Faircross Care Home London 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

About the service
Faircross Care Home London Limited is a residential care home that provides personal care for up to five people with learning disabilities. At the time of the inspection there were five people living at the service receiving care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a domestic style terraced house set over two floors. Each person had their own bedroom. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service
The service applied the principles and values Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People told us they felt safe living at the service. Staff understood safeguarding and what to do if they suspected abuse. Risks relating to people were assessed and these risks were monitored and mitigated. The service completed numerous, regular health and safety checks to ensure people's safety. There were sufficient staff, all of whom had been recruited safely. Medicines were managed safely. Staff understood the importance of infection control. Incident and accidents were recorded, and actions put in place to limit their reoccurrence.

People's needs were assessed before admission to ensure the service could meet their needs. Staff received inductions to ready them in their new roles. Staff received training to do their jobs and were supervised by the registered manager. People were supported to eat and drink and maintain healthy diets. Staff communicated with each other and other agencies. People were supported with their health care needs. People were able to decorate their rooms how they pleased. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their

best interests; the policies and systems in the service supported this practice.

People were treated well by staff. Staff were trained in equality and diversity and documentation at the service supported people's human rights. People and their relatives were involved in decisions about their care. People's independence was promoted and their dignity and privacy respected.

The service provided personalised care. People's needs and preferences were detailed in care plans and these were reviewed regularly. People's communication needs were met by the service. People were supported to take part in activities. People and their relatives were able to make complaints and when this happened the service responded appropriately. People's end of life wishes were recorded.

People and relatives spoke positively about the management. The registered manager and other staff knew their roles and responsibilities. The service was person centred and the registered manager acted on the duty of candour appropriately. Quality assurance processes measured the quality of care and safety of people in the home. People, relatives and staff were engaged and involved in the service through meetings and surveys. The service worked in partnership with other agencies.

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

Rating at last inspection
The last rating for this service was requires improvement (published 15 February 2019.) The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Faircross Care Home London Limited

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Faircross Care Home London Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection
The inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service about their experience of the care provided. We spoke with three members of staff including the director, the registered manager and one care worker.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We spoke with one relative about their experience of the care provided. We continued to seek clarification from the provider to validate evidence found. We looked at training data and health and safety evidence.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● People and relatives told us they felt safe living at the service. One person said, "Yes [I feel safe]. I like living here." A relative said, "They do know [person] well and can keep [person] safe." The service had systems and processes to safeguard people from harm and abuse.

●The service had a safeguarding policy and followed their host local authority's protocols on safeguarding. There was information displayed throughout the property, so people and relatives knew what to do if they had safeguarding concerns.

●Staff had received training in safeguarding and knew what to do if they suspected abuse. One staff member explained in detail how they sought to prevent abuse or harm to people by monitoring signs of agitation. They said, "Sometimes things can be misinterpreted, and we need to monitor the signals of agitation and seek to prevent it. Before it gets to a safeguarding."

● The service was responsible for some people's money. People or their appropriate person had consented to this. We looked through financial records and counted the money they held. We found everything in order.

● There were appropriate safeguarding alerts sent to the local authority. Where safeguarding concerns had arisen, investigations had been completed ensuring people were kept safe. We saw the service communicated with people, relatives and social workers in an open transparent manner.

Assessing risk, safety monitoring and management

● Risks to people were monitored and mitigated against. We saw risk assessments had all been reviewed by the registered manager recently. Risk assessments monitored risks to people and provided actions for staff to mitigate risks. Risk assessments included mental health, other health conditions and being in the community.

● Risk assessments detailed the area of risk for the person, other people involved in their care who may be potentially at risk, the goal of the assessment, and also control measures and prevention strategies. For example, we saw one person's risk assessment about their mental health. The assessment outlined the risk of potential challenging behaviour for the person and those working and living with them, the goal was to keep the person safe and there were control measures to monitor the person's behaviour and ensure they had taken their medicines. This meant people were kept safe through assessment of risk.

● The service maintained various health and safety checks and assessments for the property. These included fire safety, equipment checks and general household maintenance assessments. We saw these were completed regularly and where issues were noted, actions were completed to fix them.

