

Fairfield Care Limited

# Fairfield Care Ltd

## Inspection report

Fairfield Farm, Higher Thorns Green Farm  
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Cheshire  
WA15 0QZ

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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:

Fairfield Care provides is a domiciliary care service. The service operates a supported living service and outreach provision to both children and adults with complex care needs and learning difficulties. A supported living service enables people with a learning disability to live in their own home and the outreach provision is a service which supports people to access their local community with support from staff. At the time of the inspection 11 people were receiving support.

### People's experience of using this service:

Medication procedures had improved since the last inspection. All staff received medication administration training and competency levels were regularly reviewed. Staff had access to an up to date medications administration policy and understood the importance of complying with policy guidance.

We received positive feedback about the quality and safety of care people received. Relatives confirmed that Fairfield Care provided high-quality, person-centred care.

Care records contained the most up to date, relevant and consistent information in relation to people's support needs and areas of risk that needed to be safely and effectively managed.

People were protected from the risk of harm and abuse. Staff received safeguarding training and knew how to report any concerns that presented. There was an up to date safeguarding and whistleblowing policy for staff to refer to.

Staffing levels and recruitment practices were safely managed. We received positive feedback about continuity of care people received from regular staff.

The registered provider ensured that all pre-employment checks were carried out and staff were suitable to work with vulnerable adults. Staff received a thorough induction and were supported with a variety of different training, learning and development opportunities.

The registered provider complied with the principles of the Mental Capacity Act, 2005. Staff understood and respected people's right to make their own decisions and where possible, encouraged people to make decisions about the care they received.

A person-centred approach to care was evident. Care records contained detailed information about people's likes, preferences and wishes; it was clear during the inspection that staff were familiar with the care that people required.

Relatives told us that staff provided kind, compassionate and dignified care. Staff developed positive relationships with people they supported; staff understood the importance of providing care that was

tailored around people's needs.

Staff supported people with activities that they enjoyed; people were actively engaged in hobbies and interests that were stimulating, exciting and fun.

The registered provider had a complaints process and policy in place; relatives knew how to raise a complaint and were confident that their concerns would be listened and responded to.

The quality and safety of the care was continuously monitored and assessed. The registered manager was committed to providing care that was safe, effective, compassionate and high-quality.

We received positive feedback from staff and relatives about the approach of management and their dedication to providing a high standard of care and support.

Staff told us that they received support on a daily basis and felt 'valued' as a member of the Fairfield Care team.

Rating at last inspection: At the last inspection service was rated 'Good' (report published May 2016). At this inspection we found that the registered provider continued to provide a good provision of care. The evidence we reviewed and feedback we received continued to support the rating of 'good'; there was no evidence or information from our inspection or ongoing monitoring that demonstrated serious risks or concerns.

Why we inspected: This was a planned, announced inspection to confirm that the service remained 'good'.

## 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 remained effective

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service remained caring

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service remained responsive

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service remained well-led

Details are in our well-led findings below.

**Good** ●

# Fairfield Care Ltd

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

#### Inspection team:

The inspection was completed by one adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Fairfield Care is a domiciliary care service. The service operates a supported living service and outreach provision to both children and adults with complex care needs and learning difficulties.

The service had a manager registered with The Care Quality Commission (CQC). This means that they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit. This is because it is a small service and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in the office when we visited.

#### What we did:

Before our inspection we looked at information we held about the service. The registered provider had completed a Provider Information Return form (PIR). A PIR is a form we ask registered providers to submit annually detailing what the service does well and what improvements they plan to make. We reviewed information stored on our database, such as notifications that the registered manager is required, by law, to submit to us as and when incidents had occurred. We also spoke to the Local authority and commissioning

team to gain feedback about the service. We used all this information to formulate a planning tool; this helped us to identify key areas we needed to focus on during the inspection.

