

Fairways Care (UK) Limited

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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

This inspection took place on 13 April 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available in the office.

Fairways Care provides personal care and support to children and young adults in their own homes or within community settings. At the time of this inspection they were providing a personal care service to nine children or young adults with a variety of care needs living in the Southampton area.

There was a registered manager at the service. 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.

Parents felt their children were safe when receiving a service and staff knew how to identify, prevent and report abuse. Staff were aware of consent and how this affected the care they provided. They offered choices and respected decisions made by children or young people who were supported and encouraged to be as independent as possible. Staff were mindful to ensure they protected the dignity and privacy of children and young people when providing personal care.

Parents said they were very happy with the service and care their children received. They said staff were kind and caring. Staff had built good relationships with the children and young people they provided care for. Parents told us care was provided by a consistent care staff team. The recruitment process helped ensure staff were suitable for their role. Staff received appropriate training and were supported in their work.

Care plans provided comprehensive information and care staff were aware of individual care needs and preferences. Reviews of care were conducted regularly. Support to manage dietary needs was provided if required.

The registered manager and provider were aware of key strengths and areas for development of the service. Quality assurance systems were in place using formal audits and through regular contact by the provider and registered manager with parents, commissioners and staff. People and relatives were able to complain or raise issues on a formal and informal basis with the registered manager and were confident these would be resolved. Plans were in place to deal with foreseeable emergencies and staff had received training to manage such situations safely.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Parents felt their children were safe and there were systems in place to recognise and respond to abuse. Staff had received training in safeguarding adults and children and were aware of how to use safeguarding procedures.

Risks associated with the delivery of care were assessed and steps taken to minimise that risk.

There were safe medication administration systems in place although staff were not administering medicines at the time of this inspection.

There were enough suitably skilled and knowledgeable staff. Recruitment procedures were followed to ensure staff were safe to work with people.

Is the service effective?

Good ●

The service was effective.

Staff were aware of consent and how this affected the care they provided. Systems were in place where children or young people may be unable to make some decisions.

Staff received sufficient training to give them the knowledge and skills they required. Staff received support and supervision with systems were in place to enable staff to speak with the managers regularly and whenever required.

Children and young people received support to manage their dietary needs and care staff knew individual health and personal care needs which were met.

Is the service caring?

Good ●

The service was caring.

Parents said staff were kind and caring. Staff had built good relationships with the children or young people they provided care for.

Parents felt involved in decisions about their child's care. Independence was promoted and staff understood how individual children or young people communicated meaning any choices or preferences could be met. Staff respected and promoted privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Parents told us the care their children received was personalised. Children and young people's needs were reviewed regularly to ensure care remained appropriate for them.

The provider sought feedback about the service and an effective complaints procedure was in place.

Is the service well-led?

Good ●

The service was well led

Staff understood their roles and responsibilities and were given guidance and support by the management team. Staff could access advice and guidance as needed.

Systems were in place to monitor the quality of the service provided. Audits were carried out to assess and monitor the quality of the service people received and action was taken to address areas of improvement.

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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 inspection took place on the 13 April 2017 and was announced. Notice was given because we needed to make sure that the people we needed to speak with were available. The inspection was carried out by one inspector.

Before the inspection, the service completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service including registration reports and information received during contact with the service.

We spoke with five relatives of people who received a service from the agency. We spoke with the registered manager, six office based staff and five community care staff. We looked at care plans and associated records for five people, staff duty records, staff recruitment and training files, policies and procedures and quality assurance records.

This was the first inspection for the service since it was registered in April 2016.

Is the service safe?

Our findings

People felt their children were safe when cared for by Fairways Care staff. Parents told us staff took their time and provided care in a safe manner. One parent said "Yes I think [name of child] is safe, I wouldn't leave them otherwise". Another parent told us they felt their child was safe and explained how this was the most important thing for them. Parents said they would have no hesitation in contacting the registered manager if they had any concerns about the care provided.

Staff knew what to do if they suspected abuse. Staff could identify the signs that abuse might be taking place and felt confident to report their concerns and follow these up with the local authority or CQC if necessary. Staff knew about whistle blowing procedures and were aware of their personal responsibility to report unsafe practices to the registered manager or relevant authorities. One member of staff said, "I'd tell [name of registered manager], or I could go above them to the senior manager. If nothing was done I could always speak to social services or you [CQC]." The safeguarding policy used by the provider gave comprehensive information and guidance for staff about safeguarding and their responsibilities for ensuring people were safe. Any specific safeguarding concerns were considered during the assessment process such as any behaviour the child or young people may have which placed themselves or others in danger. The registered manager was aware of their responsibilities for safeguarding and was aware of how to contact the local authority if they had any concerns about people's safety.

