

Milestones Trust

Fairburn

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an unannounced inspection, which meant the staff and the provider did not know we would be visiting. The inspection was carried out by one inspector on the 20 and 23 September 2016.

Fairburn provides short breaks to people with a learning disability. The service is registered to provide accommodation, nursing and personal care for seven people. Presently 35 people access the service for short breaks throughout the year. The service is jointly commissioned by Bristol City Council and South Gloucestershire Council.

There was a registered manager in post; they were also responsible for another short break service operated by Milestones Trust. 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 receiving care that was responsive and effective and tailored to their needs. Care plans were in place that clearly described how each person would like to be supported. People had been consulted about their care and support. The care plans provided staff with information to support the person effectively. Other health and social professionals were involved in the care of the people and there was joint working with them and family. Safe systems were in place to ensure that people received their medicines as prescribed.

People received the care that had been commissioned by the local authorities. Relatives commended the service in relation to the planning, flexibility and delivery of care. Examples were given where the service had responded to emergencies such as a carer being admitted into hospital or a family bereavement. Relatives told us they usually got the dates they requested and they knew in advance when their relative would be staying at Fairburn. Some of the people had been using the service for many years.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management and safe recruitment processes.

Staff were genuinely caring and supportive and demonstrated a good understanding of their roles in supporting people. Staff received training and support that was relevant to their roles and the people they supported. Systems were in place to ensure open communication including team meetings and one to one meetings with their manager. Staff were committed to providing a service that was tailored to each person they supported. Relatives were complimentary about the staff. Many of the staff had worked at Fairburn for a long time.

People's rights were upheld, consent was always sought before any support was given. Staff were aware of

the legislation that ensured people were protected in respect of decision making and any restrictions and how this impacted on their day to day roles.

People's views were sought through care reviews and surveys. The results of these were analysed and had outcomes. Systems were in place to ensure that complaints were responded to and, learnt from to improve the service provided. The service was committed to involving relatives in the delivery of care with good communication in place to ensure care was consistent when people moved from one service to home or to another service. Staff and the registered manager understood the importance of working closely with relatives and other professionals.

People were provided with a safe, effective, caring and responsive service that was well led. The registered provider was aware of the importance of reviewing the quality of the service and was aware of the improvements that were needed to enhance 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.

People were protected from the risk of abuse. This was because there were clear procedures in place to recognise and respond to any abuse. Staff were trained in how to follow the procedures.

People were cared for in a safe environment that was clean and regularly maintained. People were supported taking into account any risks ensuring their safety. People received their medicines safely and as prescribed.

Staffing numbers were sufficient to meet people's individual needs during their stay at Fairburn. Robust recruitment checks ensured staff were suitable to work at the service.

Is the service effective?

Good ●

The service was effective.

People received an effective service because staff provided support which met their individual needs. Care was tailored to the person.

People's nutritional needs were being met. People were supported to make choices on what they wanted to eat and drink during their stay at Fairburn.

People were involved in making decisions and staff knew how to protect people's rights. People's freedom and rights were respected by staff who acted within the requirements of the law.

People were supported by staff who were knowledgeable about their care needs. Staff were trained and supported in their roles. Staff liaised with other health and social care professionals to ensure people's needs were met.

Is the service caring?

Good ●

The service was caring.

People received the care and support they needed and were

treated with dignity and respect.

The service sought people's views and people were involved in decisions regarding their care and support. Every effort was made to make sure people were comfortable during their stay at Fairburn.

Is the service responsive?

Good ●

The service was responsive.

People's care was based around their individual needs and aspirations. Care was planned flexibly to provide short breaks for people. People were supported to take part in regular activities.

People were supported to make choices and had control of their lives. Staff were knowledgeable about people's care needs. Care plans clearly described how people should be supported. People and their relatives were involved in developing and reviewing their plans ensuring their stay at Fairburn was successful.

Good communication was in place between relatives and staff ensuring people's needs were being met.

Where complaints had been made these were listened to and addressed.

Is the service well-led?

Good ●

The service was well led.

Staff felt very supported and worked well as a team. Staff were clear on their roles and the aims and objectives of the service and supported people in an individualised way.