The inspection took place on the 12 February 2019

During the inspection we spoke with the registered manager, one deputy manager and five members of staff. We were unable to directly speak to people who were receiving support however, we did contact seven relatives who agreed to provide feedback about the quality and safety of care their loved one received. We also checked four care records of people in receipt of support, recruitment records of four members of staff and other records relating to the overall management and quality monitoring of the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

### Using medicines safely

- Medication management procedures had improved since the last inspection.
- During this inspection we found that medication management procedures were safely in place and people received medication in a safe manner. Staff received the appropriate medication administration training and regularly had their competency levels assessed.
- There was an up to date medication policy that staff could consult as and when necessary.
- Medication administration records (MARs) were appropriately completed by staff and regular medication audits were completed to ensure medication compliance was maintained.

### Systems and processes

- Safeguarding and whistleblowing procedures were in place. Staff were familiar with reporting procedures and understood the importance of keeping people safe. One member of staff told us, "I am familiar with safeguarding procedures and what needs to be done."
- Safeguarding training was provided and there was an up to date safeguarding and whistleblowing policy in place.

### Assessing risk, safety monitoring and management

- Relatives told us that their loved ones received a safe level of care. Relatives told us, "Yes [person] is safe, I think the care package is just what [person] needs", "They [staff] have a good rapport with [person] I know [person] is safe" and "They [staff] have such a good understanding of [persons] needs."
- People were appropriately assessed from the outset and support measures were in place to manage and reduce the level of risk. For instance, people had risk assessments in place for choking, behaviour, epilepsy and medication.
- Risk assessments were regularly reviewed and contained up to date, consistent and relevant information. Staff told us that they received regular updates in relation to people's health and well-being and information was provided in a timely and effective manner.

### Staffing and recruitment

- We received positive feedback about staffing levels from relatives we spoke with. Comments included, "Continuity of care is good, we have had the same staff, there's a new one now training and shadowing the old one" and "Staffing is very good it seems stable."
- Relatives told us that staff arrived at their allocated time and provided the level of care that was required.
- Recruitment procedures were safely in place. The registered provider ensured that all potential employees had a Disclosure and Barring System (DBS) check to ensure that they were safe and suitable to work with vulnerable people; previous employment references were also obtained.

#### Learning lessons when things go wrong

- There was an accident and incident reporting procedure in place. The registered manager ensured that such accidents/incidents were reviewed as a measure of monitoring and managing risk.
- Staff were familiar with the accident/incident reporting procedure and understood why this procedure needed to be followed as a measure of keeping people safe. One member of staff said, "Accident and incidents are discussed as a team and reviewed to see if actions need to be followed up, we discuss if anything can be done to prevent it happening in the future."
- The registered manager was responsive to any constructive feedback received. Feedback helped the registered manager to identify areas of development and improvements that were required.

#### Preventing and controlling infection

- An infection control policy was in place. One member of staff told us, "We are provided with disposable gloves and aprons as well as full protective clothing in some cases. An infection control policy/health and safety policy was in place that staff could access."
- Staff demonstrated a good knowledge of infection control procedures and told us how they complied with infection control support measures to keep people safe and protected from harm.

# 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

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; supporting people to live healthier lives, access healthcare services and support.

- People's support needs and choices were determined from the outset. The registered manager ensured that all the appropriate support needs were in place before the package of care began.
- People received a holistic level of care and the appropriate referrals were made to healthcare professionals accordingly. For instance, we saw evidence of people receiving support from speech and language therapists (SALT), occupational therapists, neurologists and learning disability teams.
- Relevant guidance and best practice was incorporated within people's care records and staff were familiar with the support that people required. For instance, we saw guidance from the Department of Health in relation to new learning disability strategies that needed to be taken in account.
- One relative told us, "They [staff] go above and beyond."

