

Fairmont Residential Limited

Fairmont Residential Limited

Inspection report

Botts Farm
Whittington Hall Lane, Kinver
Stourbridge
West Midlands
DY7 6PN

Tel: 01384397402

Website: www.fairmont-residential.com

Date of inspection visit:
27 April 2017

Date of publication:
27 June 2017

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected this service on 27 April 2017. This inspection was announced one day before our visit to ensure people using the service and their staff support would be at home. Our last inspection took place 24 March 2015 and at that time we found the home was meeting the regulations that we looked at.

This service is registered to provide accommodation with personal care for up to seven people with a learning disability and associated autistic spectrum disorder. At the time of our inspection six men were using the service.

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

The registered manager and management team demonstrated an open, reflective management style and provided strong values-based leadership to the staff team. There were systems in place to support, supervise and manage all staff. This ensured staff's practice was monitored and identified when additional support or training was required. Staff were empowered to professionally develop. People were at the heart of the service. Staff understood how to communicate with people and knew what was important to them. An accredited evidenced based programme that used structured teaching and social stories, specifically designed for people with autism was in place. This enhanced people's quality of life and their well-being because it enabled them to understand social situations and communicate their needs and preferences. Staff worked in partnership with people and their families to ensure they had a meaningful and enjoyable life.

Positive communication was encouraged and feedback from people that used the service, their representatives and the staff team was sought by the provider to further develop the service and drive improvement. Complaints were used as an opportunity for learning and improvement. People's representatives knew how to make a complaint and were confident that their complaint would be fully investigated and action taken if necessary. The provider and registered manager regularly assessed and monitored the quality of support provided to ensure national and local standards were met and maintained. A culture of continuous improvement was in place to promote further enhancement of the service.

People's safety was promoted by staff that understood how to support them in a way that reduced identified risks, whilst promoting their rights and choices. People were supported to take their medicine when needed and this was done in a safe way. Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Checks were made before employment to confirm staff were of good character and suitable to

work in a care environment.

Staff had time to ensure each person led a fulfilling life and were trained to meet people's specific needs. Staff had a detailed understanding of people's needs and preferences. Staff understood people's individual capacity to make decisions and supported them to make their own decisions. Staff understood the issues involved in supporting people when they were unable to make these decisions. People and their relatives were closely involved in planning and reviewing the support they received.

People's needs and preferences were met when they were supported with their dietary needs. The culture of the home empowered people to maintain their dignity and privacy. People were treated in a caring way and they were supported to maintain good health. Staff had developed strong relationships with local healthcare services which meant people received specialist support when needed.

The provider understood the responsibilities of their registration with us. They had reported significant events to us and were displaying the rating given, following their last inspection.

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.

Risk associated with people's care and support were managed safely whilst promoting their independence. Staff were able to recognise any signs of potential abuse and were very clear about their role in safeguarding people from harm. People were supported to take their medicines as prescribed and safe practices were followed to reduce the risk of errors. There were enough staff available to support people in an individualised way. Recruitment checks undertaken prior to employment were thorough to ensure staff were suitable to support people.

Is the service effective?

Good ●

The service was effective.

People were supported by a team of staff who were skilled in meeting their needs and received on-going training and development to enable them to deliver the most effective service. People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly and people were supported in the least restrictive way possible. People were supported to make decisions and to maintain a diet that met their requirements and preferences. Staff used innovative ways to support people when they accessed health care services and their health was monitored to ensure any changing needs were met.

Is the service caring?

Good ●

The service was caring.

Positive relationships existed between people who used the service, their relatives and staff. People were encouraged and supported by staff to be as independent as possible, to enable them to live the life they chose. People's rights to privacy and dignity were valued and respected. The service had a person

centred culture that focused on the promotion of people's rights to make choices and live a fulfilled life which resulted in people being valued and treated as individuals

Is the service responsive?

Outstanding ☆

The service was very responsive.

People received a personalised service which was responsive to their individual needs and promoted their autonomy. The management and staff team placed a strong emphasis on enhancing people's lives by creating opportunities for people to undertake meaningful, outcome focused activities that enhanced their life. This was achieved by enabling people to understand and communicate their wishes and needs. Staff worked in partnership with people and their representatives to ensure they were involved in discussions about how they were supported. The complaints policy was accessible to people and their representatives and complaints were addressed in a timely way.

Is the service well-led?

