

Coastal Supported Living C.I.C

Fern House

Inspection report

144 Corbets Tey Road
Upminster
RM14 2ED

Tel: 01277886155

Website: www.coastal-housing.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Fern House is a supported living service for people with mental health needs, learning disabilities and/or autism. The service supports eight people in various supported living accommodation in the London Borough of Havering and in the county of Essex. At the time of the inspection, seven people were using the service.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, Right care, Right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

People using the service were safe. They were supported to be as independent as possible. People lived in their own homes or in shared accommodation that contained individual flats, which they could personalise. People had control of how their care and support was arranged. People were supported to maintain a good quality of life, use local services and avoid social isolation. For example, they pursued their interests and they were supported with maintaining relationships with family and friends. We observed staff supporting people to go about their daily lives, such as their regular activities and routines. One person we visited was looking forward to going out with a relative, who was visiting them that day. Another person wanted to go to the seaside and staff accompanied them there.

Right care:

People and staff had developed positive relationships with each other. Care plans were person-centred for people to receive care that met their needs and preferences. Staff ensured people's dignity, privacy and human rights were respected. 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's sensory and behaviour support needs were understood and met. Their communication abilities were assessed so that staff could engage and interact with them appropriately.

Right culture:

The values and attitudes of staff and managers encouraged people to feel positive in their daily lives. People were listened to and respected. The registered manager monitored the service to check people were safe and received a good standard of care. Staff were recruited appropriately to ensure they were suitable to work with people. Staff were assessed and trained to carry out their roles effectively. Feedback was sought

from people and relatives to help make continuous improvements to the service.

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

Rating at last inspection

This service was registered with us on 24 December 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on a review of information we held about the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.

Details are in our effective findings below.

Good ●

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 House

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Fern House is a supported living service. This service provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager or a member of the management team would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us

annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection.

During the inspection, we visited the office and a supported living setting. We spoke with the two service managers for the support services in Havering and Essex, and two support staff. We also spoke with two people who used the service.

We reviewed documents and records that related to people's care and the management of the service. We reviewed three care plans, which included risk assessments. We looked at other documents such as medicine management records and infection control procedures.

After the inspection we spoke with the registered manager by telephone, because they were not available on the day of our inspection. We also spoke with two relatives for their feedback about the service, by telephone.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to safeguard people and protect them from the risk of abuse. People told us they felt safe. One person said, "I feel safe." A relative said, "It is a safe service for [family member]. [Family member] is doing well and happy."
- Staff were trained and understood procedures for safeguarding people if they identified or were informed of any concerns of abuse towards a person.
- Staff were aware of what whistle-blowing meant and how they could report concerns about people's safety to external organisations such as the local authority or CQC, if they were unable to report them to the management team. One member of staff told us, "If I see my manager not taking action, I can go outside of the service."

Assessing risk, safety monitoring and management

- People's needs were assessed so they could be supported safely by staff. If people's needs identified specific risks to their health and safety, risk management plans were devised. These provided guidance on actions to take to mitigate these risks from occurring to keep people safe. Risk outcome scores gave an indication of the severity of each risk so that staff were aware of the effect it could have on the person's health.
- Assessed risks included those related to people's nutrition, their health conditions, personal care and triggers that could cause people to become stressed, anxious or angry. Risk assessments were also personalised and written from the person's perspective. This helped staff understand the person's needs what these risks meant to them. For example, one person was at risk of 'sensory overload', which could increase stress. Their risk assessment informed staff to, "Help calm me down by taking me to a relaxed environment. It is helpful if staff bring their energy levels down to mine."
- Staff told us risk assessments were helpful and gave them an understanding of people's needs and how to support them safely.
- Risk assessments were reviewed to ensure changes to people's risks were assessed and up to date.

Staffing and recruitment

- The service provided enough staff to support people in their supported living accommodation for up to 24 hours a day, depending on people's needs. The management team and registered manager were on call for any out of hours emergencies, to make sure people were safe. We visited people in their accommodation and saw staff present at all times.
- Staff worked according to a duty rota which showed the staffing numbers, times and hours required per day. A staff member told us, "Yes we have enough staff to cover, there are good staffing levels and we can get breaks and time off."