Staff skills, knowledge and experience

- We received positive feedback about the skills and experience of staff. Comments included, "They [staff] seem to be so well trained" and "They [staff] do specialised training as well as ongoing training."
- Staff were thoroughly inducted before they started providing personal care. Staff were also encouraged to complete a wide range of training that helped to develop the knowledge and skills that were required. Staff were also supported to complete 'The Care Certificate' which is an agreed set of standards that staff within the health and social care sector are expected to complete.
- One staff member told us, "I'm inundated with the training, refreshers are put on too, I can always ask for further training."

Supporting people to eat and drink enough with choice in a balanced diet

- Care records we checked indicated that people received an effective level of support in relation to their nutrition and hydration support needs.
- Staff were familiar with people's specialist dietary requirements that needed to be followed; any guidance that needed to be followed was incorporated within people's care plans and risk assessments.

Staff working with other agencies to provide consistent, effective, timely care

- People received continuity of care from regular staff who were familiar with their support needs.
- The level of care people received was tailored around their support needs and provided by Fairfield Service staff and other healthcare professionals, where appropriate.

Adaptations service, design, decoration to meet people's needs.

- The registered manager told us they were committed to supporting people and providing specialist

equipment and support aids when required.

- Supported living accommodation had been adapted and designed to meet the needs of the people who were living there.
- The registered manager told us that local financial grants had been approved, which meant that assisted walking aids, wheelchairs and a recliner chair could be purchased for people who required additional support.

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 make 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 with appropriate legal authority. Applications to deprive people of their liberty in community services must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered provider was complying with the principles of the MCA, 2005. People were appropriately assessed, they were not unlawfully restricted and 'best interest' meetings/decisions were in place as a measure of keeping people safe.
- Staff had received MCA training and were familiar with the principles that needed to be followed and complied with. One staff member told us, "Always assume that people have capacity to make decision for themselves, best interest decisions may need to take place, paperwork needs to be completed."

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality diversity

- People received care and support in a kind, compassionate and dignified manner. Comments we received included, "They [staff] seem to be caring, every interaction is kind, they are genuine, caring positive people", "They [staff] are nice to [person], they are polite and gentle" and "We have a really nice carer [person] loves [carer], [carer] is very polite and I would say respectful."
- Staff were familiar with people's support needs and were able to describe specific details of the people they supported. One member of staff told us that continuity of care enabled them to develop great relationships with the people, which helped them to 'learn' and 'understand' important things about them and the care they needed.
- People were appropriately assessed from the outset; people received support that was tailored around their equality and diversity needs and the appropriate support measures were put in place.

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

- People were assisted and supported to make decisions about their care as much as possible. Where people were unable to verbally communicate their decisions, other communication support aids were used. For instance, 'Picture Exchange Communication Systems' (PECS), visual boards and traffic light systems were used.
- One member of staff told us, "The level of care is high, it is because the staff care, we are all compassionate."

Respecting and promoting people's privacy, dignity and independence

- Relatives told us that staff promoted people's privacy and independence as well as providing care in a dignified and compassionate way.
- Staff also told us, "Dignity and respect needs to be applied to all service users, allow them the opportunity to feel empowered, make sure that their privacy and security is maintained. Provide the correct support and keep them safe."
- Staff supported people to remain as independent as possible. Staff supported people to access the local community and engage in activities and hobbies they enjoyed. For instance, we saw weekly activity planners for people who liked to access the local community.
- Confidential information was securely stored at the registered address and protected in line with General Data Protection Regulations (GDPR). This meant that people's sensitive and private information was not unnecessarily shared with others.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