Good ●

The service was well led.

A clear vision for the promotion of people's autonomy was embedded throughout the home and there was a strong commitment to deliver a high standard of personalised care. The culture of the organisation was open and people who used the service, their representatives and staff were included in the development of the service. Thorough and frequent quality assurance processes ensured the safety and quality of the service.

Fairmont Residential Limited

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 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.

This comprehensive inspection took place on 27 April 2017 and was announced. The registered manager was given one days' notice to ensure the people living at the home and staff would be available. The inspection was carried out by one inspector.

As part of this inspection we looked at the information we held about the service and the information contained within the Provider Information Return (PIR). The PIR is an opportunity for the provider to give us some key information about the service, what they do well and their plans for the future. We also looked at the information we held about the service and the provider, including notifications the provider is required to send us by law about significant events at the home. We reviewed this information when we planned the inspection.

Due to communication needs people were unable to give us detailed information about their experiences of care. We spent time observing care in communal areas and saw how the staff interacted with people who used the service.

We spoke with three relatives, the registered manager, the director of the service, the compliance manager, two team leaders, two senior support workers, two care support workers and two administrators. We did this to gain people's views about the care and to check that standards of care were being met.

We also looked at the care plans for two people to see if they accurately reflected the care they received. We

also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

People's relatives told us their relations were supported to keep safe by the staff team. One relative said, "The support [Name] gets is unbelievable, I am so pleased with all the support they get. I have never had to go above [Name's] keyworker to higher management, I know he is safe, as the team that support him know what they are doing, the transparency is wonderful. I am always kept up to date with everything and am fully involved." Another relative told us, "The staff communication with me is very good. I would say we work as a team. When [Name] is due to come home, if he behaves in a way that's unusual for him or says something strange that is out of character, the staff tell me so I am aware and can be prepared. Sometimes we can work out what the problem is. It can be something as simple as the pitch of a person's voice that has upset them. This works really well as our focus is always on [Name] and making sure he is safe and happy."

Staff we spoke with had a good understanding of the signs to look out for that might mean a person was at risk of harm or abuse. One member of staff told us, "We know everyone so well, we would be able to tell by their behaviour if something had happened to them or if they were upset by something." Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, "I know to report concerns to any senior member of staff. I have never had to do this but I am very clear on the procedure. We can also report to CQC or the local authority if we need to." We saw that staff had undertaken training to support their knowledge and understanding of safeguarding procedures.

Staff enabled people to achieve a fulfilling life whilst keeping them as safe as possible. All of the people that lived at the home received varying levels of support. This was dependent on each person's assessed needs. For example some people required two staff to support them throughout the day. Other people only required the support of two staff when they went out of the home. We saw that people were supported by a consistent staff team that knew them well. One member of staff told us, "I can just look at [Name] and know how his mood is and how to communicate with him. I genuinely have not seen a place that person centre's care like here, it really is excellent." A relative told us, "[Name] has their own team of staff and they know him so well. This automatically reduces the risks of harm or injury because they know how to work with him in a way he likes and understands." Throughout our inspection visit we saw that staff had time to meet people's needs and to interact with them individually, without rushing. One member of staff told us, "The majority of staff work long days which means we can spend time out with people and there is no rush to get back for staff changes. The support is consistent which is important to the people we support." We saw that additional support was available through an on call system and an emergency response team. One of the team leaders told us, "I am one of the staff that covers the on call for the emergency response team. It's a separate team to the general on call. We provide full support for as long as needed if a person is demonstrating behaviours that put them at risk of injury." This meant that when people needed additional support to manage their behaviour in a safe way; this was provided by staff that knew them well.

The provider had recognised the risks people faced due to their learning disability and associated autistic spectrum disorder. People had risk management plans in place and these were rated according to the level

of risk identified. Where identified risks were high these were recorded in red with lower levels of risk recorded in green. This alerted and provided guidance to staff along with action plans about how to mitigate these risks. We saw these proactive measures minimised identified risks. Staff we spoke to had a good understanding of people's level of risk and were able to communicate with people in a meaningful way that promoted their safety, by reducing the possibility of self-harm. The compliance manager, who was also the behavioural expert told us, "The key is communication and understanding people's sensory needs. By communicating effectively with people and understanding how sensory stimulation affects them, we can work with them to reduce risks." An example of this was regarding one person who was unable to tolerate labels in clothing. Staff we spoke with were aware of this and confirmed that clothing labels were removed at the point of sale. This supported the person to manage this anxiety in a safe way.