The quality of the service was regularly reviewed by the provider/registered manager and staff.

Fairburn

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 20 and 23 September 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

The last full inspection of the service was on 3 July 2013. At that time, we found the service was compliant with regulations.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

We contacted eight health and social care professionals, including community nurses, social workers and commissioners. Four replied with feedback about the service provided by the staff at Fairburn. Their comments are included in the main body of our report.

We spoke with the registered manager, four team leaders and three support workers. We spoke with two people who used the service and observed a further three people. They were unable to tell us about the service due to their learning disability.

We looked at five people's care records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed and supervision and training information for staff.

After the inspection we contacted eight relatives by telephone to seek their views about their experience of

Fairburn.

Is the service safe?

Our findings

Two people told us they liked staying at Fairburn and they felt safe. Three other people were observed spending time and appeared relaxed and happy in the presence of staff. One person told us they had used another service and said Fairburn was a lot better. This was because they liked the staff and there was more going on. The other service was noisy and the person did not always feel safe. This person told us they could have a key to their bedroom door but had chosen not to because they felt safe and no one else would enter their bedroom. Relatives said they were confident in the service in keeping people safe. One relative said, "I have peace of mind knowing that X (name of person) is safe when staying at Fairburn".

The front door of the property had a key code because some people were not aware of the risks in relation to road safety. Where people accessed the local shops independently staff said they could have the code to enable them to get in and out of the building. People had access to a secure back garden leading from the conservatory. The ground floor of the home was fully accessible to people using a wheelchair. A member of staff told us that due to the layout of the corridors on the first floor these were only used by people who were able to mobilise independently. This was to ensure the safety of people and staff as manoeuvring a wheelchair could be difficult in this area.

Some of the people staying at Fairburn required support from staff to move around the home. Clear guidance was in place for staff to follow to ensure people were transferred safely from one area to another. This included any specialist equipment and the number of staff required to do this. Staff told us people brought in any specialist slings with them. Although there were spare slings for emergencies. One of the bedrooms and the bathroom on the ground floor had a ceiling hoist. There was also a mobile hoist that could be used to assist people. Moving and handling equipment was checked regularly by the staff to ensure it was safe and fit for purpose. This was in addition to the external contractors that serviced the equipment. Staff had received moving and handling training. The registered manager told us further training was being arranged including a moving and handling assessor who would check staff competence. We were told this should be done annually and there had been a slight delay but this was being addressed the week after the inspection. There was a qualified moving and handling assessor and trainer that supported the service. Part of their role was to ensure suitable equipment was in place for people and staff were using this correctly. The registered manager told us as part of the business plan they had requested a further ceiling hoist to be installed in a ground floor bedroom. This would be beneficial in light of the needs of the people they were supporting on a regular basis.

People's medicines were managed according to their needs. Individual arrangements were in place to make sure each person received their medicines appropriately and safely. Clear records were kept of all medicines received and administered to people. Medicines were booked in when people arrived and booked out when they left. Stock counts were conducted on arrival and departure to check for any discrepancies. These records were able to show people were getting their medicines, when they needed them.

Records of administration were kept to ensure that all medicines were accounted for. Where discrepancies had occurred these had been investigated. This included making contact with the person's GP and relative.

and re-checking staff competence. Staff told us on occasions people's medicines had changed and to avoid any error they would follow these up with the person's relative and GP to ensure the instructions were clear. There was an expectation that relatives would complete a medication change form detailing the medication change.

Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed and had attended training. This was confirmed in the training records and from speaking with staff.

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe whilst they were staying at Fairburn. These covered all aspects of daily living. Risk assessments included the action staff must take to keep people safe. These had been kept under review and other professionals such as occupational and physiotherapists had been involved in advising on safe practices and equipment required. It was evident the person and their relatives had been consulted about any risks.

Staff described their responsibilities in reporting any concerns they may have to the nurse in charge and the registered manager about the well-being of people. They told us, safeguarding adults was a regular topic discussed in their one to one supervisions with their line manager and at team meetings. Staff confirmed they had received safeguarding training.