### Personalised care

- People received care that was high-quality, person-centred and tailored around individual needs.
- Care records contained person-centred information that enabled staff to develop a good knowledge and understanding of the people they were supporting. One relative told us, "They [staff] tailor the care to meet [persons] needs."
- Relatives told us they were actively involved in care reviews. Comments we received included, "I plan the care with [persons] carer and make changes to what [person] needs, they [staff] consult me", "It is person-centred because when organising activities, they do exactly what [person] wants, activities that [person] likes" and "They [staff] come around, we have meetings, I can ask questions they are contactable and I always feel that they listen to me."
- Staff were committed to providing care and support that enabled people to remain as independent as possible. Weekly activities were arranged and people were encouraged to actively participate in hobbies and interests that they enjoyed. One relative told us, "They [staff] took [person] to a Christmas party. They were marvellous, fantastic and they were dancing away."
- We also saw evidence of annual events that were arranged for people receiving support, their relatives and the local community. This helped to develop positive relationships and to establish positive local connections.
- The Accessible Information Standards (AIS) was being met. These standards were introduced by the government in 2016; ensuring that people with a disability or sensory loss were provided with information in a way they could understand. Information was provided in 'easy read' and different formats upon request.

### Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy in place. People and relatives received a copy of the complaints process from the outset; they told us they would feel confident raising any issues with management.

Relatives said, "I would speak to the managers if I needed to, it is well run" and "If there's a problem we can contact them [managers]."

- At the time of the inspection, no complaints had been submitted.

### End of life care and support

- At the time of the inspection, nobody was being supported with 'End of Life Care'. However, the registered manager confirmed that all staff had received 'End of Life Care' training.
- We found that staff understood the importance of providing end of life care that was tailored around the person's wishes and preferences.

## 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high quality care and support; how the registered provider understands and acts on duty of candour responsibilities.

- People received high-quality, person-centred care. This was evident from the positive feedback we received and supporting documents that we checked during the inspection. One staff member said, "[Manager] does remarkably well, she is very fair, very approachable, she goes above and beyond all the time."
- Management and staff were committed to delivering care and support that was tailored around each person as well as improving people's overall quality of life.
- Staff and relatives told us that the registered manager was committed to providing high-quality care which led to positive outcomes for people. Comments we received from relatives included, "I have no issues with managers, they are a good service", "I knew straight away, it [the service] was the right one for us" and "They [staff] are all very responsive, excellent communication."
- Care and support was delivered in an open and transparent manner. Positive relationships had developed between Fairfield Care staff, people receiving care and their relatives.

Managers and staff being clear about their roles, understanding quality performance, risks and regulatory requirements

- The service was well-run. Manager and staff understood the importance of delivering high-quality, person-centred care where safety was never compromised. One staff member told us, "[Manager] is a very good leader, very structured, very clear and knowledgeable as well as being approachable."
- Effective quality assurance systems and processes were in place; people received safe, effective, compassionate, high-quality care from staff who were familiar with their needs.
- Regular audits, checks and reviews enabled the provision of care to be continuously monitored; improvements were made once they were identified.
- Regular meetings were taking place. Such meetings encouraged staff to discuss any current concerns, risk management, training and other areas of service delivery.
- The registered manager was aware of their regulatory responsibilities; they demonstrated their understanding of the Health and Social Care Act, 2008.
- The registered provider had a variety of up to date policies and procedures in place. Staff explained the importance of complying with different policies and where they could be accessed if and when required.

Continuous learning and improving care

- Improvements had been made in relation to medication management procedures following the last inspection.

- Regular audits and action plans were in place; the registered manager explained to us how the quality and safety of the care that people received was monitored and improved upon as and when necessary.
- Accident and incident reporting procedures were in place; this helped to identify any 'lessons learnt' as well as identifying areas of improvement that needed to be concentrated upon.

#### Engaging and involving people using the service, the public and staff

- Relatives all told us they felt involved in the care that their loved ones were receiving.
- We received positive feedback about the approach of the management and staff team during the inspection.
- The registered manager circulated satisfaction surveys to people/relatives as well as employees of Fairfield Care. These helped to capture the thoughts, views and opinions about the quality and safety of care being delivered. Feedback helped the registered manager to review areas of strength as well as areas of improvement.

#### Working in partnership with others

- Fairfield Care worked in partnership with people, relatives and health-care professionals to seek positive outcomes for people receiving support. We saw evidence that people were receiving a holistic level of care and support that they required.