The provider checked staff's suitability to work with people before they commenced employment. The registered manager was passionate about ensuring that staff with the right attitude and values were employed at the service. They told us, "Somebody might have the right qualifications but it's their values we are most interested in. We can train staff but they need to have the right values to work here." Staff told us they were unable to start work until all of the required checks had been done and confirmed part of their recruitment included visiting the service and meeting the people that used it. One member of staff told us, "I think that's important. It gives people applying for a job a chance to meet people and understand the level of support they need." We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.

We reviewed the arrangements for the storage, administration and disposal of medicines. These were in line with good practice and we saw that national guidance was followed. For example, a medication audit had been undertaken by the community pharmacist in November 2016 and advisory actions were left for the management team to complete. We looked at the action plan which demonstrated these actions were completed promptly. For example one identified action was regarding the staff's knowledge of the requirements relating to the retention of medicines following a person's death. A workshop was organised for staff to provide this training and all staff had completed this by the 22 December 2016.

We saw that people were supported by staff trained to administer medicines. A medicine administration record was kept and staff signed when medicine had been given or if not, the reason why. We saw that when medicines were administered this was checked by a second staff member which reduced the possibility of any medicine errors. Monthly audits were also undertaken by the management team.

A protocol was in place for staff to administer medicines that were taken 'as required'. This provided staff with clear guidance on when these medicines should be given. Where 'as required' medicines were used, to support people when they demonstrated behaviours that put themselves or others at risk; this was used when all other methods had failed. We saw these medicines were not used excessively or inappropriately. The staff team were committed to managing people's behaviours without the overuse of medicines. Records showed that staff were effective in supporting, reassuring and managing people's behaviour, reducing the need for medicines.

Is the service effective?

Our findings

Relatives confirmed that they were happy with the support their relations received from the staff team. One relative told us, "The staff are very competent. The training they get is very good. I have every confidence in their skills." Another relative said, "It's inclusive care, the staff are skilled and involve me and [Name] all the way." Another relative told us, "I have seen quite a few services for people with autism but the supported provided here is far better than anywhere else." Discussions with staff demonstrated they had a good understanding of people's needs and received the training required to support people. One member of staff said, "My induction has been amazing. The staff have been so welcoming. They couldn't do enough to support me. I've been assigned to [Name] which is wonderful as I worked with him when he was at school. He has really come on since being here. A lot of the men were at school together so they know each other. They don't really spend any time with each other but that's part of their autism. It does give them some consistency though to have those familiar faces." Another member of staff said, "We receive training when we start and this is then updated regularly. We also get person centred training that's specific to the people we support. For example [Name] uses Makaton, so I have had that training." Makaton is a form of sign language developed specifically for people with learning disabilities.

Two of the senior staff employed were certified master instructors in the management of actual or potential aggression (MAPA), which meant they had good understanding of each person's needs and how to effectively communicate with them. This enhanced the support the staff team were able to provide to each person when MAPA techniques were required. The MAPA accredited programme delivers comprehensive training that teaches management and intervention techniques to staff, to enable them to support people in a professional and safe manner.

We saw that staff with no previous experience or qualifications in care completed the care certificate. The care certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. One member of staff told us, "I have completed the care certificate over 12 weeks and have completed MAPA training. I am now working through all the other training. I have a workbook which includes different learning tasks and have knowledge papers to complete. These are sent off to be marked and then if I pass I get a certificate." This member of staff told us they felt supported well by the staff team and said, "My induction was really good, the support was fantastic and still is from all the staff. I really feel very valued and part of a great team."

Staff confirmed they received ongoing support and this included formal supervision sessions and appraisals. One member of staff told us, "The support is very good. We get regular supervisions and can go to the managers at any time; they are all very supportive and friendly." We saw that staff were supported to professionally develop by the management team. The manager told us, "We like to home grow our staff team to develop their skills and knowledge." Staff confirmed they were supported by the management team to develop their skills. One member of staff told us, "We are supported to learn and develop, then we are ready to apply for senior posts as they become available."