Staff were aware of the role of the local council's safeguarding team in respect of protecting people who used their service. There was an easy read safeguarding adult's policy which was available to people living in the home. Staff were aware of the organisation's 'whistle blowing' policy and expressed confidence in reporting concerns. Staff told us they had no concerns about the practice of other team members and if they did they would have no hesitation in reporting their concerns to the registered manager. There were policies and procedures to guide staff on the appropriate approach to safeguarding and protecting people and for raising concerns.

We randomly checked the finances held on behalf of people. There were records of money being signed in and out after each visit. The registered manager told us people usually took their money home with them after their stay. However, we found for two people their records indicated that money was still in Fairburn. Staff were unable to find the money. When staff checked the record of one person they had not stayed at Fairburn on the date recorded. The registered manager assured us this would be fully investigated and the appropriate action taken where required. Policies and procedures were in place to guide staff on the safe handling of money. Annual audits were completed by the Trust's finance department. However, we noted this had not been completed within the last 12 months.

We reviewed the incident and accident reports for the last 12 months. Appropriate action had been taken by the member of staff working at the time of the accident. There were no themes to these incidents. The staff had reviewed risk assessments and care plans to ensure people were safe. Clear records were kept of the action and the investigations in reducing any further risks to people. Where people had been involved in an accident their relative had been told about the incident and what action had been taken.

The registered manager understood their responsibilities to ensure suitable staff were employed in the home. Recruitment information was held at the main office of Milestones Trust so we were unable to check the records were in place. However, we had previously visited the offices in July 2016 and found that satisfactory pre-employment checks were carried out by the provider. These included a Disclosure and Barring Service (DBS) check and references from previous employers. A DBS check allows employers to

check an applicant's police record for any convictions that may prevent them from working with vulnerable people. Checks had been completed on the nurses to ensure they were registered with the Nursing and Midwifery Council (NMC). This meant the provider could be assured the nurses were fit to practice.

We viewed the staff duty rotas for the last six weeks. The registered manager told us staff numbers were calculated based on the number of people who were staying for a short break and how much support each person required. Staff told us there was always enough staff to keep people safe but sometimes there were not enough staff to enable people to go out because of the complex needs of some people using the service. One person due to the complexity of their health care needs had a registered nurse supporting them throughout their stay. This was in addition to the registered nurse that was leading the shift. A registered nurse was on duty 24 hours a day. The registered nurse provided sleep in cover in the event of an emergency with a waking night staff providing support to people.

The home was clean and free from odour. One person told us whenever they visited, the home was always clean especially the bedroom they were staying in. Cleaning schedules were in place. Staff had access to equipment they needed to prevent and control infection. The provider had an infection prevention and control policy. Staff had received training in infection control. Cleaning materials were kept in locked cupboards to ensure the safety of people.

Is the service effective?

Our findings

Two people told us they liked the staff that supported them. One person said "I like all the staff" and the other person named the staff that were on the shift when we visited. Relatives of people staying at Fairburn spoke highly of the staff and the support people received. They told us, "The staff are fantastic", and "they are all so kind". One relative told us "I know the staff have the right training to support X, they have had specific training to enable them to support him with his specific dietary needs". Another relative said the staff had worked at the service for a long time and they really know X (name of the person) well.

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 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.

Best interest meetings were held where people lacked capacity around support with medicines, finances, activities and delivery of personal care. Records were maintained of these discussions, including who was involved and the outcome. Staff consulted with the person's relative, advocate where relevant and other health and social care professionals. Care plans included information on how the person communicated their wishes and how staff could get the best out of the person. For example using short clear sentences, pictures and symbols.

The registered manager told us only one person had a DoLS authorisation in place. This was because of the level of supervision the person required when they were staying at Fairburn. Other people had been considered and it was evident the staff had consulted with the local authority. The registered manager said the two local authorities had different expectations in that one required an application if the person was residing in the home for more than seven days and the other for 48 hours. The registered manager told us they would submit the application but often the person had left before the authorisation could be processed by the local authority. They told us they would continue to submit the applications but acknowledged that it could be frustrating. Staff had a good understanding of the process in order to protect people using the service.

People told us they were able to choose how they wanted to spend their time, what to eat and when to go to bed. Care plans included information about how people could make decisions about their care. Where people were unable to express their views relatives had been involved in drawing up the guidelines for staff.