- Staff were recruited safely and the registered manager assessed the suitability of potential new staff. Records showed criminal background checks were carried out and references were requested and received. Proof of identify and eligibility to work of new staff were also obtained.

Using medicines safely

- Medicines were used safely. People told us and records showed they received their medicines at the times prescribed. One relative said, "[Family member] gets their medicines when they need them. The service are very good and tell us about [family member's] medicine and fluid intake."
- There were procedures in place to ensure medicines were recorded accurately. Medicine Administration Records (MAR) were filled in after staff administered medicines to confirm medicines were given at the times prescribed. We looked at medicine records and saw they were accurate and up to date.
- Protocols for medicines that were used as and when required such as painkillers or inhalers, known as PRN (pro re nata) medicines were in place.
- Staff had been trained in medicines management and their competency and understanding of procedures was assessed to ensure they used safe practice of medicines. The service manager carried out daily audits of medicines, to check people had received the correct medicines and for any errors or gaps in records.

Preventing and controlling infection

- A policy was in place to ensure the risk of infections, was controlled and prevented.
- Staff confirmed there was a sufficient supply of Personal Protective Equipment (PPE) for them to use such as gloves, face masks and aprons. People were supported to maintain hygiene and go out in public safely.
- We were assured that the provider was preventing people from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.

Learning lessons when things go wrong

- Accidents and incidents that involved people in the service were recorded and reviewed.
- The registered manager or members of the management team investigated incidents. Action was taken by staff and managers to ensure people remained safe.
- Lessons were learned from incidents to help prevent their re-occurrence. For example, after an incident involving staff accidentally taking important items home with them, procedures and protocols were reviewed.

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.

This is the first inspection for this service for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed to determine if the service was suitable for them. The service aimed to help them people achieve positive outcomes for their care and support.
- Pre-admission assessments contained details of people's communication needs, health conditions, medicine requirements, mobility and nutritional needs and information about their daily routines and relationships with loved ones.
- People and relatives were involved in the process to check they were happy to use the service and seek their consent. They were consulted to ensure the service, the accommodation and staffing arrangements were appropriate for them.
- Health and social care professionals were also involved in assessments, as we noted some people were referred to the service for short term emergency support with a plan to move on to alternative accommodation.

Staff support: induction, training, skills and experience

- Staff were trained to provide them the skills and knowledge needed to support people. Records showed staff had completed training in key topics such as dysphagia and choking, autism awareness, safeguarding adults and positive behaviour support.
- New staff completed an induction which included the Care Certificate assessment, which is a set of common standards for health and social care staff.
- Refresher training was provided to staff to help keep their skills up to date. A staff member said, "I had an induction and training when I started which helped prepare me for the role." A relative told us, "The staff are very good. They are very professional and well trained."
- Staff were supported in their roles and had opportunities to discuss their work, their performance and any concerns in supervision meetings with a member of the management team.
- Staff told us the registered manager was approachable and supportive. A staff member said, "[Registered manager] is excellent, very helpful and understanding."

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

- People were supported to maintain a balanced diet to remain as healthy as possible. However, people's choices for their favoured food and drink items were respected. People told us their preferences for meals were understood by staff.
- Records showed staff worked with people to help them plan their meals and compile their weekly shopping list. One person told us, "Yes, the staff help me have my breakfast." People's favourite foods were included in their care plans. One person's care plan said, "I like traditional food like roast dinners, sausage

and mash...I love my little cans of drink." Records showed these preferences were met to ensure people ate and drank the food they enjoyed.

- People's nutritional requirements and risks, such as choking, were assessed and monitored. For example, one person was assessed as needing a 'minced and moist' diet and staff supported them to ensure their meals were mashed and soft to help them swallow their food easily.
- People's weights were checked to see if they had lost too much or gained too much weight, which could have a negative impact on their health. If there were concerns about people's diets, they were referred to dieticians or other health professionals.