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that mental capacity assessments were in place where needed and were decision specific. The information in people's assessments and care plans reflected their capacity and when they needed support to make decisions. Staff had been trained in, and showed a good understanding of the MCA and the associated DoLS. The practices in place ensured people were supported and involved in making decisions regarding their daily life. These practices enabled people to give their consent to the support they received. For example we saw that the picture exchange communication system (PECS) was used to support people in making decisions about what they wanted to do. PECS allows people with autism with little or no communication abilities, a means of communicating non-verbally. PECS were used to create social stories to support people to plan their day and understand the sequence of events in an activity.

The registered manager confirmed that renewals for DoLS authorisations had been sent to the supervisory body for everyone that used the service. At the time of the inspection two people's renewals had been authorised. Staff were clear on the restrictions in place and how to provide care and support in the least restrictive way. The correct guidance had been followed to ensure these restrictions were lawful and in people's best interests.

People were supported to eat food they enjoyed and maintain a balanced diet. This was done through the use of the PECS to choose food and drink of their choice. One member of staff told us, "People have shop and cook nights which they do with their support staff, although we do encourage people to get involved in meal preparation and cooking on a daily basis." We saw that the staff had a good knowledge of people's preferences and the support they needed to maintain a balanced diet. For example one person required support to eat healthily. Their relative told us, "[Name] has an issue with food; the staff have got him graze boxes for in between meals which he loves and they're healthy." Detailed guidance was available to staff on how to support this person with their food cravings. Discussions with staff confirmed they followed this plan, to ensure a consistent approach was maintained to support this person to maintain a healthy diet.

The support plans we looked at included an assessment of people's nutritional requirements and their preferences. We saw that people's dietary needs were met and daily food and fluids charts were completed to ensure that each person ate and drank enough to meet their needs. People's weight was monitored on a regular basis to ensure any weight loss or gain was identified and actions taken as needed.

We saw that people were supported to access health services and appointments were recorded. Health action plans were in place to provide staff and health care professionals with information about the person's health needs and how they expressed pain or ill health. This was done through facial expressions, body language and feeling charts, where the person was able to express how they felt through the use of picture cards. One member of staff told us, "We support people to use the PECS symbols if they feel unwell and point to the part of the body that hurts."

We saw that people were supported to attend healthcare appointments through the use of social stories. These were used to support the person prior to their appointment to enable them to understand what was going to happen. We saw that people's family were involved and consulted regarding their health care and

the staff worked closely with the local community learning disability team when this was needed. This ensured people were supported in an individualised way and their autonomy promoted when accessing health care services.

Is the service caring?

Our findings

The provider had a person centred culture that focused on the promotion of people's autonomy. This was achieved through innovative approaches, such as the PECS that were used to enhance people's communication and understanding. This approach supported people to be as independent as they could be, as it enabled them to communicate their preferences and wishes which supported them to be in control of their daily lives.

Although people were unable to verbally confirm they were happy at the service, we saw a positive and caring approach was provided by the staff team that enabled people to live a fulfilling life. For example we saw staff supporting people with their planned activities and sitting chatting with people. One person confirmed to us through non-verbal communication that they liked the staff and were happy living at the home.

Relatives were consistently positive about the staff team. One relative said, "No one has a better placement than [Name] the care is outstanding, the staff genuinely care and support [Name] to have the best life." Another relative told us, "The staff go above and beyond. All of them are so very caring, they phone me every week and send me photos of what [Name] has been doing. They keep me up to date on plans and activities."

Staff had an excellent understanding of people's needs and we saw they supported them with dignity and respect. One person had their own lounge as they required this additional personal space to maintain their well-being. We saw this lounge was near to the person's bedroom to enable them easy access to their private space.

People were encouraged to maintain control over their lives and daily activities. People had access to an advocate if they wished to use one. Advocates are trained professionals who support, enable and empower people to speak up. Three people were supported by an advocate at the time of our inspection.

People were supported to maintain relationships that were important to them. One relative told us, "I'm very happy [Name] comes home each week to see me." We saw from records that people were supported to visit or be visited by their relatives on a regular basis.

Is the service responsive?

