferences and to express their individuality in the privacy of their own rooms.

People were involved in the planning and review of their care. A person told us, "I talk to staff and my mum [about my care plans]." The PIR stated, "Service users are involved in reviews and meetings relevant to them if appropriate and their involvement is maximised in all aspects of their care." People had information about advocates. An advocate is an independent person who can represent people using social care services.

People kept in touch with those important to them. People were taken to visit their relatives and their relatives were helped to visit them in their home. Staff provided transport when needed to ensure these visits took place. The PIR stated, "This is important for a few service users as they now have parents who are elderly and unable to visit the home if living out of the county." People also used the telephone and video conferencing facilities to speak with their relatives. People were supported to keep in touch with friends. They met up with friends at day centres and social clubs.

People's privacy and dignity was respected. Relatives commented, "The commitment and care given by staff is amazing." People were encouraged to be as independent as possible. For example, helping around their home with preparing meals, doing the laundry and cleaning. Staff were observed reacting to people promptly. They gently responded to people using sensitivity and compassion giving them reassurance when needed. People's support was organised so that they had the undivided attention of staff. For example, staff training and staff levels did not impact on the level of care and support they received.

Good

Is the service responsive?

Our findings

People's care was individualised focussing on their strengths, levels of independence and changing needs. Their care records reflected their personal needs and how they wished to live their day to day lives. Any routines which they preferred were clearly highlighted. The Provider Information Record (PIR) stated, "Service users have individualised care plans and risk assessments in place documenting their needs, preferences, and to guide staff in how to deliver care to them in a person-centred way; sensitive and considerate of their needs and choices, whilst minimising risks and maximising positive outcomes." People's care records stated what they could do for themselves and what they needed help with. This included aspects of their personal care. Staff proudly talked about people's progression since they had moved into the home. For example, engaging with people and staff, accepting support to do personal care and enjoying their increased independence.

People were encouraged to participate in activities which supported them to avoid social isolation in line with nationally recognised evidence-based guidance (Building the Right Support). People told us they were liked to go horse riding, swimming and to a day centre. Other planned activities included trips to sensory rooms, trampolining, tennis, the cinema and bowling. People used local facilities such as the pub, cafes and shops. One person walked to nearby shops each day. Staff told us how they had successfully enabled one person to take part in a gardening club. The person's anxieties had previously prevented them from taking part in activities. They now attended a social club making new friends and wanted to join a cookery course. People were busily engaged in their activities during the inspection. Whilst at home people chose to spend time with staff, in the lounge or helping around their home.

People's communication needs were identified in their care plans. Each person had a communication passport which explained their communication preferences. Staff were guided about how to interpret people's behaviour and verbal clues as an expression of how they were feeling. The registered manager was aware of the need to make information accessible to people in line with the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. People had access to information produced in easy to read formats which used pictures and photographs to illustrate the text. For example, information about safeguarding, the service user guide and the complaints procedure. People were provided with social stories to explain events in their lives to help to alleviate their anxieties. These provided a pictorial representation of a trip to hospital or an operation and a calendar to help people countdown to important dates. People were also working with staff to develop individual activities schedules using photographs of their chosen activities.

People had been encouraged to embrace information technology. They had tablet computers and telephones which could access the home's broadband connections. People used these to keep in contact with those important to them. Different types of technology were trialled. The registered manager described how an audio sensor had failed to alert staff when a person was having a seizure so a visual sensor was installed. This had helped staff to respond to the person to prevent injury.

People were observed talking through issues or concerns as they arose. They chatted with staff, who listened to them and responded, checking that they had understood the response. People told us, "If I have any worries I talk to the manager or staff" and "I am alright." There was a policy and procedure in place to deal with complaints. No complaints had been raised in the last 12 months.

People and staff talked about the impact of life changing health care needs of one person during the past 12 months and how they had supported each other through this. Adjustments had to be made to ensure the appropriate infection control measures were in place. Staff provided the person with reassurance and physical support for visits to hospital. They worked closely with health care professionals to ensure routines really important to the person could still be followed whilst at hospital.

People's end of life wishes were discussed with them when they wished to make plans for their end of life care. An end of life plan for one person stated their preferences for type of service and how they wished to dispose of their possessions. People said staff had helped them when they had to cope with bereavement.

Good

Is the service well-led?

Our findings

People's experience of their care reflected the visions and values of the provider. The Provider Information Record (PIR) stated, "We enable a holistic approach and incorporate valuable knowledge and history that those familiar with the person may have to enable their needs to continue to be met and goals to be set for the future" and "We set out clear core values, rights for service users and aims and objectives which are encouraged and promoted in staff roles and responsibilities as well as in the overall ethos of the home." People told us, "I love this place" and "It's very nice living here." Relatives commented, "I don't think the service can be improved" and "It's a lovely place." The registered manager worked alongside staff monitoring the day to day delivery of care and ensuring the values and visions were promoted. Feedback from a local advocacy service included, "A nice homely place."

The registered manager was first registered in 2015. 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 said they felt supported by the provider. Staff told us, "She is everything you would want in a manager" and "The manager is excellent. She is very supportive, friendly and approachable." Staff said they could talk through any issues with the registered manager, who was "hands on and available in a crisis".

The registered manager understood their responsibilities to meet the Care Quality Commission's (CQC) requirements and to adhere to health and safety legislation and keep up to date with changes in legislation and best practice. They had made adjustments to policies and procedures in line with the General Data Protection Regulation. People's personal information was kept confidentially and securely in line with national guidance. Staff were confident raising concerns under the whistle blowing procedures.

There were effective systems in place to monitor the quality of services and care provided to people. Policies, procedures and guidance was up to date and available to staff. The registered manager had a range of quality assurance checks which were completed to ensure compliance with national regulations. These showed areas such as health and safety, fire systems, food hygiene, infection control and medicines were managed effectively. When actions had been identified for improvement these had been implemented in a timely fashion. For example, improvements to bathrooms and the kitchen.

The provider monitored people's experience of their care and support through feedback from the registered manager and by visiting the home. Quality assurance audits were completed on behalf of the provider by other registered managers. Their reports produced an action plan identifying areas for improvement.

People, their relatives and staff were asked for their opinions of the service. They were invited to complete an annual survey in 2018 to give their views about people's experience of their care and support. An improvement plan detailed the outcome of these surveys. For example, developing a more effective way for people to give feedback about the service, to replace house meetings. People talked with staff on a daily basis and any issues or feedback had been dealt with as they arose.

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). They ensured they met CQC's registration requirements by continuing to meet all necessary regulations, by displaying the home's current inspection rating and were aware of the need to submit notifications to support our on-going monitoring of the service.

People's experience of the service they received was shaped by their responses to their environment and day to day life. Lessons were learnt from incidents and observations of people. For example, a small car had been purchased so that one person, who disliked travelling in the mini bus with others, could go out and about.

The registered manager worked closely in partnership with other agencies, local and national organisations. Records confirmed information was shared with social and health care professionals when needed to ensure people's health and wellbeing was promoted. In line with nationally recognised evidence-based guidance (Building the Right Support) people lived in communities they knew well.