Fairhope Ltd

Fairhope

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 30 January and was announced. The inspection continued on 2 and 8 February 2017.

Fairhope is registered to provide personal care to people living in their own homes. The agency provides care and support to a wide range of people including older adults, people living with dementia and or with a sensory impairment or physical disabilities. At the time of our inspection there were 39 people receiving personal care from the service. There was a central office base which had two rooms. One was shared by the registered manager, risk assessor and care coordinator and the other room was used for staff training and meetings.

The service had a registered manager in place. 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.

Fairhope was not effective. Consent to care and support was not always sought in line with legislation and current guidance. It was not clear how staff were assessing people's capacity and inconsistent approaches were being used by staff due to a lack of guidance and no best interest decisions being in place.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 (Part 3). You can see what action we told the provider to take at the back of the full version of the report.

Management meetings were not recorded and it was unclear how incidents were being recorded and data analysed for trends, improvements and learning.

People and staff told us that the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and had received safeguarding training.

Care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about how they lived their life. Each person had a care file which also included guidelines to make sure staff supported people in a way they preferred. Risk summaries were completed, regularly reviewed and up to date.

Medicines were managed safely, securely stored in people's homes, correctly recorded and only administered by staff that were trained to give medicines.

Staff had a good knowledge of people's support needs and received regular mandatory training as well as training specific to their roles for example, nutrition and dementia.

Most staff received regular supervisions and annual appraisals which were carried out by the registered manager. Records showed that at the time of inspection that eight out of 25 staffs supervisions were between three and four months overdue.

People were supported to eat and drink enough whilst maintaining a healthy diet. Food and fluid intake was recorded for those who were under monitoring for this.

People were supported to access healthcare services as and when required and staff followed professional's advice when supporting people with ongoing care needs.

People told us that staff were caring. During a home visit we observed positive interactions between the staff member and person. People said they felt comfortable with staff supporting them. Staff treated people in a dignified manner and had a good understanding of people's likes, dislikes, interests and needs.

People had their care and support needs assessed before using the service and care packages reflected people's needs. We saw these were regularly reviewed by the risk assessor with people, families and other health and social care professionals.

The service had systems in place to capture and respond to people's feedback. People were asked if they were happy with the support they received and if they would like any changes made during people's regular review meetings. General feedback from the 2016 survey was positive and actions had been completed.

There was a system in place for recording complaints which captured the detail and evidenced steps taken to address them. We saw that there were no outstanding complaints in place.

Staff, people and families told us that the thought the management was good at Fairhope. We found that the registered manager promoted an open working environment and was flexible.

We saw that spot checks and competency assessments were in place and completed regularly by the registered manager and care coordinator. These captured findings, observations and actions were appropriate.

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. There were sufficient staff available to meet people's assessed care and support needs.

People were at a reduced risk of harm because staff had completed safeguarding training and were able to tell us how they would recognise and report abuse.

People were at a reduced risk of harm because risk summaries were in place and up to date.

Medicines were managed safely and only administered by staff that were trained to give medicines

Is the service effective?

Requires Improvement

The service was not effective. Capacity assessments were not completed and best interest decisions were not recorded by the service. This meant people were at risk of decisions being made that may not be in their best interest.

Staff received training to give them the skills to carry out their roles.

People were supported to eat and drink enough. Food and fluid records were completed when necessary and up to date.

Staff worked with external professionals and people were supported to access health care services.

Is the service caring?

Good

The service was caring. People were supported by staff that made time for them.

People were supported by staff that used person centred approaches to deliver the care and support they provided.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

People were supported by staff who respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive. Care files were personalised with outcomes which were up to date and regularly reviewed.

People were supported by staff that recognised and responded to their changing needs.

There were systems in place for people to feedback to the service.

A complaints procedure was in place. People and their families were aware of the complaints procedure and felt able to raise concerns with staff.

Is the service well-led?

Requires Improvement

The service was not always well led. Management meetings did not take place which meant the effectiveness of the service delivery was not always reviewed.

Incidents were not always clearly recorded and there was no system in place to analyse the data for trends and/or learning.

Some quality monitoring systems were in place and actions were acted upon.

The registered manager promoted and encouraged an open working environment.

Staff competency checks were carried out to make sure that staff had the skills they needed to do their job.

Fairhope

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.

The inspection took place on 30 January and was announced. The inspection continued on 2 and 8 February 2017. The provider was given 48 hours' notice. This was so that we could be sure that a manager was available when we visited. The inspection was carried out by a single inspector.

