Enable Care & Home Support Limited

FairHaven

Inspection report

Linden Avenue
Claycross
Derbyshire
Derbyshire
S45 9HE

Tel: 01246862972
Website: www.enable-group.org.uk

Date of inspection visit:
11 August 2016

Date of publication:
01 November 2016

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

The inspection took place on the 11 August 2016. The provider was given 24 hours' notice of the inspection, as this is a very small service where people are often out during the day and we needed to make sure that the registered manager would be available to meet us. The service was last inspected in July 2014.

The service is registered to provide care and support to people with a learning disability. It currently provides care to three people who live at Fairhaven, in Derbyshire.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People were safe at Fairhaven. They were protected from harm and abuse by skilled and knowledgeable staff who understood their responsibility to keep people safe. Risks to people were identified and managed whilst individual choice and independence was respected. There were sufficient staff to meet the individual needs of people and staff were recruited safely to ensure their suitability to care for people. Medicines were stored, managed and administered safely which helped to ensure that people were protected from the risks associated with unsafe management of medicines.

Staff had the knowledge, skills and training to carry out their roles and care for people effectively. New staff received a robust induction into the service that equipped them with the knowledge and skills to care for people. Staff were supported and supervised by an experienced registered manager who supported their individual personal development. Staff understood and followed the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were in place where required. Consent was sought and people's capacity was considered when decisions needed to be made about a person's care in their best interests. People enjoyed the food provided and they were involved in developing menus, shopping for food and their personal preferences were catered for. People were supported to maintain good health by supporting their access to healthcare services and by making appropriate referrals.

People were cared for by staff who were kind, compassionate and enjoyed their jobs. We observed positive, natural interactions between staff and people who used the service and there was a genuine interest in people and their daily activities. People were involved in planning their care and in decisions about their daily life. They were treated with respect and dignity by staff who also promoted their independence and respected their rights.

People received individualised care that met their individual needs and preferences. People were included in discussions about their care and their views and wishes were respected and recorded in their care plans. Staff clearly knew people well including their individual preferences and aspirations; and they provided timely care and support to people in ways that respected their individuality. People were supported to

follow their social and lifestyle interests and to access related activities. Relationships with family and friends were encouraged and supported by the staff team. The service sought feedback about people's care experience and used it to improve the service and the quality of care people received. Incidents were reported and investigated and complaints were managed and responded to appropriately.

There was a positive, inclusive and empowering culture within the service where people and staff felt valued. There was visible leadership and management from the registered manager who was part of the team. Staff felt supported and motivated by the registered manager and everyone was keen to provide a high quality service for people. The registered manager was supported by the provider who provided overall governance of the service. The management and governance arrangements helped to ensure the quality and safety of people's care at the service.

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.

Staff were recruited safely and all pre-employment checks were completed before they provided care to people. They understood their responsibilities to keep people safe from harm. Medicines were managed safely and staff received relevant training for this.

Is the service effective?

Good

The service was effective.

Staff clearly knew people's care needs and had the knowledge and skills to meet these needs. They were supervised and supported by the registered manager

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind and compassionate; and they developed positive relationships based on dignity and respect. People and their families were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

Staff clearly understood people's preferences and respected their choices. The provider sought regular feedback about people's experience of the care they received and used this to improve the service and the care people experienced.

Is the service well-led?

Good

The service was well-led.

There was visible leadership and management in the service. The registered manager used their knowledge and skills to support the staff and deliver high quality care. They also conducted quality assurance audits to ensure standards were maintained.

FairHaven

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 11 August 2016. We gave the provider 24 hours' notice because this is a very small service and we needed to be sure that someone would be there to meet us on the day of the inspection. Due to the size of the service the inspection was conducted by one inspector.

Before the inspection we reviewed information we held about the service, including any information the provider had sent us. This included the provider information return (PIR). A PIR is a report that we ask the provider to complete which tells us how they deliver their service, numbers of staff and people using the service, and any plans they have for development. We also reviewed any notifications the provider had sent us. Notifications are reports the provider must send to us to tell us of any significant incidents or events that have occurred.

During the inspection we looked at a variety of records and spoke to people. We reviewed three people's care records which included needs assessments, risk assessments and daily care logs; management records which included three staff files, meeting minutes, policies, development plans and evidence of training. We also spoke to the registered manager, two care staff and three people who used the service.

Good

Is the service safe?