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

- People were supported to maintain their health and were registered with local GP surgeries and dentists. People's records contained a hospital passport, which contained important information about the person that health professionals should be aware of, should they require hospital treatment.
- Care plans included the contact details of health professionals or agencies involved in their care, such as occupational therapists, social workers and speech and language therapists.
- Staff told us they could identify if people were not well and knew what action to take in an emergency.
- Records showed people attended health care appointments which helped to ensure they remained in good health.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's ability to consent to decisions made about their care and their level of understanding of their care was assessed, so that best interest decisions could be made for them. Records showed the aspects of their care that would require best interest decisions, such as finances, medicines and community and leisure activities.
- Staff understood the principles of the MCA and told us they asked for people's consent at all times before providing them with support. A staff member said, "People are always asked for their consent and for their choices when we support them."
- People were supported in their own homes by staff. There were no legal restrictions on people's liberty.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff, who also promoted their independence. People and relatives told us the staff were kind and caring. One person said, "The staff are very nice." A relative told us, "The staff are friendly and helpful whenever I speak with them. They are very caring towards [family member]."
- Staff respected people's privacy and dignity when providing them with personal care. Before entering people's homes, staff told us they knocked on their doors and asked for permission to enter. Staff told us they were aware of protecting people's personal information and retaining their confidentiality by not sharing information with unauthorised persons.
- Care plans contained information about people's levels of independence. For example, if they could maintain their own personal care needs or walk independently. People were encouraged to do household chores, as this enabled them to learn new daily skills such as making their bed. One person said, "Yes, I can do things for myself. I like walking and going out."

Ensuring people are well treated and supported; equality and diversity

- We found that people were well treated by staff who had got to know them and understand their needs. Staff told us they had developed positive relationships with people. Records showed that regular staff supported people which helped develop familiarity and consistency with their support needs. One person said, "I talk to the staff, they know me." A relative said, "The carers are amazing. They are so good with [family member]."
- The service promoted people's rights in relation to equality and diversity. Their human rights were respected by staff and managers. People's religious beliefs, cultural practices, disabilities and sexual needs and preferences were recorded in their care plans. Their right to a private life was respected.
- Staff were trained in understanding equality, diversity and inclusion. A staff member said, "We treat everyone fairly and equally and challenge discrimination. We talk to them like human beings. People's sexuality, culture and race are respected."

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

- People were supported to express their views and make decisions for themselves as much as possible. We observed staff and managers responding to people's wishes and spending time with them.
- People expressed their choices on how they wanted to spend their day and things they wanted to do. For example, one person who we visited, was looking forward to seeing their relative later in the day and going out for a meal with them. Staff were supportive and encouraging of this.
- People and their relatives were involved in decisions about their care. People were supported to express

their thoughts and provide feedback to staff. Relatives told us the staff collaborated with them and kept them informed about their family member's support. One relative said, "We hear from the service at least once a day about [family member's] care. It's a very interactive service."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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.

- The service was responsive to people's needs. Care was planned and personalised so that people had choice and control of their preferences. Care plans placed the person at the centre of their care and contained detailed information of their hobbies, interests, people that were important to them and their specific strengths, which would help them achieve positive outcomes in the service. They also provided information about the person's background, daily routines, their likes and dislikes and their ideal 'perfect day'. One person's care plan explained, "I love to go to the day centre and see friends, have a visit from my family, have tea and biscuits and watch a film." Records showed that staff were able to cater for these preferences to help maintain people's wellbeing and comfort. A relative said, "I am happy with the service. The staff are very supportive and helpful."
- Staff told us care plans helped them understand people's behaviour and routines and how to support them. Care plans were stored digitally and the system alerted staff when they needed to be reviewed to reflect any changes to people's needs or actions needed following up. Staff used handheld devices to record personal care tasks and update the care plan system for all staff to see. This ensured people received the support they needed. A staff member said, "The care plans are easy to follow. We have a good digital system that is easy to use."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to maintain relationships with family and friends. They were able to have visitors and keep in regular contact with them by telephone or video call. This meant people were supported to avoid social isolation.
- People were supported to follow or pursue their interests and hobbies. During our inspection some people had gone out to spend their day at a day centre.
- Each person had their own favoured activities, which staff supported them with. Another person had gone to the seaside for the day with a member of staff. Other activities people enjoyed were walking, bowling, cooking, watching films and either going for a meal or having a takeaway. One relative said, "[Family member] enjoys getting to do things they want to do."

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.