This was the first inspection that the service had had using our new methodology. Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

The provider 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 visited four people in their own home and discussed the delivery of their care with them and four family members. We met with the nominated individual, care coordinator and risk assessor. We spoke with five staff. We reviewed 10 people's care files, policies, risk summaries, quality checks and the 2016 quality survey results. We looked at four staff files, the recruitment process, training, supervision and appraisal records.

Good

Is the service safe?

Our findings

People, relatives, health and social care professionals and staff told us that they felt the service was safe. A person said, "I feel Fairhope is safe, staff are on time, are nice and friendly". Another person told us, "I've received the service for four years. I've had all the attention I want and need. They keep me safe in my own home".

A staff member told us, "Fairhope is safe. There are risk assessments in place". Other staff said, "It's a safe service, we put people's needs first, we make sure equipment is in place and working, make sure client is safe and happy with their care". A relative told us, "Staff use equipment and personal protective equipment (PPE) my loved one is safe". Another relative told us, "My loved one is safe with staff. They know what needs doing and I know they will do it".

People were at a reduced risk from avoidable harm. A health and social care professional told us, "We have received no safeguarding concerns that people are at risk, this tells me the service is safe". Staff were able to tell us how they would recognise signs of potential abuse and who they would report it to. Staff told us they had received safeguarding training as confirmed bythe training records. We reviewed the service's local safeguarding policy which was up to date, comprehensive and reflected the six key safeguarding principles introduced by the Care Act 2014. The whistleblowing policy reflected a clear purpose which was to encourage and promote all employees to raise concerns and detailed a process in which to do this. The nominated individual told us that staff had access to these.

There was a risk assessor employed by Fairhope who led the completion of risk assessments and care plans. We found that risk summaries were in place which identified risks and summarised measures to manage these. Staff were able to tell us what risks were associated to people and measures they took to reduce any impact of these. Staff told us that the risk summaries were good and that they gave the information required to keep people safe. A staff member told us, "There are risk assessments in all of the folders. The risk assessor gives us an idea of who is at risk and what to do". Another staff member said, "As carers we carry out general observational risk assessments and would contact the office if we had any concerns". We found that people who required support with moving and assisting had plans in place which guided staff through the task by identifying sling sizes, equipment to use and whether two staff were required. Tasks assessed included transfers from bed to chairs and commodes. We noted that there were comment boxes which contained additional information for staff to know. For example we read that one person got anxious about falling and that staff should give the person time to sit and become comfortable once being hoisted from a lying position to their chair. We found that in people's home files there was further guidance for staff about the equipment used. A person told us, "They hoist me. I always feel safe, they talk to me". We observed one person's equipment was being serviced. This told us that systems were in place to manage risk and keep people safe. We discussed risk assessing with the nominated individual and risk assessor who told us they were looking at reviewing their current risk management system to make it even more robust and include rating risks by looking at the likeliness and severity of them.

Fairhope had a Business Continuity Plan in place. Its aim was to provide a reference tool for staff to follow in

response to an emergency or incident that may disrupt normal activities. Checklists were included so that actions taken to manage any emergency situation could be recorded. However there were no main contact details identified, for example; the registered manager and on-call. This meant that it was not clear who staff should contact in the event of an incident which may disrupt the running of the service.

We spoke to the home care coordinator who had a varied role which included coordinating staff, allocating hours and arranging visits. They told us, "I try and match staff with people and we ask people for feedback which helps". We reviewed the rota and found that support hours were covered and that staff had their visits arranged. People told us that they received their rota each week on time so they knew the time of their visits and which staff would be supporting them in advance. One person said that this was important to them. The care coordinator told us that consistency was important so that people could build relationships with the people that received a service from Fairhope. A staff member told us, "The care coordinator does a really good job with the rota. They match staff with people well and matches staff well with double ups which makes working pleasant for all".

The nominated individual told us that they do not take on too many new care packages at a time and ensures that there are enough staff in place first. We were told that currently they had stopped taking on new packages of care until more staff had been recruited. This told us that sufficient numbers of staff to deliver safe care was a priority to Fairhope. A person said, "There are enough staff to deliver my care". A relative told us, "There are enough staff for my loved one". A staff member said, "I think there are enough staff at the moment to deliver the support hours". Another staff member told us, "There are plenty of staff, we have never been short staffed"

We reviewed four staff files and found that recruitment was mainly carried out safely. Checks were undertaken on staffs suitability before they began working at the home. Checks included references, identification and criminal records checks with the Disclosure and Baring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people. However, where gaps in employment history were apparent on the member of staff's application form, these gaps were not explored nor documented as part of the recruitment process. The nominated individual told us that they would follow these gaps up. On the last day of the inspection the nominated individual told us that the gaps had been discussed with staff and that records will now be updated.