Our findings

Each person had a team of staff that supported them with a key member of staff who worked closely with the person. This provided a consistent approach from familiar faces. One relative told us, "[Name] has an excellent team and has had the same key person for the last year who I can call at any time, although I rarely do as they keep me informed all the time, it's wonderful." Another relative told us, "I get a call every week to let me know how [Name] is and what they have been doing; they lead a very full life." One member of staff said, "Each person has their own team of staff which helps the person and their family to get to know us. It helps us too as we get to know people well and how to communicate with them. We can tell if they are getting anxious or not happy about something and work with them to address this." Another member of staff told us, "It enables us to really get to know people well. Everyone is invested in people's care here." The PIR stated "Families and significant others are contacted on a weekly basis via use of telephone, e-mail or visits. Family contact meetings are fully supported across various counties to ensure meaningful relationships are maintained and positive for individuals." We saw this in practice which demonstrated that an inclusive approach was promoted and supported.

The staff team were trained and supervised in how to provide support in an inclusive way that promoted equality, diversity and respected each person's uniqueness. Staff were able to demonstrate an excellent understanding of how to implement this with the people they supported. One member of staff told us, "When we are out with people we take along their cards and one page profile. We explain to members of the public, when we need to, about how the person communicates and the support they need. It works really well and supports the people we support to be part of and accepted in their community."

Some people had difficulty managing sensory information and environments and this could affect their behaviour and sense of wellbeing. We saw they were supported to manage this through activities and environments with low stimulus when this was needed. One relative told us, "The staff are very competent they understand about [Name's] sensory needs and how to support him to manage these." Each person had different coping strategies that they used to reduce anxiety and the staff team had an excellent understanding of these. For example, information was recorded in words and pictures outside each person's bedroom regarding these strategies and staff were able to tell us about each person's coping strategies. One person liked to snap twigs which helped them to feel calm; another used a football as a coping strategy. Another person had a chalk wall in their bedroom to support them with their daily schedule. The compliance manager told us, "When [Name] had their schedule on paper they would eat it if they didn't like something on it. This way they can rub it out and amend it if they have changed their mind." This demonstrated that people were supported to manage their anxieties and be in control of their daily lives and the choices they made.

The admissions process enabled people to be supported at a pace that suited them. We saw a plan was developed in partnership with the person and their family to manage the transition and help them settle in to the service. The period of transition was dependant on each person's individual needs. We saw that one person's transition was completed over a period of three months. This supported them to become familiar

with the staff team and their environment. We saw, and relatives confirmed that support plans were developed with the person and these were detailed, personalised and up to date. One relative told us, "I am fully involved in [Name's] care, not only at reviews but on an ongoing basis. The staff team are all very open and honest and keep me in the loop." Staff we spoke with had an in-depth knowledge of people's preferences and support needs. For example a member of staff told us, "[Name] has a set way of asking for things or making choices. If they want a drink they will say '[Name] orange juice please' but that doesn't necessarily mean they want orange juice, so we would offer two choices and they will say which they want. Any more than two choices would not be helpful to [Name] as it would be too difficult for them to process."

The registered manager and their staff team were passionate in ensuring people's social inclusion in meaningful recreational and social opportunities was promoted. People were supported to participate in activities they enjoyed. For example one person enjoyed sports such as swimming and trampolining. Their staff team were able to support them in undertaking these activities by using an established programme that recognised that the effects of autism are unique to each individual. It endorsed a person centred approach; to assess, identify and develop a support programme based on each their abilities, interests and needs. This enabled people to be supported in a holistic way to reach their full potential and achieve their goals. At the heart of this approach was a very clear understanding that communication was the key to supporting people to lead a full and meaningful life. For example, each person had a daily activity plan that was based on their interests and choices. We saw that people were supported in meaningful engagement and activities were structured in a way that supported their individual needs. We saw that the PECS was used to support people along with social stories to plan their day and understand the sequence of events in an activity. Social stories help autistic people develop greater social understanding and stay safe. We saw that social stories were used to convey an activity to the person which explained exactly what, where and why they were going to undertake an activity. This supported the people that used the service, who had difficulty with sequencing and processing sensory information.

We saw that an accredited evidenced based programme was used to support people. This programme included training and research, for individuals of all ages and skill levels with autism. Discussions with the staff team demonstrated they had an excellent understanding of this programme that used structured teaching to promote autonomy. One member of staff said, "The people we support need structure and organisation to help them to plan their day and understand what they are going to do and when it's going to happen. This reduces their anxiety and enables them to go out and do things they enjoy." We saw that this was used effectively to support people in understanding their environment and how to manage social situations. For example when a person had completed a planned activity they removed it from their daily planner such as by taking away the picture of that activity from their planner. Some people needed time in between activities to prepare for their next activity. This varied for each person, for example one person used the 'now and next' method to support them in planning their day; this was done by visually showing them in pictures and words what was happening now and what would happen next. Another person used their computer between activities to support them to transition between one activity and the next, for example between listening to their favourite music and going out in to the countryside for a walk.

