

Review of compliance

Ferndale Care Services Limited Sherbourne Grange	
Region:	West Midlands
Location address:	18-20 Sherbourne Road Acocks Green Birmingham West Midlands B27 6AE
Type of service:	Care home service without nursing
Date of Publication:	June 2012
Overview of the service:	Sherbourne Grange is a home for up to sixteen people within two separate smaller units, who have a learning disability or autism. The home has been adapted for people who use wheelchairs

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Sherbourne Grange was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 3 April 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We asked people whether they liked living at Sherbourne Grange. We received a range of positive responses. One person told us they felt settled and well-looked after in their home. They said that they were fully involved in making decisions about their life. One person used a picture book to indicate that they felt happy. One person gave us a "thumbs up" signal.

What we found about the standards we reviewed and how well Sherbourne Grange was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this regulation. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this regulation. Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this regulation. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting this regulation. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting this regulation. The provider took account of complaints and comments to improve the service.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

When we visited Sherbourne Grange on 3 April 2012, we saw that the women and men who lived there came from a range of cultures. The people had a broad age range spanning over forty years. People had a diverse range of needs. People had a learning disability and some people were also disabled physically, had autism or another disability. We observed that each person was treated as an individual.

We observed that people had varying levels of involvement in planning their care and activities. One person told us that they were fully involved in making decisions about their life. This person said they went out independently, attended college and had a job volunteering in a local shop. Another person was preparing their own breakfast before going out. This person told us they attended daily sessions at a chosen place of worship and enjoyed these times. We found that some people could not express themselves verbally. Care workers told us about a person who enjoyed music and other sensory experiences. The care workers had enabled this person to enjoy personalised activities within the larger group environment by enabling them to use a radio placed close to them.

We saw that for some people, their stage of development and previous experiences meant that they gained comfort and pleasure from holding soft toys and using colouring

books. Other people were interested in activities which related to their age and different experiences, such as outings to the theatre. We were told that people's different needs were respected and we saw evidence of this.

We were told that residents' meetings took place every eight weeks. These meetings were used to discuss food choices and to set up menus. The people who lived at Sherbourne Grange also used these meetings to discuss activities, outings and other events at their home.

Other evidence

We spoke to five families about the care received by their relatives at Sherbourne Grange. They told us they were kept well-informed about their relatives' support and progress. They told us they were able to raise any concerns they had.

Our judgement

The provider was meeting this regulation. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

There were thirteen people living at Sherbourne Grange when we visited; there were three vacancies. One person was on holiday. There were five care workers on duty during the day plus the registered manager and the general manager. There were enough care workers to give people individual attention and to meet their needs. We were told that at night there were two care workers on duty. This number was increased to three if someone was ill.

We asked people whether they liked living at Sherbourne Grange. We received a range of positive responses. One person told us they felt settled and well-looked after in their home. One person used a picture book to indicate that they felt happy. One person gave us a "thumbs up" signal.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who lived at the home. We made detailed observations for one hour during the morning. This included the breakfast period for most of the people. People were seated in two lounges. During breakfast we saw staff asking people whether they were enjoying the meal. We observed that people ate at their own pace and were not rushed. Where encouragement to eat was required this was given in a non-intrusive way.

We observed that most people present had friendly conversations with the care workers on duty. We saw some people sharing a joke with care workers. They appeared relaxed and at ease. We saw that one person was restless. This person was given attention by

care workers which calmed them. This person did not enjoy social pleasantries with staff. When we asked about this person later, we were told that this person preferred not to be drawn into conversation but responded to music. We saw that they had a radio set up by their chair. The person's family later confirmed that their relative liked to be quiet and listen to music. We saw that care workers had understood this person's needs and had responded with sensitivity.

We saw care workers supporting people's physical, social and emotional well being by helping them with their appearance. Two people were given a manicure and hand massage by care workers. One person was assisted to blow dry their hair. When we spoke to people's families, they confirmed that their relatives always appeared well cared for.

During the day, we saw that some people went out of the home to attend their individual activities. Some people told us about an outing to the theatre which they were looking forward to. The person who cooked their own breakfast was particularly cheerful and expressed to us their enjoyment about a planned day out. We were told by people living at the home and by their families that visitors were always made welcome. Families were able to visit whenever they wanted to.

We were at the home for five hours and throughout that time we observed ongoing positive interaction between the care workers and managers and the people who lived there. The atmosphere was busy and harmonious. We saw that people had things to do. Some people used notebooks or colouring books. Some people were busy with soft toys and dolls. Some people expressed themselves through role play. The care workers on duty understood the different behaviours and responded appropriately.

We were told that one person had massage therapy to aid her posture. When this person needed hospital admission, members of the staff team stayed with the person.

We looked at the care files for three people. We observed personalised plans of people's needs with sections on capacity, independence, behaviours, family links, diet and nutrition. Care plans included a health action plan with clear guidelines for care workers to follow should particular symptoms arise. In one instance we observed that a best interests decision had been recorded. A person had not wanted to follow medical guidance to have a particular procedure. The staff looking after her agreed that her decision was in her best interests.

There were risk assessments for all aspects of people's lives in the home, including where people worked alongside care workers in the kitchen and where people were outside the home without supervision. We saw that plans and assessments were reviewed and updated.

Files contained signed consent forms as appropriate. We saw that people had consented to having key pads to gain access to their rooms; to having their prescriptions collected by staff from the home.

We saw that care workers signed to indicate they had read care plans.