There was a medicines lead at Fairhope. This staff member told us that they made sure Medicine Administration Records (MAR) charts were accurate, reflected pharmacy information and were all up to date. They said, "Both myself and the office check MAR charts for any gaps and would always follow these up". Medicines were stored in people's homes and recorded safely. Medicines were signed as given on the MAR which indicated they had been given as prescribed. We reviewed MAR sheets in three people's homes which were completed correctly and showed no gaps. We were told that staff were required to complete medication training as well as undergo a competency test by management before administering medicines. There was a comprehensive up to date medicines policy in place which staff were aware of.

Requires Improvement

Is the service effective?

Our findings

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.

Consent to care and treatment was not always sought in line with legislation and current guidance. Most people using the service had capacity to make decisions and consent to their care and treatment. The risk assessor told us that four people's ability to make decisions was variable. We were told that where someone did not have capacity to make decisions, relatives would be approached and asked for their 'permission'. However there was no Lasting Powers of Attorney (LPAs) paperwork in people's care files for health and welfare. A Health and Welfare Lasting Power of Attorney (LPA) gives one or more trusted persons the legal power to make decisions about people's health and welfare if they lose capacity. There was no process in place at the time of our inspection to assess people's capacity or best interests.

When supporting one person staff let themselves into their home. Staff told us that this person lacked capacity to consent to this arrangement. The person became startled when staff arrived in their home and on occasions had become distressed and declined offers of support. There was no best interests decision as to how this person should be supported.

Staff told us they were not aware of any capacity assessments or best interests decisions for any of the people they supported. The management of the service told us that they would they would arrange for this issue to be address and involve all relevant parties.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 (Part 3).

Staff had some awareness of the Mental Capacity Act and told us they had received Mental Capacity training. The training record we reviewed confirmed this. A staff member told us, "MCA is to protect clients in making their own decisions. Some people may have less capacity. We always assume people have capacity. Never force people to do something, we give them options and information".

Staff were knowledgeable of people's needs and received regular training which related to their roles and responsibilities. We reviewed the training record's which confirmed that staff had received training in topics such as first aid, moving and assisting, infection control and health and safety. We noted that staff were offered training specific to the people they supported for example nutrition and dementia. In addition to this staff had completed or were working towards their diplomas in Health and Social Care. New staff carried out a number of shadow shifts and completed mandatory organisational training which included the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A person told us, "I feel staff appear competent, I have received care for

two years now". Another person said, "Staff seem well trained in what they do. When I have two carers if one is new the more experienced one leads and tells the new one what to do". This demonstrated that the service ensured that staff had the appropriate skills and knowledge necessary to carry out their roles effectively.

A staff member said, "We receive training annually. We can request additional training. I requested dementia training last year and in January we all received it". Another staff member told us, "We are offered training. Mix of workbooks and classroom training. MCA training was the most recent and nutrition".

We reviewed staff files and found that the majority of staff's supervisions were up to date. We noted that eight out of 25 staff's supervisions were overdue. On the last day of our inspection the nominated individual showed us that these had been completed by the registered manager over the telephone. We found that annual appraisals took place, were carried out by the registered manager and were up to date. Staff told us they found their appraisals useful.

People were supported to eat and drink enough. We found that people received meals in different ways. For example, some people's relatives made meals; others received meals on wheels whilst staff prepared others. We saw that appropriate records were kept in relation to nutrition including food and fluid intakes. A relative told us, "I prepare my loved ones meals and staff heat these up. I always use fresh veg. staff don't need to do this from scratch so they have more time with my loved one". A person said, "Staff ask me what I want and provide it for me like, food, snacks and drinks". Another person told us, "Staff make my breakfast and tea. They always ask me what I want".

People were supported to access healthcare services as and when required and staff followed professional's advice when supporting people with ongoing care needs. The nominated individual told us that any concerns raised by staff were reported to the office and professionals were then contacted. For example, GP's, district nurses or occupational therapists. A health professional told us, "Fairhope staff always report concerns and follow advice we give them". We observed the risk assessor contacting a occupational therapist to discuss a person's needs.

Good

Is the service caring?