This structured teaching method had reduced behaviours that put people and others at risk of harm. The registered manager told us, "The number of incidents has greatly reduced because people's anxieties around social situations have reduced." A member of staff told us, "I've been here since February and I've had the training but never had to use MAPA because people are supported so well and the communication is so good with them." We saw that in the last 12 months the amount of physical interventions using MAPA had vastly reduced. This was because staff had communicated with people in a way they understood, which in turn reduced their anxiety. We saw that staff had been able to successfully reduce people's anxiety through redirection and de-escalation techniques. Records showed that in the last 12 months these

techniques had been used successfully on 32 occasions in comparison to the previous year when these techniques were only successful on 14 occasions. Records were detailed and regularly audited to ensure safe practices were maintained, people's rights protected and any patterns or trends in behaviour identified. This supported the management team in reviewing and amending behaviour management plans when needed.

The provider understood the importance of providing an environment that supported people's specific needs. We saw that some people required time between activities to relax in a quiet environment because the person benefited from this before moving on to their next planned activity. This understanding by staff regarding people's sensitivity to sensory environments, enhanced people's lives and the ongoing development of their skills. This promoted people's choice making ability and independent living skills and ultimately their quality of life.

One member of staff had worked with the compliance manager in developing a support package for a person that was moving into the service in the near future. Although this person was unable to read or write, the support plans were being translated into the first language of the person's family. This was to ensure they could be fully involved in their relation's transition into the home and their support package. The registered manager confirmed that to support the person to practice their faith, a recruitment drive was in process to appoint male staff of the same faith. This was to support the person to attend their place of worship. They told us, "So far we have been successful in appointing one person. We need to make sure we have everything in place for them before they move in, so that they can continue to practice their faith and ensure we can meet their cultural needs."

We saw positive comments within reports from visiting professionals regarding the support and service provided to people. For example one had written they were confident that people's needs, wants and wishes were being met in a person centred way. Another said they were very impressed with the standard and detail of all written documentation, which was person centred and demonstrated a tremendous insight into people as individuals.

We saw that staff worked in partnership with people to enhance their lives and support their autonomy. This included regular reviews and meetings where people were asked if they had any concerns or complaints. Information was provided in pictorial form to support people's understanding and help them to communicate their feelings. A relative told us: "I have never had the need to make a formal complaint. The staff can take constructive criticism and work well with me to resolve even the tiniest issues." Another relative told us, "I am extremely happy. I am absolutely confident if there were any issues at all they would deal with it quickly. The focus is always on the people that live there and getting it right for them." An effective system was in place to manage complaints. We saw that two informal complaints had been received and these were acted upon and addressed in a timely way. For example, one person had been unsettled during a visit to their family home. We saw the staff had rearranged the support provided to this person and built in a social story to support them with visits home.

Is the service well-led?

Our findings

The relatives we spoke with gave exceptionally positive feedback about the service provided to their relations. One relative told us, "[Name] has a wonderful quality of life. He always got something he's doing and he does things he enjoys. The support is exceptional." Another relative said, "The communication is fantastic not just to me but for [Name] as well. The staff team are so competent and they genuinely care about [Name]." The management and staff team had developed close relationships with people that used the service and their families to ensure inclusive support was provided. A relative said, "It's very open and inclusive, I even have the mobile number of the key staff that support [Name] so I can ring them directly. They keep me informed of everything even down to what [Name] has been doing, it's wonderful." Discussions with staff demonstrated they were committed to providing person centred care which was achieved through an inclusive approach with people's families and people that were important to them. One member of staff told us, "I work with [Name] and keep his relatives updated on an ongoing basis. When we go out for the day, we give them a call to let them know what [Name] is doing or send them some photos of our day out. That way they feel fully involved in [Name's] life. They also know they can ring me at any time, we have a very open relationship with families."

The management and staff team were passionate and dedicated to providing a service that promoted people's autonomy. This had been achieved by using an accredited evidenced based programme that was based upon best practice to provide a detailed understanding of each person and the support they needed. This was reflected in our observations on the day of the inspection visit. We saw people that used the service were comfortable with the staff team. For example, people were interacting and smiling with staff using their preferred communication methods. Staff responded in a friendly and professional way and told us they enjoyed working at the service. One member of staff said, "I can honestly say I would be happy for my relative to live here. All of the staff are amazing and truly dedicated to providing person centred care."