Our findings

People were safe at Fairhaven; they were protected from the risk of bullying and avoidable harm. One person told us, "Yes, I feel safe here, the staff look after me. I like them". Staff told us they knew how to recognise signs of abuse and they had policies and procedures to help them report any related concerns. This included whistleblowing, if they were not happy with the response to their concerns. They told us they would not hesitate to follow procedures if they were, "worried about anyone". This meant people living at Fairhaven were safe from harm or abuse.

Risks to people were identified and management plans in place to reduce the risk of harm. We saw risk assessments in people's files which included their comments and their signature which was evidence that they had been involved in the discussions and agreed to the risk management plan. For example, one person had recently moved from an upstairs bedroom to a downstairs bedroom due to changes in their mobility. We saw records of the discussions with this person which included the increased risk to their safety if they continued to use the stairs and the benefits of a downstairs bedroom which would reduce the risk of falls, by making it easier for them to access their own room.

We saw personal evacuation plans for people which identified what support individual people needed if they had to evacuate the building in an emergency; these emergency protocols were reviewed frequently, in order to keep people safe. We also viewed health and safety records which demonstrated that equipment used for peoples care and for fire safety, was maintained regularly, which kept people safe. We viewed the accident and incident folder and saw that incidents were reported and followed up as appropriate. This meant that risks were identified and managed to reduce the risk of harm to people.

We found there were sufficient staff to meet the needs of the people living at Fairhaven and they were deployed effectively. Generally staff worked alone as this was sufficient to meet people's needs safely. However, when required for activities and trips out, two or more staff were on duty to provide additional support, which helped to keep people safe.

Safe recruitment practice was followed when recruiting new staff; this included obtaining completed job application forms, conducting pre-employment interviews, health checks, obtaining satisfactory references and DBS checks. Documentary evidence of this was found on staff files which demonstrated that the provider was satisfied that people were suitable to care for people.

One person said, "Staff give me my medicine, I have it every day". We checked the services arrangements for the storage, recording and management of medicines and found them to be satisfactory. Medicine Administration Records (MAR) were completed correctly and they were audited by the registered manager as part of the quality assurance process. This ensured that medicine administration or recording errors were identified and corrected quickly. We checked that appropriate medicine policies were in place and found these all in order. Staff administering medicines received specialist medicines training which was followed up with competency checks by the registered manager to ensure their continued understanding and use of safe practice, when administering medicines. This meant people received their medicines safely and were

protected from the risk of medicine errors.

Good

Is the service effective?

Our findings

People received care from staff who had the skills and knowledge to meet their individual needs. One person told us, "The staff are nice they look after me". Staff told us that they regularly attended training relevant to their role. One staff member said, "This keeps us up-to-date with good practice and guidelines" and "It gives me more understanding of my role". They went on to say, "Enable (the provider) is up-to-date with training and there are lots of opportunities to learn in this organisation". Staff told us they had a thorough role induction when they started working at Fairhaven which included observing other staff and familiarising themselves with people's care plans to help them understand their care needs; before they began caring for people unsupervised.

We viewed staff records which included: training records, role inductions and supervision records. Staff told us supervision included an opportunity to discuss their performance, practice and any further training needs along with what was going well and where they would like to do more or better. This demonstrated that staff were supported to develop and maintain the necessary skills and knowledge to care for people effectively.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found records of DoLS applications in people's care records that had been submitted to the authorising body, but had not yet been authorised. However, there was evidence that 'best interest' meetings had taken place within the service, whilst the decisions were being processed. These meetings had ensured that the least restrictive methods had been used, when it was necessary to deprive a person of their liberty in a way that was necessary to keep them safe. This meant the service was working within the principles of the MCA to keep people safe.

Staff obtained people's consent before they provided care. For example, we saw staff asked for consent from people before taking laundry back to their room and when they gave people their medicines. People confirmed that staff knocked on their doors and waited to be invited in before entering. Staff understood the principles of the MCA and the importance of supporting people to make their own decisions and acknowledged personal choice and independence where possible. We observed the external doors to the building were unlocked and people were free to go outside if they wished. One person said, "The garden is nice, we sit out there when it's sunny. I like the flowers". Staff told us that people used the gardens freely but would always tell them if they wanted to go further than the end of the drive. This demonstrated that the service was not risk averse and facilitated independent decision making and movement enabling people to

develop some independence, whilst maintaining safety.

People told us they liked the food at Fairhaven and had plenty of choice. One person told us, "I like sausage and mash" another said, "I'm having sandwiches for dinner". Staff told us they have a rolling menu based on people's favourites and choices. They said people were involved in planning menus and in shopping for food; this gave them opportunity to see and try different food. People chose where they wanted to eat, in the dining room, the lounge or in their own room. To provide some structure to the day, meals were generally at the same time each day, but flexible enough to meet people's needs and preferences. For instance, meals could be provided at alternative times if people were out. Staff were aware of personal preferences, individual dietary needs and encouraged healthy eating. This meant that people received sufficient food and drink to maintain a healthy balanced diet.