Staffing levels

● There were sufficient staff employed. One person told us, "I think so [there are enough staff]." We saw the

staff rota and there were always staff on shift to provide care during the day. The service maintained an emergency list should they be short staffed and needed to call in other staff. Staff told us if required, more staff would be asked to work. One staff member said, "We are dealing with people with autism, so it depends on their mental health [whether we seek more people to work]."

● There were robust recruitment processes. Staff files contained evidence of people's employment histories and checks as to whether they were suitable to work in the social care sector. This included criminal checks on employees' pasts. This meant the service sought to keep people safe through safe recruiting.

Using medicines safely

● The service managed medicines safely. One person told us, "[Staff were] excellent with medicines." Staff were trained to administer medicines and this training was refreshed regularly. They were also competency checked to ensure their understanding of the training. The service had a medicine administration policy which all staff had signed to say they had read.

●Staff told us how they administered medicines using Medicine Administration Record (MAR) charts, "In the morning there are two people doing meds, we'll take out the meds and MAR charts as we pop the meds in the blister we watch each and offer the person the medicines…then we sign in the MAR sheet and other staff will witness, we use cups and PPE [Personal Protective Equipment] too."

● People had specific medicine folders containing information about their medicines, their photos so staff would always know the right person to administrate medicine to, information about their allergies and administration records to record when people had taken their medicines. There were also protocols for when to give people medicine that was prescribed as and when people might need it. We also saw these folders and the administration records were audited. This meant people's medicines were safely managed.

Learning lessons when things go wrong

● Lessons were learnt when things went wrong. Incidents and accidents were recorded, investigations held where required and actions taken to ensure people were safe and limit reoccurrence of incidents. One staff member told us, "We follow the procedure. [It would] depend on severity of incident. We will write incident reports and in daily logs. If it gets to a big incident, we'd call the ambulance, inform management immediately."

Preventing and controlling infection

● Staff understood the need for infection control. One staff member said, "[We have] a list of tasks on shift as well as checks we need to do. For example, fridge and freezer temperature and food monitoring to ensure they are ok to serve. We do wear gloves and aprons." There were cleaning logs where cleaning tasks to prevent infection were recorded. There was an infection control policy staff followed. One person told us the home is, "Always clean."

Good

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience

● Staff were suitably skilled and knowledgeable to do their jobs. At our previous inspection we found not all staff had completed the training the provider had required them to do. At this inspection improvements had been made. People told us staff knew what they were doing. One person told us, "Yes [I think staff have had the training to support me]." All staff had completed their required training. This included training in medicines administration, safeguarding and moving and handling as well as other topics.

● New staff received inductions to ensure they knew what they were doing when they began working. One staff member said, "We had a tour, fire exit and procedures, what happens in an emergency which client is in which room and then paperwork; policies, read the care plans. Shadowing." Induction paperwork confirmed what staff told us with focus placed on getting to know people, the property and the organisation.

● Staff received supervision and appraisals. One staff member said, "We had group supervision in December, [registered manager] is really easy to talk to." Staff received alternate one to one and group supervision meetings. Staff were able to discuss concerns with people they worked with, areas for development and their wellbeing. The service was small and the registered manager had an 'open door' policy and staff could talk to them at any time. This meant staff were supported in their roles.

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

● People's needs were assessed before they started receiving care. People's needs and preferences were recorded so the service would know whether they could meet people's needs or not. Assessments contained information on different areas of people's lives, focusing on physical and mental health needs, their social preferences, their risks and their histories. Assessments were written in line with the law.

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

● People were supported with their dietary needs. One person told us, "I am able to eat [what I want]." Another person said, "The food is ok." People were supported with buying food and drink but made choices about what they ate. People were supported to write menus on a weekly basis and were prompted to make healthy food choices. Care plans recorded food preferences, special dietary requirements and what type of support people required with nutrition and hydration.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support

● Staff communicated effectively with health and social care professionals to ensure people were supported

with their healthcare needs. Relevant information about people was recorded and when required, information was shared appropriately with other agencies and professionals, such as social workers, legal advocates, psychiatrists and diabetes specialists.