At the time of the inspection care staff were not responsible for administering medicines to any of the children or young people they supported. Care plans included information about medicines which were prescribed and stated who was responsible for administering these. This was usually the child or young person's parents. The registered manager told us they were now considering introducing the administration of medicines as a procedure care staff could undertake. They had identified that this would enhance the service they could provide and ensure that medicines administration did not restrict a child or young person's access to activities with care staff. The provider had a policy in place and had developed medicines administration records. Staff undertook medicines management awareness as part of their induction training.

Relevant people were involved in identifying and managing risks associated with individual care needs. When children or young people were referred to the service, the registered manager carried out visits to their home. They identified the care required and potential risks to the child, young person or staff that could occur during the delivery of care. These included any risks due to health and care needs such as for moving and handling, use of equipment, nutrition, and where the child or young person may behave in a way which placed themselves at risk. Where risks were identified there was guidance for staff as to how to reduce risks. For example, one child was at risk of choking. There was guidance for staff as to the texture of any food they provided and stated the drinking utensils which should be used.

Where there was a need for support with mobility, moving and handling risk assessments had been carried out. Where particular equipment was used in someone's home, members of staff were taught to use that equipment and where necessary two staff were allocated to ensure equipment could be used safely. Staff

told us they had completed training to use any equipment and that two staff or a parent were always present if this were required. Where equipment was not in place staff were informed they should not manually lift anyone. We saw in care notes that staff had requested a family member to undertake moving and handling in this situation showing staff were aware of and followed the guidance in risk assessments. Environmental risks of where care would be provided were also assessed including risks of accessing the community or using cars. Risk assessments were written based on the needs within the care plan and were designed to ensure the safety of the child or young person and staff whilst carrying out the activity.

Recruitment and selection processes ensured that all essential pre-employment checks were completed before new staff commenced working with vulnerable people. Following advertisement successful candidates completed an application form. References and a criminal record check with the disclosure and barring service (DBS) were requested. The DBS check helps employers make safer recruitment decisions and prevents unsuitable people from working in care settings. Staff did not commence working until these pre-employment checks were received which helped established they were suitable to work in care. New care staff confirmed that these procedures had been undertaken and they had not commenced work until all pre-employment tasks and checks had been completed.

There were sufficient staff to provide the care and support people needed. Parents said care staff always provided the care required, and that staff always stayed the correct length of time. Office staff showed us the staff allocation system they used. Staff and people were able to access an on-line service which posted up rosters of staff for an individual person or staff member. Each child or young person had a group of regular care staff who provided the majority of care for them. Where staff were required to cover for staff on leave or unavailable, the service aimed to find another member of staff who had previously supported the person. This ensured people were supported by staff who they knew and who knew their needs. Parents told us they had a small group of care staff who supported their child. One parent told us they had originally had only one allocated worker however they now had three. They identified this as being good as it meant cover was available by staff who knew and understood the person they were supporting.

The registered manager considered the implications on staffing when deciding whether or not to accept new care packages. The office staff member responsible for scheduling staff told us the registered manager always discussed any new referrals with them to determine if there were adequate staff available when required before accepting any referrals. Staff told us they had adequate time to complete all required tasks at each visit and that should they arrive late "due to traffic" they always apologised and stayed the full time. Parents confirmed this saying that if staff were late they would phone them and always stay for the correct time and completed all the allocated or requested tasks.

Staff knew the procedure to follow in the event of an emergency. Staff told us they would first call for medical assistance if required. They would then contact the child's parents, registered manager or office staff who would arrange for assistance and if necessary inform people staff were due to attend that there was a delay. An on call service was available where staff could contact a senior member of staff, including out of office hours, for support or guidance. One care staff member said "There is always someone you can talk to and we have [registered managers] phone number we could use at any time". The service had a business continuity plan which covered a range of predictable events which could interfere with the smooth delivery of the service such as severe weather. Systems were in place which would ensure essential work could be completed whilst ensuring the safety of staff and people using the service.

Is the service effective?

Our findings

Parents and where appropriate children were involved in decisions about their care. Parents all told us they had been involved in discussions about how the service would be provided. This included their involvement in care planning and reviews of their children's care plans. Parents had signed their children's care plans agreeing to the care Fairways intended to provide. Although they had significant disabilities there was information as to how each child or younger person would demonstrate they were in agreement with care being provided on a day to day basis. Each care plan had a section which recorded how the child or young person would show that they were giving consent.