People were supported to access external healthcare services and received ongoing health care support. One person told us, "Staff take me to the doctor if I'm poorly". We saw evidence in people's care records of referrals to specialist healthcare professionals and of staff accompanying people to appointments. For example all three residents had recently been to the dentist and had taken part in health screening programmes. We saw that information was provided and discussed in respect of health screening, which meant that people gave informed consent to proceed with the programme. One person was receiving additional support to cope with a fear of needles which would eventually enable them to access necessary treatment to maintain their health. This demonstrated that people received information and support in a way they understood which enabled them to access appropriate health care to meet their individual needs.

Good

Is the service caring?

Our findings

People were cared for by staff who were compassionate and had taken time to develop positive, supportive relationships with them, based on respect and dignity. One person told us, "I like it here, these are my friends", another person said, "I like the staff here; they are kind; they look after me". All three people said they, "Like living here" and said the staff were nice to them. We observed staff talking to people with respect and listening to what they had to say, giving people time to respond. We also saw that staff shared their pleasure in whatever activity people were taking part in. For instance one person enjoyed paper crafting and we observed that staff took an interest in this and what the person had done that day at a friendship group they had attended. We observed staff using people's preferred names and talking naturally with people about their day when they returned from a group activity or when staff came on duty. This demonstrated that there were genuine caring relationships between the staff and people living at the service, based on dignity and respect.

People told us they were involved in discussions about their care and were able to show us particular documents in their personal care records which demonstrated that they were familiar with them and understood what they were. Each care plan included the persons photograph and a brief summary of their individual history, preferences and aspects of their character, which made the plan much more person centred. We saw some people had written in their plans or staff had recorded their comments as part of the care planning discussion. Where possible people signed their care plans to confirm they had been involved in the discussions and agreed to the care. This meant that people were involved in their care planning and in decisions which affected them.

Each person's room was individually decorated with their favourite colours and decorations. One person showed us their room and told us, "This is my favourite colour; my keyworker helped me to buy the bedding and the curtains to match. I like it here". They also showed us their family photographs and other personal items on display. They told us that staff accompanied them to visit their family as it was so far away and that family came to visit them. People told us they got up in the morning and went to bed at night when they chose to. One person said they liked to stay up late and watch TV, another said they liked to go to bed after tea. People were observed moving freely around the building, independently taking part in activities of their choice and spending time on their own when they chose to. This showed that people had choice and control over their daily activities and lifestyle choices.

We saw photographs displayed on the walls of people taking part in activities or at special events which made it more homely. We observed one staff member put on slippers when they arrived at work, as they said they were "now in someone else's home". Apart from one small notice board by the front door which contained emergency information, there were no other 'service focused signs' which would indicate that this was anything other than someone's home. This created a relaxed informal environment where people were comfortable and at ease and demonstrated that staff treated people with respect and dignity.

We saw staff asking permission to go into people's rooms to take laundry and people confirmed that staff knocked on their door and did not enter until they were invited in. We also saw staff offering discreet support

to people when they returned from the day centre. This showed that people were cared for with respect and their privacy and dignity was promoted by caring staff.

Good

Is the service responsive?

Our findings

One person told us, "I like to make things, this is my picture". Another person said, "I like to watch TV, I like Coronation Street, Emmerdale and Mrs Brown's Boys". This person also showed us their collection of DVDs which they watched in their own room if they chose to. We saw records of activities, trips and outings that people had taken part in either as a group or individually. These included group trips to the local steam railway museum, the seaside and meals out to celebrate birthdays, which people had identified under their goals and aspirations. There were also individual shopping trips arranged for people or support for them to attend family events when they wished. One person told us, "These are pictures of my family, I like to visit them and they come to visit me". We saw in resident meeting minutes that people had been involved in discussing social events and activities; and where possible their personal choice and interests were respected and encouraged. Resident meeting records included photographs, pictures, and people's comments and views, which made them more person-centred and easier for people to understand. Activity records also demonstrated how these views and preferences had been considered; as many of the activities that had recently taken place had been discussed and recorded in previous resident meetings. This meant people contributed to discussions about their lifestyle and decisions which affected them.