● The service kept health plans, including oral health care plans, to monitor people's ongoing health needs and maintained hospital passports to ensure staff in hospitals would know people's needs and preferences should they be admitted. One person told us, "Yes, they helped [with seeing a doctor]." This meant people's needs were more effectively met through the sharing of relevant information.

Adapting service, design, decoration to meet people's needs

● The service was a converted terrace house and suitable to meet people's needs. Each person had their own room and two had their own ensuite bathrooms. People's rooms were decorated to their preferences. We saw the blinds in one person's room was broken, the provider ensured these were fixed at our request.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

● People were supported to make their own decisions as far as possible. One person told us, "Yes I can make choices." Observations and records confirmed people's consent was sought where possible. Where people lacked the ability to make decisions, mental capacity assessments and best interest decisions were recorded.

●Where DOLS were in place, decisions to restrict people's lone access to the community was done so with their safety in mind. Conditions on people's DOLS authorisations were adhered to. There was information available for staff to read should they wish to and all staff had received training on MCA and DOLS. One staff member told us, "[We are] always making decisions in [people's] best interests."

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

● People were well treated by staff. People told us, and our observations confirmed, staff were kind and caring. One person said, "The quality of staff here is excellent." Another person told us, "[Registered manager], I love him he fixed my tv and I can watch what I want."

●Staff were patient and understanding of people's needs. People were given time and space to make choices and do what they wanted. For example, we observed staff offering people choices about things to do in the community. They later returned to the service with a person who had decided on and received a haircut. The person was complimented on the hair cut by all staff which made the person smile.

● The service received compliments from people and relatives. These were often recorded in surveys and meeting minutes. Compliments we saw included people stating the service was, "A home to them" and one relative stating, "I'm very happy with the relationship with staff who make us feel reassured."

● Staff had been trained in diversity and equality and were guided by policies which ensured people's human rights were being met. We observed a discussion between staff and one person where it was discussed how best the person can be supported to attend a place of worship. Consideration was taken for person's disabilities and how best to accommodate them. This example demonstrated how the service sought to meet people's cultural needs.

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

● People and relatives were able to express their views and were involved in decisions about their care. We asked one person whether they could make decisions about their care and they told us, "I can do what I want morning and night."

● People and relatives were invited to, and informed about care reviews, which occurred regularly. We had previously recommended the provider follow best practice guidance around care planning regarding recording people and relatives input at care reviews. We saw the provider had made changes so people and relatives could sign care plan and risk assessment reviews to indicate their agreement with plans. People's opinions were also sought at residents' meetings and people and their relatives had the opportunity to complete surveys and provide feedback in this manner.

Respecting and promoting people's privacy, dignity and independence

● Staff promoted people's independence. One person who required support with their mobility told us, "They've encouraged me to walk." They explained how before moving into the service their mobility was more limited but with the support and encouragement of staff they could walk short distances unaided.

● We observed staff encouraging people to make decisions about going into the community, completing

house chores and deciding what food to eat. A staff member told us, "We promote independence by respecting people's beliefs and try to assist them do what they want to do." Policies and other documents at the service sought to promote people's independence through the promotion of their rights. This meant people were supported to be as independent as possible.

● People's privacy was respected. People's personal information was stored in locked cabinets or on password protected computers. Staff understood the need to maintain people's dignity and privacy. One staff member told us, "[Person] will go to the toilet with an open door. We remind them to close it as other people might be about. That is for [person] or the other service users. We also make sure the door is closed when we do personal care."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● Observations confirmed people received personalised care. One person told us, "Yes [staff know what I like and what I dislike]."

● People's care plans were personalised. They recorded information about people's needs and preferences. These guided staff how to provide care how people liked and how to keep them safe. Care plans contained specific information about people's physical and mental health needs, plans and guidance on how to support people with their day to day lives and information about their lives before living at the service.