We witnessed one episode where a person who used a wheelchair in the home had a preventable fall. The person was getting up from the wheelchair to transfer to a dining

chair. A care worker was standing beside her. The wheelchair moved backwards and the person fell to the floor. It was apparent that the care worker had not applied the brakes on the wheelchair. Had the brakes been used, the person may not have fallen. There was no apparent injury to the person. We discussed this with the care worker, with the senior carer on duty and with the managers. It was accepted that an error had been made by the care worker in not applying the brakes on the wheelchair. The care worker apologised. The registered manager said she would follow up the matter with the care worker. Following our visit, the manager confirmed that the risk assessment for the person who had fallen had been reviewed and that moving and handling guidelines had been updated with all staff.

Other evidence

Following our visit, we spoke to the families of five of the people who live at Sherbourne Grange. Four families were very positive about the care their relative received. One person's family was largely positive but commented that their relative did not appear to have enough to do and spent most of their time in their room. A family member also commented that outings were costed separately from the care provision and sometimes the outings appeared expensive.

The registered manager, care workers and the people who lived at Sherbourne Grange had described a wide range of activities which were available to people. In respect of the comment made, the manager clarified that some people chose to spend time in their rooms to pursue individual activities. On the day of our visit we saw that people were occupied in a positive way.

Our judgement

The provider was meeting this regulation. Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

There had been two potential safeguarding concerns raised in respect of Sherbourne Grange in the seven months before our visit. In November 2011, the manager became concerned that a person who lived at Sherbourne Grange had had a relapse of an existing mental health condition. The person had been abusive to other people who lived at the home. The manager raised a safeguarding alert with the local authority. The person was admitted to hospital and did not return to Sherbourne Grange.

A second concern was raised by a community nurse who noted that one person who lived at Sherbourne Grange was losing weight. The nurse was concerned that the man was not permitted to eat in his room as he preferred. The nurse referred the matter to social services. It was found that there was no issue about where the man chose to eat and a different problem was causing weight loss. This person was also admitted to hospital and did not return to Sherbourne Grange.

In both instances, the local authority were satisfied there was no evidence of abuse. We saw documentation of this. There have been no safeguarding concerns arising from the care provided at Sherbourne Grange. Although these concerns were raised with the local authority, they were not raised with us as a notification. This was discussed with the managers who agreed that they would contact us should similar events arise in the future.

Other evidence

We were told that all care workers had received safeguarding training. This was

confirmed by training records.

We observed clear guidelines on people's care files for care workers to follow where there was a risk of self-harm.

Our judgement

The provider was meeting this regulation. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

We were told that staff turnover at Sherbourne Grange was very low. We were told that each care worker on duty had a detailed schedule for the shift they were working. Daily tasks included cooking and cleaning. Care workers who had key worker responsibilities kept bedrooms and en-suite bathrooms clean and tidy for their key people. Additional cleaning was undertaken by a domestic worker at the weekend. We were told that all staff had food hygiene training. This was confirmed by the training record.

We spoke to all the care workers on duty while we were there. We found them friendly and helpful. We found that care workers had a good understanding of the people they looked after. They told us they enjoyed their work. A senior carer spoke about her commitment to the people who lived at Sherbourne Grange. Care workers told us that they felt well supported by the management team at the home. Any issues they raised were dealt with promptly and satisfactorily.

The staff files we looked at showed safe recruitment practices. There were CRB references on file. Not all references arrived before employment started. We suggested that there should be a risk assessment in place to cover this situation. Initially care workers were appointed on a three month probationary period.

All staff had a period of induction at Sherbourne Grange. Newly appointed care workers worked alongside an experienced care worker. The registered manager told us that care workers did not work alone or unsupervised for four weeks. New care workers signed an induction check list. We noted that a large amount of information was signed off in a single day. The management team informed us that they had recently reviewed

the induction programme. They intended to develop and extend induction.

All care workers participated in an ongoing training programme which included safeguarding vulnerable adults, moving and handling, food hygiene, health and safety, fire safety, first aid, person centred planning and managing challenging behaviour. Specialist training was given when the need arose, for example continence training had been provided to care workers by community nurses.

The registered manager told us that care workers were supervised by her or by the general manager every two months. In addition there was an "open door" for care workers to approach managers whenever they needed to. Care workers confirmed that they had individual supervision and were able to raise any issues they had.

Other evidence

During our visit a care worker who had been on her way into work telephoned the manager. She informed her that one of the people who had gone out from the home had become ill whilst outside. This care worker had called an ambulance to take the person to hospital and said she would accompany the person. The manager agreed with her decisions. We noted that the care worker had responded appropriately and confidently in an emergency situation.

Our judgement

The provider was meeting this regulation. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

Sherbourne Grange was a home where people had diverse needs. The registered manager told us that the quality of the service relied upon effective systems of information sharing. She explained that whenever there was new information about a person she wrote this up and circulated the information to each care worker. The information might have related to their medical condition, medication, family concerns or practical matters about clothing. Care workers were required to sign the circular to indicate they had read the information. Circulars were then filed and kept. We were able to see these circulars with the care workers' signatures. We looked at one where a relative had been unhappy that a person's wheelchair had not been cleaned. Information was noted and it became policy that wheelchairs were checked before use.

The registered manager had told us about the daily schedules prepared for each care worker at the start of their shift. Care workers had individual responsibilities for areas of work. They were required to sign when they had completed tasks. The manager checked progress with responsibilities when she walked through the home. She was able to determine any gaps in the quality of the service and deal with these.

Other evidence

We were told that no-one was kept in the home against their wishes. We saw that a missing persons procedure was in place to protect any person who did not return to Sherbourne Grange.

Our judgement

The provider was meeting this regulation. The provider took account of complaints and comments to improve the service.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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