People received personalised care that was responsive to their individual needs. We saw evidence in people's care plans and records that they contributed to discussions about their care and decisions that affected them. For example, records included people's comments, signatures and photographs which made them more personalised. People's care records included a 'This is Me' personal statement which included details of each person's social and family history, likes, dislikes, people and places that were important to them. This helped staff to understand the person and promote their lifestyle preferences and choices.

We saw that people's care plans were discussed and reviewed with them and changes were agreed with people. We saw evidence in one person's records of discussions that had taken place with them, regarding moving downstairs in order to meet their changing health and mobility needs. These discussions took account of this persons personal preferences and the actual move did not take place until the person was ready and agreed to move. This demonstrated that staff respected this person's individual views.

One person told us how staff had accompanied them to a special family occasion which meant they could join in the celebrations with their family. Another person told us how they used the 'house phone' to keep in contact with their family. This showed that staff encouraged and enabled people to maintain personal relationships and friendships.

People told us they knew how to complain and who they would complaint to. However, they also said they were very happy and had not needed to complain about anything. Staff told us that as this was a very small service with a stable staff team, "We know a lot about the people who live here". They explained that they knew people well and recognised the subtle signs that a person was ill or unhappy; this helped them to respond quickly to the changing needs of people. Staff also said that as they knew people's individual preferences and routinely catered for these, there had been few complaints and feedback was always positive. However, staff still recorded meetings with people and found innovative ways of involving people

and recording discussions with them. This included using activities to engage people and keeping pictures and people's comments as a record. Staff also conducted annual reviews of care plans with people which involved social services and used these as an opportunity to gain feedback from other agencies. Due to the personal circumstances of the people using the service, families were rarely involved with the service and rarely gave feedback. The only complaint received in the last 18 months was investigated and responded to appropriately and to the person's satisfaction. This showed that the service was proactive in seeking feedback and responded appropriately to comments and complaints.

Good

Is the service well-led?

Our findings

We found a positive, inclusive and empowering culture within the service, where people and staff felt valued and respected. We observed positive interactions between the registered manager and people who lived there. The staff team clearly understood their roles and responsibilities to the people using the service. The registered manager took part in the rota and worked alongside staff in providing people's care. Staff told us they could discuss anything with the registered manager, who they described as "fair", "brilliant", "supportive" and "very approachable". They said, "This is a really nice team, everyone gets on well, its lovely". One staff member said of the provider, "Enable gives really good care, that's why I like working here". Staff told us they had regular team meetings and supervisions with the registered manager, which they find useful and supportive; and records we viewed confirmed this. Staff said they were encouraged to share ideas and the registered manager gave them positive and constructive feedback about their performance in supervisions. Staff explained that the service had positive links with external community organisations, for example local churches. They also had access to community events provided by Enable (the provider) which brought together people and staff from different services. This demonstrated good management by the registered manager.

Our records showed that the service met its registration requirements and shared information with us appropriately. For instance, there was a registered manager in post; they sent us their completed PIR when we asked them to; and notifications to tell us about important events that happened at the service, when required. Staff clearly knew their roles and responsibilities for people's care and told us they felt supported by the registered manager. Staff spoke highly of the registered manager, with one staff member saying that's why they worked there. Staff were motivated to provide high quality care and improve their knowledge and skills for the benefit of the people they cared for. This meant that there was good leadership and management within the service.

Fairhaven was part of Enable Care and Home Support Ltd (the provider) who provided an overall governance, management and development function for the service. The provider managed staff training, human resources, employed staff and supervised registered managers. It also had a quality assurance role for each service which included auditing records and processes. This ensured robust record keeping and standardised systems were integral to each service; and performance data was reviewed as part of the overall performance monitoring responsibility of the provider. The registered manager at Fairhaven had responsibility for collating information within their service, for example: number of incidents, safeguarding referrals, care plan audits, medicine audits and any feedback or complaints. This information was then fed into the overall monitoring process managed by the provider. The registered manager received feedback on their service performance and any improvements or feedback was discussed with the team. This process meant that the quality of care was monitored and measured against external standards and the service was able to identify areas for development, learn from others success and build on their own achievements.

As a result of quality monitoring and feedback, the provider had recently improved the care plans, introducing more colours and an easier to read layout. This was intended to make them more user friendly. The registered manager also identified areas for development during their own audits within the service;

and addressed these with individual staff as appropriate. For example, the incorrect completion of medicine administration records, were brought to the attention of the relevant staff, so they could improve their knowledge and practice and people were not at risk of medication errors. This demonstrated that the quality management processes were effective and ensured the staff team maintained delivery of high quality care for the people who used the service at Fairhaven.