● Care plans were reviewed regularly. A staff member told us if people's needs changed, they would be told, "First of all we get a brief verbal conversation from management and we'll get asked to read the care plan." There were various systems in place, such as communication books and daily handovers, where information about people's changing needs would be identified and recorded by staff. This meant that people's ongoing needs were monitored to ensure their care remained personalised.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were met. The service provided information in an easy read format. This included elements of people's care plans such as support plans and information about important processes such as how to complain. Care plans also contained personalised information regarding how to communicate with people. For example, one person was non-verbal. There was information for staff in the person's care plan as to what different signs meant, such as, the person playing with their zip indicated they wanted others to remove their coats. This meant the service knew how to communicate with people.

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

● People were supported to take part in activities. The service held regular meetings with people where potential activities were explored. Each person had an activities book where activities were recorded and there were weekly calendars to support people to attend activities.

● We observed people taking part in activities in the house, playing games, and being supported by staff to attend activities they wanted to do, such as going to the barbers. We also spoke to one person who had decided not to attend college the day of the inspection. They said, "I don't want to go because I am tired." There were photos of people going on holiday, which they had been supported to do by the service. This

meant people were supported to live enriched lives and avoid social isolation.

Improving care quality in response to complaints or concerns

● The service dealt with complaints appropriately. People and their relatives told us they would complain if they had concerns. One relative told us, "I suppose would be happy to complain, but I don't have any complaints." Complaints were recorded, then investigated, and actions taken to address the issues raised.

● We saw there had been one complaint since our previous inspection and the registered manager had dealt with this appropriately. Information had been shared with a local authority and the complainant was satisfied with the outcome of the complaint investigation.

End of life care and support

● At the time of our inspection the service was not working with anyone who was at the end of their life. The registered manager was working with people and their relatives to capture people's end of life wishes in their care plans. There were policies and documentation in place to support and guide staff should people reach the end of their lives. This meant that people would be supported at the end of their life.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was well managed, and staff were clear about their roles. People, relatives and staff spoke positively about the management. One person said, "This place is like heaven in disguise, [director for the provider] has given me life. I am happy." A relative told us "It seems to be managed quite well." Staff had job descriptions in their staff files and reported to the registered manager who oversaw the running of the service with the sole director for the provider.
- The registered manager knew their responsibility was the safety and welfare of people using the service. They and their team had worked hard to address the issues outlined at the previous two inspections, where the service had been rated inadequate then requires improvement. The registered manager had implemented systems, processes and documentation which ensured a person-centred approach to work and a high standard of quality of care. They had overseen improvements to quality assurance, training and staffing. They had completed an action plan following our last inspection and we saw at this inspection they had implemented everything they told us about including updates to policies and statement of purpose.
- The registered manager understood and acted on the duty of candour. When things went wrong, they informed people, relatives, local authorities and notified CQC as appropriate.

Continuous learning and improving care

- The service used quality assurance measures to ensure the quality of care and safety of people in the home. There were regular health and safety checks, care plan audits, infection control audits and medicine administration record audits to ensure people were receiving the right care in a safe way and in a safe environment. Where issues were found, these were recorded and then addressed by either the registered manager or director of the provider. This meant people's care was improved through continuous monitoring and learning.

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

- People, relatives and staff were able to engage and be involved with the service. People held regular meetings where they could discuss whether they had concerns with the service, what food they wanted and what activities they wanted planned. Relatives were invited to care review meetings and we saw evidence of numerous contacts between staff and relatives. One relative told us, "They are quite accommodating and bringing [person] to [their relative's] house and I have a lot email contact with them."
- Staff meetings were held regularly. Staff discussed people's welfare, training and health safety. One staff

member said, "They are good, everyone finds out [people's] habits and shares them with each other and we make plans for the future."

● People, relatives and staff completed surveys which provided the service management with feedback about the quality of care. Surveys we read were all positive. Responses we read included, "The cultural nutriment provides an additional benefit and support for [person's] needs," and, "I feel Faircross provides a good service." This meant there was opportunity to be involved with the service and drive improvement.

Working in partnership with others

● The service worked in partnership with agencies to benefit the people living at the service. The service had built relationships with local colleges, local authorities and health and social care providers. We read compliments provided by other agencies about the service. One from the local GP read, "We have a good relationship with everyone at Faircross."