Formal assessments of older children and young adults' ability to make informed decisions relating to their care had not been undertaken. This was discussed with a senior staff member for the provider who demonstrated that this was an area they had also identified and were working on. They showed us plans to introduce more formal mental capacity and decision making assessments where necessary.

Staff were aware of consent and described the process to follow if they were concerned a child or younger adult was making decisions that were unsafe. One staff member said, "I always ask and tell them what I am doing, if they say no I wouldn't continue and let their parents know". They added they tried to encourage people to accept planned care but respected decisions. A parent confirmed that if their child declined care they were informed, a record was made and the young person was not made to receive care they had not consented to.

Health and personal care needs were met. Health needs were identified as part of the assessment process and care plans contained information about health and personal care needs including any action that was required to meet these. These also identified health care professionals who were involved in providing care and treatment for the child or young person. There was information available for staff on medical conditions children or young people were known to have and how this may affect them or the delivery of care. Clear guidance and instructions were in place for staff to follow should people require support with their specific health needs. Where necessary specific health professionals were involved in providing direct training for staff to meet identified health and care needs.

Staff knew children and young people's needs and described how they met them effectively. Staff recorded the care and support they provided and a sample of the care records viewed demonstrated that care was delivered in line with the care plan. Staff told us they would always ask parents or family carers if there were any additional tasks that needed doing and also asked the child or young person where appropriate.

When required support with eating and drinking according to assessed needs as detailed in care plans was provided. Information about any special dietary needs or preferences was included within care plans along with information as to how support should be provided. Parents told us they had provided information to care staff about what foods were appropriate and staff followed these guidelines. For example, one parent told us staff supported their efforts to encourage a healthy diet and would always let them know what the young person had had to eat. Care staff told us parents would tell them what the child should have to eat

and that there was information in the care plans about children's preferences for meals and snacks. Where staff had provided food or drinks they recorded this within the daily notes made at the end of their visit.

Systems were in place to ensure staff received regular structured supervision. Structured supervision provides an opportunity for individual care staff to discuss their work, training needs and any concerns with the registered manager. Care staff and the registered manager confirmed they had opportunities to formally meet and discuss their work or training needs. The provider had recently introduced some observational supervisions. This involved a senior manager attending a care call with care staff. Records of one completed showed there was a formal approach and consideration was given to ensuring this did not have an adverse impact on the child or young person. A senior staff member for the provider identified this was a good way to supervise care staff and ensure they were providing appropriate care for people. Staff said they felt supported by the registered manager and other office staff and that they could telephone or visit the agency office at any time if they had concerns or needed support.

The provider ensured staff received appropriate training. Parents were confident that care staff had the skills to care for their children effectively. One parent said "The [care staff] know what to do and they do it very well, they have received training to meet [name of child] needs".

Training was provided by in house computer based training and via external trainers. An office staff member had recently completed additional qualifications enabling them to provide moving and handling training directly to staff. They identified that this would help ensure training was focused on the specific needs of the people the service supported. Staff said they had received a lot of training. Comments included, "The training is really good, it has given me the knowledge and confidence to do the job". Another care staff member told us, "We get lots of training". The subjects covered included safeguarding, general moving and handling, medicine administration, food hygiene and infection control. Staff meetings also included an element of training and the provider's training manager said they could organise any additional training required as identified by the registered manager.

New care staff completed an induction which covered a range of training. Most care staff had obtained or were undertaking a care qualification and had previous experience of working in a care or education environment. The provider's training manager told us they were introducing the care certificate which all new staff would now be undertaking. The care certificate is awarded to care staff who complete a learning programme designed to enable them to provide safe and compassionate care for people.

The provider monitored staff training and had systems in place to identify when staff were due for refresher training which was then booked. When new staff began working with a person they worked alongside more experienced staff until they were familiar with the person, their care needs and their home. This was confirmed by parents who told us a new staff member always came with an existing experienced staff member. A member of staff said, "I'd not done this sort of work before. The shadowing gave me the confidence and skills I needed before working on my own". Another new member of staff said the induction training had been comprehensive and gave them the knowledge and skills they needed. They also told us they had been told they would be able to do a care qualification once the induction period was completed.

Is the service caring?

Our findings

Parents told us staff were caring. One parent said, "They are wonderful, I could not manage without them". Another parent told us they knew their child liked the staff as they were relaxed with them.

Staff had built up positive relationships with parents, children and young adults. Each child or young adult was supported by a small consistent staff team. This meant they and staff had the opportunity to get to know each other, which helped build trusting relationships. Care plans included information about how children or young people may show that they were happy or unhappy in a variety of situations. This information was important as most were unable to express these views verbally and this level of information ensured staff correctly interpreted their responses to situations and experiences. A family member told us new staff always came with an experienced staff member.