Staff told us and we saw they were listened to and their skills were recognised and valued. For example a workshop covering CQC's fundamental standards had been provided for the staff, where they looked at quality improvement. At this workshop the staff had requested to be given lead roles to use the skills they had and enhance their level of knowledge in specific areas. We saw these lead roles included fire safety checks, medicines management, dignity champions, the Shropshire networking team and several other areas to enhance the quality support provided at the service.

Staff had a good understanding of their role and responsibilities. The provider understood the importance of ensuring staff had the right skills and knowledge to support people to develop their life skills and promote their autonomy. A clear allocation of staff duties ensured that shifts were well organised and staff understood what was expected of them each day. We observed all designations of staff working well as a team. A member of staff told us, "I love it here. Although I work specifically with [Name], the team have been so good and involved me in everyone's support, which is great as it has helped me to get to know everyone." We saw that communication was sensitive and efficient which resulted in people receiving support that met their preferences and need.

The provider and management team sought feedback from people and their family members regarding the management and running of the service and we saw this feedback was positive. Relatives we spoke with told us the home was well managed. Comments included, "Excellent communication." "Honest and transparent." And, "Inclusive, I feel fully involved." The high quality of the service had been recognised by stakeholders.

There were organised, effective systems in place to monitor and improve the quality of the service. The management team conducted a comprehensive programme of regular audits that covered all areas of support and quality. These audits were effective in identifying areas for improvement. We saw where issues had been identified actions had been recorded and signed when completed. For example, the registered manager's audit which was done each month identified in January 2017 that a person was having difficulty sleeping. We saw that several actions were put in place to support this person which included increasing their staff support in February. The March 2017 audit confirmed that these actions had been successful. Provider reports were also undertaken and the director of services who completed these was based at the service. They told us that any areas for improvement were always addressed quickly. We looked at the provider report for January to March 2017 and saw that no new actions had been identified. Ongoing actions included the overall maintenance of the service and we saw that a redecoration programme was in place. Some redecoration had taken place throughout the home with the involvement of people who used the service. The compliance manager told us, "The people we support chose the colour schemes for their bedrooms and communal areas." This demonstrated that people were actively involved in improvements undertaken.

There was a culture of continuous learning, development and improvement. The management team evaluated the impact of their work regularly and formal evaluations were conducted to ensure that they had a positive impact on people who used the service. For example, team surveys covering our five key questions, is the service safe, effective, caring, responsive and well led had recently commenced. These were being undertaken over a five month period to ascertain staff knowledge and support them in areas where improvement was identified. We saw the management team worked well with external specialists to gain best practice knowledge. Information was gathered internally and externally to develop the teams competency and confidence and to develop practice outcomes.

This was through joint working with specialist teams such as community learning disability teams and other specialists that were involved in the support people received. The provider confirmed in their PIR, "Fairmont are committed to NICE guidance, Restraint Reduction Networking, Dignity Champions and Total Communication strategies." The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. We saw that national guidance was followed such as the NHS screening tool which was used to audit and monitor the infection control standards.

The environment was maintained to a safe standard, for example the equipment needed to assist people was well maintained. The maintenance records showed that all of the equipment used was serviced and maintained as required to ensure it was in good working order and safe for people. Environmental health had undertaken a partial inspection on the 19 April 2017. It was stated in the report that this was because the service had a history of managing their service well in relation to food hygiene. We saw a food hygiene rating of the top score, had been given at this visit. A five star rating had also been awarded following an external infection control audit in February 2017. The provider and registered manager understood the responsibilities of their registration with us. They had reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be

informed of our judgments. We found the provider had conspicuously displayed their rating in the home and on their website.

The ethos of the provider and staff team was to promote an open and honest culture that focussed on clear communication and driving improvement to ensure the best outcomes for people were continuously achieved. This was reflected in the provider's PIR which stated; "Our approach is to be open, honest and transparent. We are proud of our service and strive to meet all best practice but are open enough to acknowledge constructive criticism and take opinion relating to positive alternative practice on-board. We believe a stagnant service will ultimately become a failing one therefore we constantly look to move forward."