Our findings

We observed a staff member being respectful with their interactions with a person during a home visit. The atmosphere in the person's home was relaxed and homely. Staff told us that they introduce themselves to new people, talk about their past life and ask open questions. A person told us, "Staff are always pleasant and ask me how I am. They ask me about my family and I ask them about theirs. Staff know my family, I have regular staff, we always chat and have a bit of banter". A relative said, "Staff genuinely care for (name). I see that in how they work and talk to them". A staff member told us, "I'm caring, I love making a difference, giving people time and company. I always make time for people. None of the visits are under 30 minutes". A health professional said, "Staff are caring and professional. They have a good understanding of people". This told us that people received positive care from staff that had developed good working relationships with them and their families.

Staff promoted and supported people to make choices and decisions about their care and support. People told us that they always involved in decisions and that staff give them choices when they received their care and support. Staff told us that they provided information to enable people to make informed decisions. A staff member told us, "I give people options like food and clothes. This supports them to make own choices and decisions". Another staff member said, "I support people to remain as independent as possible. I do this by encouraging them to do jobs for themselves".

We saw that people had an assistance information sheet in their care files. These forms captured key information about the care and support people received during their visits and gave a summary of the people staff were supporting. For example they told staff people's likes, dislikes and interests. We noted that one person liked to be taken out and spending time with family and carers. This information supported new and experienced staff to understand important information about the people they were supporting. We reviewed people's care files during our home visits and found that this information was in place and up to date. A staff member told us that if they were supporting a person for the first time they would read this and could also contact the office to gather further information if required.

People's privacy and dignity was respected by staff. People's individual records were kept securely in locked cabinets in the central office. This ensured sensitive information was kept confidential.

A staff member we observed during a home visit was polite and treated the person in a dignified manner. A person said, "Staff always respect my wishes". Another person said, Staff always say, I'm just going to do this is that ok. I appreciate that". We asked staff how they respected people's privacy and dignity. One staff member said, "I close doors and curtains and cover private areas. I always encourage people to do as much for themselves as possible".

Good

Is the service responsive?

Our findings

We found that the care being delivered to people was centred around their individual needs and that staff were aware of what was important to the people they were supporting. A person said, "Staff know what I want and do it". A health professional told us, "Care packages are centred around people".

Initial assessments completed formed the foundation of care and support plans and protocols. For example they detailed support needs at different times of the day and reflected outcomes of what people wanted to achieve. We noted that one person's outcome was to maintain their mobility. There was guidance in place for staff which included encouraging the person to walk safely using their rollator. Another person's outcome was for them to feel safe and secure with risks managed to reduce any likeliness of falls. Staff guidance included explaining risks to this person and involving them in managing these. A person told us, "The biggest thing they have done for me was the initial assessment. My skin marks easily due to a medicine that I take. Fairhope were very thorough when assessing this and staff continue to regularly monitor my skin".

We found that the service responded positively to peoples changing needs. One person said, "I had a cough the other week. Staff were sympathetic. I couldn't have a shower so staff were happy to just help me wash". This person went onto say, "Last year went to hospital and was discharged with a temporary leg bag. Fairhope were able to meet my new needs". Staff told us that if they notice changes in people's health and wellbeing they would contact the office who would then either contact professionals or come out and reassess the person. The risk assessor told us that if people's needs change then staff are informed via group text messages to their phones or telephone calls. Staff confirmed that they received text updates and at times memos with their weekly rotas.

During the home visits we saw that people's daily care was recorded in care diaries. Entries reflected care and support delivered to the people during each visit. We were told that staff always read previous entries so that they could keep up to date with any observations or concerns raised by staff on earlier visits.

Care reviews took place annually or before where necessary. People and relatives we spoke to confirmed this and told us they were important. One person said, "I have a shower on Thursdays, at my review I was asked if I felt these were rushed as staff were concerned they were. These changed and it now works well". We read one person's review which took place in September 2016. This was a full review of their care. We found that the person was happy and that no change had been made. A staff member told us about a person who had come out of hospital and now requires hoisting. We were also told that they were discharged on a soft diet but is now on a normal one. We found that this persons needs had been reflected in their care file. A health and social care professional told us, "I am involved in care package reviews. Information is always available".

Staff were able to tell us what people's hobbies and interests were. We found that these were reflected in people's care files. A person said, "They respond to me well. If I don't want something or like something they

listen".

People and relatives had opportunities to share their experience and raise concerns about the service. One person said, "we have completed quality surveys for Fairhope in the past". We reviewed the Fairhope client survey 2016 and found that 23 people out of 37 had responded. We read that people's general feedback was positive and that they were happy with the service they were receiving. We noted that one person had identified one particular staff member in their feedback saying how friendly and hardworking they were. They added that Fairhope should be proud of them. We also noted that one person had fed back saying their afternoon visit was too early. The risk assessor told us that this visit time had now been changed in response.