This included how they could be involved in making simple day to day decisions. For example the guidance for one person said, 'To only give X (name of person) two choices'. Staff told us they also had picture cards to enable people to make decisions in relation to activities and menu choices.

Staff told us they always used the least restrictive intervention and never used restraint. For example the staff had made the decision that bedrails were not appropriate for one person as there was a risk they would climb and fall. To reduce any risks the bed was lowered to the ground to minimise any injuries and regular night checks were completed.

Where required people received support with eating and drinking. Information about this was recorded in people's support plans. The support plan reflected people's abilities and what they were able to do for themselves. There was no planned menu for each day. A member of staff told us this was because each person was offered a number of choices on what they would like to eat. Where people were unable to communicate staff had a list of their likes and dislikes and used pictures to gain the person's view. The staff member explained that when there was a planned menu there had been a lot of food wastage. Staff were aware who had a cooked meal at lunch time and who had sandwiches. For the evening meal people were offered fish and chips, quiche, potatoes and mixed vegetables or a selection of sandwiches. A record was maintained of what people had eaten. Staff said they aim to cook a varied diet throughout the week especially for those people that were staying for more than one night. A relative told us they were confident that the staff were preparing a varied diet and often their son would return saying they cooked my favourite. There were sufficient aids to assist people with eating and drinking such as specialist cutlery, plates and beakers.

Some people required their diet through a percutaneous endoscopic gastrostomy (PEG). PEG feeding is a means of delivering nutrition through a tube into the stomach. There were plans of care in place for each person drawn up by a nutritionist. Staff had received training in providing people's nutrition in this way. There were no records maintained of when and how much feed or fluid was given to this person. This would be good practice. The staff were liaising with the speech and language therapist to obtain a format to record this information. By the second day of the inspection this had been obtained.

For one person it was noted that staff used conflicting terminology in the texture of drinks given. The professional advised a syrup consistency and staff used terms such as custard or single cream. From talking with the registered manager and the team leader this was being addressed to avoid staff thickening drinks to the wrong consistency. There was a risk that this person could choke if their person's plan was not followed consistently. Another person had been identified as being at risk of pressure wounds and was advised that regular positional changes were to take place. Pressure alleviating equipment was available to people who were at risk. There were no records maintained of these positional changes. The registered manager said they would ensure this was in place for this person.

The provider told us in the Provider Information Return (PIR) as an area for improvement was to explore how the service can monitor and reduce risks in relation to malnutrition and dehydration.

We observed the team leaders discussing a new assessment they were planning to introduce in relation to monitoring people who were at risk of malnutrition. Five people had been identified at risk and they were exploring how this could be put into practice in respect of monitoring weight and involving the family.

People received support with their health care needs. Staff said they had received training in subjects such as diabetes and epilepsy and felt confident supporting people with these conditions. One person had complex health care needs and staff had received specific training to support this person effectively. Clear records were maintained of this person's health care monitoring and guidance for staff to follow if there

were any changes.

Where appropriate the staff had liaised with other healthcare professionals. This included physiotherapists and speech and language therapists. A social care professional told us, "The staff were very competent, attended meetings as necessary, and were reliable in providing information when requested". Staff were observed making telephone calls to various professionals to clarify instructions that had been given to them.

Generally the service did not support people to attend hospital or GP appointments due to the nature of the service and families retained this responsibility. Often people were only staying for one or two nights. The registered manager said there was an agreement with the local GP if a person became unwell during their stay the local GP would visit. The staff also told us they had access to 111 and emergency services. An example was given where staff had taken a person to the local accident and emergency department due to a concern about their health and wellbeing. A relative had complimented the staff on the prompt action they had taken. This included praising the staff that had remained on shift after their working hours had been completed to ensure the home was suitably staffed.

Newly appointed staff were subject to a probationary period at the end of which their competence and suitability for their work was assessed. Staff had completed a programme of training which had prepared them for their role, including the completion of the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification. Most of the staff had worked in the service for a long period of time and only one member of staff had been employed since April 2015. This member of staff was employed on a care apprentice scheme and was completing the care certificate through a local college.