- People's communication needs were set out in their care and support plans so that staff knew the techniques needed to speak with people effectively, for example if they had speech and language disabilities.
- We observed staff communicating with people respectfully, patiently and appropriately when we visited them. A relative said, "The staff are excellent and are able to understand [family member]. The staff are very intuitive and can gauge how [family member] is feeling."
- The provider ensured information was made available to people in easy read formats, such as how to report abuse or make a complaint. After our inspection, the registered manager showed us further easy read information they had developed for people, such as their tenancy agreement with their landlord and a service user guide. This would help people understand and process the information they received.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure for the service should people wish to make a complaint if they were not happy with something. There had been one complaint since the service registered with us.
- Records showed the registered manager investigated the complaint or concern and took remedial action to resolve the issues raised. This included making sure staff followed up on the person's preferences and carrying out a professional review of the person's health and nutrition. This meant the service took responsibility to improve care quality in response to complaints or concerns.

End of Life care and support

- The service did not support people with end of life care at the time of our inspection. However, their end of life care wishes were considered in the event of changes in their health.
- Staff had received training in end of life care, which would help to ensure staff had the knowledge and skills needed to deliver quality care to people nearing the end of their lives in future.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The registered manager, service managers and staff were clear about their roles and responsibilities. We spoke with the registered manager after our inspection because they were unavailable when we visited the service.
- The registered manager had an understanding of regulatory requirements and told us they were well supported by the provider and by the service managers. The service managers told us they worked well with the registered manager to monitor the quality of the service and ensure people were safe. One service manager said, "I have learned a lot from working with them. I feel encouraged and motivated to support my staff and the service users."
- Quality assurance systems were in place. Audits were carried out of medicine records, infection control processes and daily records. Supervision, recruitment and training records were also checked to ensure they were up to date and compliant. The management team carried out an internal inspection of the service to identify actions and improvements. We saw that actions were completed or in progress. This meant there was continued oversight of the service.
- We discussed other areas of development with the registered manager as we noted the provider's policies and procedures were not specific to the supported living service. The registered manager told us they were working with a human resources consultancy to help them create their own personalised policies for the service.
- Staff told us they were encouraged and supported by the management team to perform in their roles. One staff member told us, "[Registered manager] and [service manager] are very nice. You can approach them with any problems and questions, and they will help you."

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

- People received support to help them achieve good outcomes. They and their relatives told us they were satisfied with the service. One relative said, "The staff and managers are responsive, helpful and caring. There is always good communication from them. The staff are brilliant, amazing."
- We observed a positive environment and saw that staff were able to support people in a calm, considerate and respectful manner. Staff told us they enjoyed working in the service.

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

- People were engaged with and their views were listened to. They met with staff to discuss what was important to them. They and their relatives were kept informed and updated on any changes in the service. Relatives were given secure and confidential access to see only their family member's care records, as it was an online system. A relative said, "We are very involved and are able to see [family member's] care notes. The service is very active and involving. We have meetings regularly."
- People were supported to maintain their tenancies, where they lived in properties owned by a housing provider. We noted their original tenancy agreements did not make clear that their tenancy was not dependent on their support provider and they had choice of who their support provider was.
- The management team told us this was discussed with people at the pre-admission stage but had not been formalised in writing. Records showed that this had been identified by the registered manager as needing action. After the inspection, they showed us the new and updated tenancy agreement they had developed with the housing provider, which made clear that people could choose an alternative support provider if they wished. A relative told us, "I feel the service has given [family member] choices and options."
- Staff meetings were used to share important information and discuss any issues with the management team.
- There was a system for continuous learning and improving the quality of the service. The registered manager carried out internal audits to identify issues and address them.
- People's equality characteristics were considered and recorded. For example, they were given privacy should they wish to express their sexuality or sexual needs.
- The provider sent out surveys and questionnaires to people and relatives and staff for their feedback about the service. We saw that comments were positive. One relative had written, "We feel very confident to entrust [family member's] care and support to such a wonderful, caring, dedicated team."

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 and registered manager were aware of their legal responsibility to notify the CQC of any allegations of abuse, serious injuries or incidents involving the police. The registered manager was open and transparent to people and relatives when things went wrong.

Working in partnership with others:

- The provider worked well with other social care agencies and professionals to support people using the service. Professionals gave positive feedback about the service. One professional said, "I have always found the care staff and management polite, extremely caring, approachable and responsive to the clients' needs. They are transparent and supportive."
- The provider and registered manager kept themselves up to date with best practice on health and social care.