Parents said care staff consulted them about their child's care and how it was provided. Care plans showed parents were involved in the planning and reviews of their children's care. Care plans included information about cultural and religious needs and how these should be met. For example, they included information about specific foods which a child should not be provided with due to their religion. This ensured staff who were of a different religion or culture would be fully aware of what was necessary to meet the child's beliefs.

Care staff knew the level of support needed and what aspects of their care children or young adults could do themselves. They were aware that independence was paramount and described how they assisted people to maintain this whilst also providing care safely. Care plans included information about what each child and young person could do and what they required assistance with. This ensured staff did not do more than was necessary and promoted independence.

Care staff respected children and young people's choices as to how they received care and their rights to refuse care. They told us that if someone did not want care they would encourage but then record that care had not been provided and why. Care staff also said they would inform the parent, registered manager or office staff. The registered manager told us that if there was a request not to have a particular staff member again this wish would be respected.

Staff understood the communication needs of children or young people and explained how a person communicated their needs and wishes. Information as to how people communicated and made decisions and choices was included within care plans. This ensured people were able to express their choices. Care plans also included guidance for staff such as offering two choices of drink and the young person would indicate which one they would like.

Parents told us they did not have any concerns with how dignity and privacy was promoted if personal care was provided. Care staff said they always kept dignity in mind when providing personal care. Staff told us they maintained the child or young person's dignity by always closing curtains or doors and using a towel to keep the person covered as much as possible. One daily report showed how staff had sought to ensure the privacy and dignity of a young person within a complex family situation. Care plans included information

about any preferences parents or young adults may have about the gender of allocated care staff. We saw that where preferences had been expressed these were met and staff and family members confirmed this.

Staff spoke positively about their work and about the people they supported warmly. Staff were positive about working for Fairways and felt valued. One staff member told us, "I love working for Outreach [Fairways]. I've not done care work before but I really enjoy it." They added that they liked going home knowing they had made a difference to people's lives. Other comments from staff included, "I enjoy this job", and "This is the best job I've had". Staff were able to tell us about the children or young people they were supporting and were aware of what was important to them.

All records were kept securely within the agency office with access restricted to only staff who should have need of access. Records kept on computer systems were also secure with passwords to restrict access.

Is the service responsive?

Our findings

Fairways Care provided individualised care that was responsive to the needs of the child or young adult. Everyone we spoke with was very satisfied with their care and the way it was planned and delivered. One parent said "I've been with another agency but that was not working out. This one [Fairways] is really good". Another parent said, "They [office staff and care staff] are really helpful and when things change will arrange to change times of visits". The parent gave the example of a hospital appointment and staff had arranged to take the young person to the hospital to meet the parent for the appointment. Where there had been a need for a change to care arrangements parents confirmed this had been done. For example, the office staff member responsible for scheduling explained how they had provided care during the school holidays as a family had not required care as usual at the weekend.

Care plans reflected children or young people's individual needs and were not task focussed. For example, one care plan viewed detailed what was important to the child including, what they liked to watch on television and their favourite foods. Information about social goals were also included such as how children and young people liked to spend their leisure time. Care plans included information as to what action staff should take should a medical emergency occur such as a child having a seizure related to their epilepsy. This would help ensure appropriate individual support would be promptly provided. Where children or young people may behave in a way which placed themselves or others in danger there was clear information about the risks and how staff should respond. Parents and care staff told us copies of care plans were kept in each home allowing staff to check any information whilst providing care. Parents said they were involved in the planning of their child's care and that this was reviewed regularly. Records confirmed this and parents had signed their child's care plans.

The registered manager had identified during a team meeting in March 2017 that staff were not recording incidents where children or younger people had behaved in a way which placed staff or themselves at risk. This was because staff were accepting the behaviours as 'normal' for the person. The failure to record these incidents meant that they could not be formally reviewed and action taken to identify if any changes could be implemented to prevent incidents in the future. A new recording tool had been designed which included a need for the registered manager to review the incident and if necessary amend the risk assessments or care plan. This would ensure a safer service for staff and anyone receiving a service from Fairways Care.

The provider had identified that they did not capture and record feedback. As a response they had developed a formal feedback process which they were introducing. This included sending survey questionnaires to people who used the service, their families and commissioners on a quarterly basis. The forms varied and included a simplified form suitable for younger children or those less able to complete a more complex questionnaire. The registered manager told us that they would contact parents after new staff had visited to check they were happy with the way the staff member had provided care.