People were cared for by staff who had received training to meet people's needs. We viewed the training records for staff which confirmed staff received training on a range of subjects. Training completed by staff included, first aid, moving and handling, infection control, fire safety, food hygiene, administration of medicines and safeguarding vulnerable adults. Staff also received specific training to meet people's needs including, administration of emergency medicines, positive behavioural support, epilepsy awareness, Tracheostomy and supporting people with a PEG feed. Staff said the training they had received had helped them to meet people's individual needs.

Staff confirmed they received regular supervision with their line manager. Supervision meetings are where an individual employee meets with their manager to review their performance and discuss any concerns they may have about their work. Records of staff supervision showed this process had been used to identify areas where staff performance needed to improve, any training needs and to acknowledge what was going well. There were some gaps during the summer but the newly appointed deputy was in the process of addressing this. Staff also had an annual appraisal of their performance. Staff told us they felt supported in their roles and there was good communication in the home.

Fairburn is situated in Little Stoke close to local shops, a church and transport links to the City Centre and surrounding areas. All bedrooms were single occupancy. Four of the bedrooms were on the ground floor and three upstairs. Each bedroom was decorated differently and was homely in appearance. Some of the bedrooms had obscure glass to afford the person more privacy and enabled the staff to remove the curtains if this was a risk to the person. Furniture in one bedroom had been secured to the wall as one person was known to climb and there was risk that this may fall on the person. Some people had a specific bedroom allocated to them to afford them some continuity and reduce their anxieties. One person told us they always stayed upstairs but they had no particular preference in relation to which bedroom they stayed in.

There was a large lounge and dining area with additional comfortable seating. These areas were homely and comfortably furnished. There was a secure garden that people could access from the conservatory.

Is the service caring?

Our findings

Relatives were very complimentary about the staff telling us they were "wonderful", "fantastic", and "everyone is kind and caring, I cannot fault the service". From talking with relatives it was evident they had used the service for a number of years and had built good relationships with the service. One family told us about how the staff had kept in touch with them when their relative had been taken into hospital and telephoned regularly to check on progress. Relatives spoke positively about all the staff, naming particular individuals and telling us many of the staff had worked at Fairburn for many years. Three relatives told us it was home from home and that was what they liked about the service. One relative told us, "It's like home from home, X (name of person) is spoilt rotten, I have no concerns and I know he really likes going". Relatives told us they were made to feel welcome when visiting and were always offered a cup of tea or coffee and a meal if it was that time of the day.

Health and social care professionals told us the service was caring. One healthcare professional told us, "The staff are very knowledgeable about the people they care for and follow advice when given," another professional said, "Staff communicate regularly with relatives and staff at day care services and were flexible, organised, accommodating and address issues in a sensitive and diplomatic manner". Staff were observed making telephone calls to some relatives, conversations were not rushed and staff showed a genuine interest in the person and their relative. A relative told us the staff had kept in regular contact when their son had been admitted to hospital. They told us the staff would phone after 9pm and they had found these calls to be very supportive and it showed the staff cared for people even when they were not staying at Fairburn.

Staff knew of people's routines and how they liked to be supported. People were supported in a dignified and respectful manner. People were asked how they wanted to be supported, where they would like to sit and what activities they would like to participate in. The staff members were patient and waited for people to respond. Staff engaged with people in meaningful discussions, one person was showing a member of staff a computer game. Another person was engaged in a conversation about their pets and what they had done during the day. Staff showed a genuine interest in what the person was saying. It was evident the staff knew people well.

People had access to a touch screen computer enabling them to keep in contact with family and friends if this was their preferred method of keeping in contact. Staff told us there was also a range of computer games that could be used by people whilst they were staying in Fairburn.

Staff talked about people in a positive way focusing on their positive reputation rather than behaviours that may challenge. Staff had evidently built up positive relationships with people. People were observed seeking out members of staff and wanted to spend time with them.

People told us there was always enough staff to support them and they spent time together. One person told us, "It is fun and staff support me when I need it". Another person told us about how they liked cooking and had recently completed a cookery course. When we asked if they assisted with the meals at home or at

Fairburn they told us they could not help at home as they may burn themselves. They told us the staff cooked at Fairburn and they were never asked to help. Consideration should be given to engage with this person to see if they would like to build on their skills in this area. The registered manager told us baking sessions were often organised where people could assist in baking cakes.