People and relatives told us they knew how to complain and that they would raise any concerns with the office. One person said, "I have had no recent complaints. Early on I complained about dirty pads being left in the kitchen bin. They took this on board and it stopped promptly". The service had a complaints system in place which captured complaints and reflected the steps taken to resolve them. We were told during one of our home visits that a relative had complained the night before. We reviewed the complaints book and found that it was not recorded in there. We discussed this with the nominated individual who showed us that it had been written in the on call book and was yet to be logged in the complaints one. We were told the steps taken to resolve the issue and found that this was now closed. There were no other open complaints recorded. The nominated individual told us that they were soon going to start using an on line system which would capture complaints and the process taken to resolve these so that information could be more easily tracked and recorded in one place. This would reduce the likelihood of information being lost and the need for duplicating details in on book to another.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager in place. 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.

The registered manager was not available during the inspection. The nominated individual was stepping in during their absence. A Nominated Individual has the responsibility for supervising the way that regulated activities are managed within an organisation.

The nominated individual told us that currently Fairhope do not have formal recorded management meetings but will do once the new office opens. We were told that set agenda items such as updates on outstanding actions, reviews and updates on people, changes, learning and improvements would be discussed. We were told that currently these were discussed in the office but nothing was recorded and actions weren't being logged. This meant that important information may get missed and actions may not take place. The nominated individual told us the text messaging system which is in place enables staff to inform the office of any concerns or changes relating to people. They felt that this demonstrated that meetings and discussions did take place with the management team. These then led to positive outcomes for both the people who used Fairhope services and staff.

We saw that there were incident forms in people's folders however we were told that these would be recorded in the on call book. We found that the registered manager did not log data from incident reports separately for example, accidents, complaints or falls nor was there an auditing tool in place. This meant that data could not be analysed for trends or learning which could then be shared and improvements made where necessary. The risk assessor told us, "We don't really have incidents or falls". A staff member told us that we would contact on call in the event of an incident. We also found that one person had been injured before by a folder being thrown at them however this recording was lost in the on call book. This did not demonstrate that the service had an effective quality monitoring system in place to record or learn from incidents, accidents or concerns raised. The nominated individual told us that they will look at this and incorporate it into the new online system.

We were told that staff meetings did not take place as it was too difficult to get staff together all at the same time. Instead staff relied on six monthly supervisions with the registered manager. Key information about people and the service was either shared via supervisions or by text messages, phone calls or memos. The nominated individual told us that this works. A staff member told us, "We tend to meet more on training. We don't have specific staff meetings; they aren't practical with our visit times".

Staff, people, professionals and families told us that they thought the service and management was good at Fairhope. We were informed that the registered manager promoted an open working environment and was flexible. We found that the care coordinator and risk assessor often delivered personal care and were told that the registered manager did at times too. A staff member told us, "The registered manager is very

supportive. There is a real team feel. There isn't an office and us vibe. The care coordinator and risk assessor are very good and do runs which gives them a good understanding of people". Another staff member said, "The registered manager is lovely and always reminding staff that there is an open door. They are a good listener and is supportive". A person told us, "The management is very good. If I ever want anything they try and satisfy my needs". A professional said, "The management is good. They respond to questions and provide information".

We found that the nominated individual, care coordinator and risk assessor were responsive throughout the inspection and supported us with questions we had and gathering the evidence we required.

People, professionals and staff rated the service highly. One person told us, "9-10/10, they are really good and go the extra mile. The other day I spilt sugar in my oven. Staff cleaned it up for me, no problem". A staff member said, "10/10. I love working here. The staff are brilliant and there is always on-call back up". A professional told us, "10/10. No negative feedback so all is good I think".

Quality monitoring was in place at Fairhope. We found that general spot checks were completed by the registered manager and care coordinator however there was no set list for checks. The nominated individual fed back that check lists were at the beginning of the monitoring file. Text boxes captured areas observed for example uniforms, ID badges, paperwork, rapport with people and any concerns. There was also an action planning/additional comments box. We noted that it had been logged on one staff member spot check that their ID badge was broken and was carried in their pocket. Action included replacing the badge. We were told that this badge had been replaced. In addition to the general spot checks we found that medicine checks were also completed on staff. These checks listed areas to observe for example, checking of MAR sheets, obtaining verbal consent and reading all the information on MAR sheets carefully. Competency assessments also took place for areas such as medicines and moving and assisting. These ensured that the staff had the skills and confidence to do their jobs competently. We found that these assessments were completed by the registered manager.

The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.