Parents were aware of how to make a complaint or raise a concern about the service they received. Information on how to make a complaint was included in information about the service provided to each parent and kept in the file held in the person's home. Parents were all able to name office staff including the

registered manager and stated they would feel comfortable raising any issues or concerns with them. A parent told us, "I haven't had reason to complain", but confirmed they knew how to if the need arose. Another parent said, "If I had a complaint I would ring up the office but have no need – not ever." Everyone we spoke with confirmed they knew how to complain and would do so if the need arose. They were confident that the registered manager took their concerns seriously and would take appropriate action in response. Should complaints be received there were appropriate procedures in place to respond to these including providing a written response to the complainant. A senior manager for the provider stated they had not received any formal complaints. They stated that if a complaint was received it would be recorded with a full record of the investigation and outcomes documented. A written response would also be provided to the person making the complaint.

Is the service well-led?

Our findings

All the parents we spoke with were on first name terms with the registered manager and other office staff. They expressed satisfaction with the way the service was run and said the office staff and registered manager were accessible, knowledgeable and friendly. One parent commented, "They [name specific office staff member] are very good; they will sort out any problems and also take time to talk to me." Another parent said, "I can contact [name of office staff or name of registered manager] if there are any problems or we need to make any changes. I know they will sort things out".

There were procedures in place to monitor the quality of the service people received. The provider's senior manager told us how they used learning from external sources such as child protection reviews and reports following inspection of their other services to further develop their quality assurance and monitoring systems. They told us they had a culture of learning from mistakes and actively encouraged staff to raise issues at board level. The provider's quality assurance team was separate from the operational side of the organisation meaning they could be more objective when undertaking quality assurance tasks. The provider's quality assurance team covered all areas including health and safety, internal audits, complaints and a culture lead whose role was to ensure people and service users voices were heard and considered at the management board level. Therefore formal systems were in place to assess and monitor the service provided including actively seeking the views of people and staff.

The service had a continuous improvement plan which identified areas the service planned to improve including who would be responsible and target dates. We saw that this had identified the areas we found where further improvement could be made such as a decision making tool for consideration of mental capacity. Some areas had already been initiated such as the introduction of the observation of care staff practice as part of formal supervision procedures. The improvement plan demonstrated that the provider and registered manager were continuously considering ways the service could be improved for the benefit of people who used the service and staff. Examples of the way the service had responded to improve included the introduction of medicines administration, observed supervision of care staff and introduction of survey questionnaires to people using the service.

The registered manager was able to adapt the way the service was provided to ensure it met the needs of families and staff. For example, they had identified that the provider's moving and handling training was unsuitable for the domiciliary care service as the range of equipment and specific circumstances of using equipment in each house was different. Therefore a senior staff member had undertaken advanced moving and handling training. This meant they would be able to provide the practical moving and handling training within the child or young adults' home and tailor it to the specific needs and equipment staff would be using.

There were processes in place to enable the provider to monitor accidents, adverse incidents or near misses. Although there had been few of these the registered manager was aware that the procedures in use would help ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in

continual improvements in safety.

There was a clear management structure in place. Staff were aware of the line of accountability and who to contact in the event of any emergency or concerns. Staff felt well supported within their roles and described the management as approachable. Staff said the registered manager was supportive and they felt valued by her. They told us they could access advice and guidance at any time and this was encouraged. One staff member said, "[The registered manager] listens and is always available". Another staff member said of the registered manager and office staff, "They are so lovely, always smiling when I go into the office, always there when we need them". Whilst a third said, "They [managers] are brilliant, I can't fault them". Staff were encouraged to give feedback at staff team meetings.

The provider also had a number of other services registered either with CQC or other regulators. The outreach service shared many of its management support services such as recruitment and human resources with these services. As part of the inspection we spoke with the senior manager for the provider who was based within the same office building as the outreach service. They told us this meant they were able to be available for staff who had his personal email and contact details should these be required. The senior manager felt it was very important that they were visible and available to staff as part of ensuring a good service was provided for anyone using the service.

Staff stated they enjoyed working for Fairways Care. The service was listed fifth in the top 100 'Not for Profit' organisations rated by a national newspaper each year. This was based on surveys completed by staff who give their opinions about their employer, manager, working conditions and their employer's values.

The outreach service had a clear vision and ethos which the registered manager stated was about keeping families together and "allowing families to be families". Care staff told us their aims were to ensure children, young people and their families received the support they needed to enjoy life. There was a duty of candour policy in place which required staff to act in an open way when people came to harm and we saw this was followed appropriately.