Staff and relatives told us the service organised twice yearly social gatherings where people and their relatives could visit the service. This included a summer fete and a Christmas party. Pictures were displayed of these events in the home.

People had information in their support plan on how they communicated. This enabled staff to understand what people were saying in relation to their non-verbal communication. This ensured there was a consistent approach and enabled staff to build positive relationships with people. There was information about how people expressed themselves including anger and when the person was in pain or hungry.

A relative told us they were confident that staff knew their daughter well and recognised when they were unhappy. They said this was important as the person communicated using non-verbal communication. Another relative told us they had been contacted one weekend a few years back as there had been a particularly noisy group of people staying which had unsettled their daughter. The staff had contacted the family as they were concerned that the person was very quiet and appeared to be unsettled. The relative viewed this as being positive. They told us that this had not happened since but they knew if there were any problems the staff would get in contact. All relatives said they felt the staff would contact them if there was a problem or if there were any changes.

All relatives said they felt comfortable to be able to contact the service when their son or daughter was there on short breaks. We were told staff would always answer questions and provide an update. In addition relatives knew they could visit at any time. Everyone we spoke with were confident that their loved one was being cared for appropriately and they had full trust in the staff team. Relatives told us people looked forward to their stay at Fairburn and were very happy to stay overnight or for the weekend.

Staff confirmed they tried to ensure the compatibility of people staying in the home. They told us this was a rolling agenda at team meetings and they often discussed how certain people get on or not and any environmental issues such as noise that may impact on people. Staff said sometimes this could not be avoided due to an emergency or crisis however, they told us the home was big enough to support seven people and there were quieter parts of the home such as the comfortable seating area at the end of the dining room. Some people chose to spend time in their bedrooms watching television or DVDs. One person told us, "I like Fairburn; I have made new friends and look forward to my visits".

Is the service responsive?

Our findings

The registered manager told us they assessed people prior to a service being agreed. This included speaking with the person to find out what their wishes were, along with talking with relatives and other professionals involved in the care of the person. Care plans were obtained from social workers and other commissioners of the service. These clearly described the individual support package in relation to how a person wanted to be supported, the hours required and the frequency. This was then transferred to the organisation's care planning documentation. The registered manager told us they would not agree to support people unless they were able to meet the person's needs. This included any training or equipment required to support the person safely enabling them to respond effectively to meeting their needs.

The registered manager told us as part of the assessment process people were invited to the home for regular tea visits before they stayed overnight. A relative confirmed that for the first year their daughter only went for tea and now they were regularly staying overnight and for short breaks of five days. They said this had been very successful in their daughter feeling comfortable and settled when at Fairburn.

A relative told us they had recently been unwell and the service had supported them with providing an additional short break service for their son for an extended period. They told us they had confidence in the service and had no worries about their son which in turn had aided their recovery. They were impressed how at very short notice the service had put in additional support. They said the service was very flexible and responded to requests. A healthcare professional told us, the staff at Fairburn were very approachable and flexible in their approach to a person prior to and after treatment. They said Fairburn were fully able to accommodate this person's needs and were even able to offer additional dates to enable the person to stay longer.

The registered manager told us they kept an emergency bed in the event of a person requiring additional support due to illness of carers or other events. The registered manager told us the bed was used for planned visits. However, it was clearly explained to families that in the event of an emergency then the person using this bed would have to return home and or alternative arrangements would need to be in place. Relatives confirmed they were aware of the emergency bed and they were clearly informed when this was being used by their relative. Relatives commended the service for its flexibility in arranging preferred dates. Visits were arranged in four monthly blocks so families knew in advance when their relative would be staying at Fairburn. The registered manager told us there was a designated member of staff responsible for organising the bookings who would liaise with families. Each person was allocated a specific number of nights and short breaks to the service over a twelve month period. Systems were in place to ensure people received the packages of care that had been commissioned.

Staff told us social activities were organised including outings to local places of interest such as Weston Super Mare, garden centres, trips to the pub and walks to the local park. Staff told us during the week people tend to want to spend time in Fairburn especially if they had been out with their day service. We were told that during the week staff spent time with people doing activities in the home such as arts and crafts, board games, puzzles, baking or playing on the computer. Records did not capture these activities or

whether people had refused to participate. Two relatives said they would like this area to improve with more activities being made available. One relative told us their son was planning to go with staff and two other people to the theatre in October 2016. Staff told us sometimes due to the complex needs of people it was difficult to organise activities outside the home and it was variable depending on who was staying in Fairburn. Staff told us an entertainer had recently visited on a weekend and this had been very successful. They were planning to organise this every 6 weeks. Photos were displayed around the home of activities that people had taken part in.

People had access to a mini bus for trips out or transportation to their day services. The records of the journeys were for shopping and transport from people's home or to their day service. In a period of eight weeks four social trips had been organised. There was no record of who went on the trip. The registered manager agreed that recording needed to improve in this area.

Staff described to us how people liked to be supported and their preferred routines. Person centred support plans had been produced with each person and their relatives which set out the support they would like to receive and needed during their stay. Care plans and risk assessments were of a good quality which clearly identified any risks and people's individual needs. These had been kept under review. Annual reviews took place with the person, relatives and other professionals where relevant. Daily records were maintained of the care provided. This meant people were receiving the support they wanted and needed.

Some people had diaries to record the support they were given which moved with them between their day service, Fairburn and home. Two relatives said this was an area that could be improved to ensure important information was shared about what support was given, such as medication that was given for epilepsy or any concerns about bowel management. Both relatives said they had discussed this with the staff and registered manager and it improved for a while and then it lapses again. Whilst another relative commended the home on the communication telling us the staff always record in the diary and maintain contact on a regular basis. The registered manager told us this was a rolling agenda item at team meetings and there was also a reminder by the front door to ensure staff had recorded in people's diaries.

Written and verbal handovers took place at the start and end of each shift where information about people's welfare was discussed. Staff told us this was important as it was an opportunity to discuss any changes to people's care needs and to keep staff informed of these changes. They told us this ensured a consistent approach. Staff told us they were able to read people's care plans before their planned visit. Throughout the inspection staff were observed sharing important information about the people that had either visited the night before or were planning to stay over the next few days. Telephone calls were made to some parents to see if there had been any changes. Records were maintained of these telephone calls.

People we spoke with said they knew how to complain. People and their relatives spoke positively about the service and said they had no cause to complain. A clear complaints policy was in place. This included arrangements for responding to complaints with clear timescales. A copy was also available on the company's web site and information in the service user guide. Where complaints had been made we saw clear outcomes were recorded to ensure improvement of the service. These had been fully investigated with feedback given to the complainant.

There was a service user guide. The service user guide included information about the aims and objectives of the service, the staffing structure and provisions of service. This was in an easy read format and included photographs. There was also information about the service on the provider's web page including information about the referral process.

Is the service well-led?

Our findings

The Trust had a clear management structure which included a board of trustees, directors, heads of service and area managers who were based at the Trust office. They provided advice and support for staff in relation to human resources, finance, training, health and safety, quality, service user involvement and positive behavioural support. The chief executive visited the service twice a year to meet with staff and people who used the service.

There was a registered manager in post. They were also responsible for the management of another short break service owned by the Trust. The registered manager told us they spent half of their working week in Fairburn and the rest in the other service. Relatives were aware of the management arrangements. Comments from relatives were positive in respect of the management of the service with everyone telling us the manager was approachable, listened and took appropriate action where required. One relative told us, "I have no complaints about the service, it is magic, but if I did I know X (the registered manager's name) would respond and deal with it". Another relative told us, "This service deserves a gold star, staff turnover is low, morale is high and staff are passionate and want to be there, they do a wonderful job".

Staff spoke positively about the management of the service. The registered manager was supported by a deputy manager and six team leaders. Team leaders were registered nurses and were responsible for the day to day management of the shifts. Care staff spoke positively about the hands on approach of the team leaders, the deputy and the registered manager. Comments included, "everyone rolls up their sleeves and we all work together to support people", "The emphasis is making each person's stay positive, it is a great team and I like working here, "No day is the same because there is always different people staying, I like working here and I know if there is any problems we will sort out as a team" and "I have worked here a long while and would not choose to work anywhere else".

Observations of how staff interacted with each other and the management of the service showed there was a positive culture. Staff were clear about their roles and responsibilities as well as the organisational structure and who they would go to for support if needed. Staff told us the management team were supportive and approachable should they have any concerns. Staff were very passionate about their role in providing short breaks to people and their families. It was evident the service was set up around the person. Relatives told us they really valued the service provided by Fairburn enabling them time to recharge their batteries and do things that sometimes they could not do with their son or daughter.

The provider and the registered manager carried out checks of the service to assess the quality of service people experienced. The service was assessed in line with our key questions and audits focused on actions for improvement in line with these. These checks covered key aspects of the service such as the care and support people received, accuracy of people's care plans, management of medicines, cleanliness and hygiene, the environment, health and safety, and staffing arrangements, recruitment procedures and staff training and support. Where there were shortfalls, action plans had been developed and were followed up at subsequent visits. People were asked about the quality of the service and whether there were any concerns during these checks. In addition staff's knowledge was checked in relation to key policies such as their

understanding and role in safeguarding vulnerable adults and equalities.

Annual observational audits were completed by another registered manager working for the Trust. These looked at the quality of the care delivered ensuring it was effective and responsive to people's needs. This audit was completed over a number of hours which included observation of the staff during a meal time. The report was positive in relation to the interactions of staff and the support that people were given.

Annual surveys were sent out to people using the service, friends and family. We were shown the survey completed in April 2016. 34 surveys were sent with 13 being returned. A response rate of 34%. Feedback on the whole was positive with some suggestions being made to improve the service such as more activities, trips out, soft cushioning to enable people to spend time out of their wheel chairs and to extend the home by two bedrooms. The registered manager told us in response they had considered some of these suggestions. For example the office was moved upstairs so that there was an additional bedroom on the ground floor. This meant they could accommodate more people who mobilised using a wheel chair. The registered manager said they had explored soft cushioning but there were risks in respect of other people using the service and the floor was slightly abrasive. They had also tried to employ a chef so that staff could concentrate on the care of people. The registered manager told us this had not been successful with the person only lasting a day.

An open and transparent culture was promoted. Complaints showed that where things had gone wrong, the Trust acknowledged these and put things right. For example, making sure people or their relatives had feedback about their complaints including an apology. The provider had also worked with the local safeguarding team to address any concerns and this included sharing action plans and progress. One relative told us the registered manager had recently been very thorough in completing an internal investigation after a recent medication error and felt this was a one off incident with action being taken to minimise any further occurrence. Another relative had also been assured that where an accident had happened steps had been taken to improve recording and reporting. This included reviewing the flooring.

Regular staff meetings were taking place enabling staff to voice their views about the care provided and the running of the home. Minutes were kept of the discussions and any actions agreed. Staff had delegated responsibilities in relation to certain areas of the running of the service such as checks on care planning, vehicle maintenance and health and safety. The registered manager told us they were reviewing the quality audits and were planning to involve the team leaders more in this area. This was to ensure the team leaders knew about their role in monitoring quality and increase their knowledge and understanding of the legislation and expectations of the Care Quality Commission. The provider told us in the Provider Information Return (PIR) that it would also give a 'fresh eye approach'.

The service worked with the local university to provide placements for students studying to be registered nurses for people with learning disabilities. Staff with the appropriate qualifications acted as supervisors for students. We were able to speak with a student who told us they were enjoying their placement and the staff were supportive. It was evident the registered manager was providing opportunities for the student to learn. This included participating in the inspection process and feedback. The registered manager took the time to explain the role of other professionals and funding arrangements and the role of the Care Quality Commission to the student.

From looking at the accident and incident reports we found the registered manager was reporting to us appropriately. However, there was a recent incident where a person had some bruising which had been reported to the local safeguarding team by another agency. The registered manager had not reported this to us. This was addressed after the inspection with a notification being sent to us. The provider has a legal duty

to report certain events that affect the well-being of the person or affects the whole service. The registered manager told us this was a rolling agenda item at team meetings in respect of safeguarding adults and accident and incidents and whether these were reportable. All staff were involved in the reviewing of the accidents and incidents to discuss any learning or themes.