

Fairplay

Fairview House

Inspection report

95 Sheffield Road
Chesterfield
Derbyshire
S41 7JH

Tel: 01246203963
Website: www.fair-play.co.uk

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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 on 9 November 2018 carried out by one inspector. Fairview House provides respite care over night on a Thursday and for weekend breaks. The service has accommodation for up to six people; forty people currently use the service throughout the year for respite services.

The service had a registered manager. 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.

At our last inspection in May 2016 we rated this service as Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Fairview House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service remained safe. People were protected from the risks of abuse because the staff understood where harm may be caused and knew what action to take. Risks to people's health and wellbeing were assessed and plans were in place to monitor people and to assist them in a safe manner. People's medicines were managed safely and staff had received training to help ensure people had their medicines when these were needed. The staff had been suitably recruited to ensure they could work with people. People felt there was enough staff to provide their support and the provider reviewed how the service was managed to ensure there were sufficient staff, any lessons could be learnt and improvements were made.

People continued to receive effective care. Staff were supported and trained to ensure that they had the skills to support people effectively. People receiving respite care had access to emergency health care facilities and the staff knew about any care and treatment that was being provided in their home. When people required assistance to eat and drink, the provider ensured that this was planned to meet their preferences and assessed need.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People made decisions about their care and staff helped them to understand the information they needed to make informed decisions. Staff sought people's consent before they provided care. People were helped to make

decisions which were in their best interests and there were no restrictions placed upon them.

The service remained caring. People liked the staff who supported them and had developed good relationships. Information was available to ensure people could make informed choices and understood information that was important to them. Staff understood how people communicated and they promoted different ways of communicating, including through sign language. People received respite care and continued to have relationships with people who were important to them.

The service remained responsive. People's care was reviewed at each period of respite care to ensure it reflected any changing support needs. People received support from staff to enable them to be involved with activities and do the things they enjoyed. People and their relatives were encouraged and supported to express their views about the care and support provided and staff were responsive to their comments and any concerns.

The service remained well led. The registered manager assessed and monitored the quality of care to ensure standards were met and maintained. Staff felt supported and people knew who the manager was. They understood the requirements of their registration with us and informed us of information that we needed to know.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well-led.

Fairview House

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. At our last inspection in May 2016 we rated this service as Good and on this inspection, we found the service remained Good.

Fairview House is a care home. People in homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

We used information we held about the service and the provider to assist us to plan the inspection. This included notifications the provider had sent to us about significant events at the service. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We produced an inspection plan to assist us to conduct the inspection visit.

Some people who lived at the home had limited levels of verbal communication to be able to give us their feedback of the care they received. Therefore, we observed the interaction between people and the staff who supported them throughout the inspection visit. We spoke with two people who used the service and spoke with two relatives about their experience of the care that the people who used the service. We spoke with three staff and the registered manager.

We reviewed care plans for three people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

There were systems in place to review the service when things go wrong to ensure that lessons were learnt and that action was taken to minimise the re-occurrence. For example, the registered manager explained how medicines management had been reviewed so they had the right information about people's medicines and an accurate record was maintained.

We saw medicines were stored and managed safely. Prior to each respite stay, up to date information was obtained about what medicines people needed. When people came into respite, all medicines were counted, the dispensing details were checked along with expiry date and the batch number. One member of staff explained, "We check every strip of tablets too so we can check they are from the same batch as recorded on the box. If there are any medicines discrepancies then then we cannot provide the respite care, as we need everything to be right." Some people had medicines they needed to take in an emergency or as required; we saw there was specific guidance available to guide staff as and when people needed these.

The service provided overnight stays on a Thursday and weekend stays for people. When people were receiving a service, the staffing was flexibly organised so there was sufficient staff available to support people and to enable them to go out. One member of staff told us, "There are always two staff here, no matter how many people are having care. Some people also have one to one support so this is provided and all the staff work together to make sure people have the support they need." Agency staff were not used and all shifts were covered by existing staff who worked for the provider.

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the registered manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People were supported to take responsible risks and the staff helped them with living skills when they were in the service and when out. When people received respite care, they were provided with opportunities to develop independent living skills and to continue to take responsibility for their life and how they spent their time. People had opportunities for some positive risk taking balanced against the need to keep them safe from harm. One relative told us, "It's lovely to know that when [Name] is staying there that they are safe. I never have to worry and that it wonderful." People's care plans included information about how to help them to stay safe and how to minimise any risks.

Staff knew people well and described how they may recognise possible abuse or neglect. The staff understood the procedure to follow to report concerns and staff told us they were confident these would be dealt with.

The staff were responsible for ensuring that all areas of the home were kept clean and people were helped to clean the home to develop independent living skills. We saw that staff and people had access to personal protective equipment and infection control standards were maintained. The home was clean and there

were no malodours.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The registered manager reported that people who currently received respite care could make everyday decisions about their care and what they wanted to be involved with. They explained that where it would be identified that people lacked capacity to make certain decisions, capacity assessments would be completed and decisions made in their best interests. Where any restriction was identified the staff understood that a DoLS applications would be needed to ensure any restrictions were lawful.

People continued to access health care services such as GPs, and community nursing whilst receiving respite care. One relative told us, "We live nearby so if there was a problem the staff would ring our GP and they would be seen." Another relative told us, "The staff are fully aware of any health concern and we would let them know if anything changed between visits. Any hospital visits or check-ups are arranged when they are at home." A member of staff told us, "Many people would still be able to use their own GP but if not, we could see a local doctor. Most families would prefer us to contact them so they can go home if they are ill. If someone is ill, a lot of people live near here so can still use their own GP." Where people had health concerns, this was recorded in the care plan and staff knew people well and knew what on-going treatment they received.

People's choices and decisions were evident in the design and decoration of their home. They could access all areas of the home and it was decorated with personal art work. When new furniture was purchased, people went shopping with staff to give their view on what should be bought and what was suitable. There was a games room and an activity room which, on a Monday, was also used as a café for people who used the service to work in and invite their families. People told us they liked the style and design of the house and 'felt at home' there.

People chose what they wanted to eat and drink and helped with the shopping and preparation of their meals. Staff explained that as they knew people well, they also knew what food they liked to eat so food was purchased before people came to stay. Where people wanted to make different meals, they went shopping to purchase the food items needed. One relative told us, "They love going shopping when they stay there. There is always a choice of what they can choose to eat." People needed different levels of support when preparing their meals and staff explained people were encouraged to help and gain further independent living skills. We saw people could make drinks when they wanted and staff knew about any health need

which limited some of types of food they ate to keep well.

Staff received training to develop the skills and knowledge to meet people's needs and promote their wellbeing and independence. One member of staff said, "I enjoyed the training we received for giving medicine if people were having a seizure. Quite a few people need this and we take it with us when we go out, so I feel more confident about this now." Another member of staff said, "I've recently had the safeguarding training. We've all had this and it reminds us what we need to do if we are concerned about anything. The number of the safeguarding team is on the notice board too so it's there if we need it."

Is the service caring?

Our findings

People were encouraged to express their views and staff listened to their responses. The staff were patient with people when they provided support and we saw them speaking and engaging with people in a positive way. Some people used sign language to assist with their communication. We saw this form of communication was promoted and there was a 'sign of the week' to help people to use and understand different signs. One person showed us the sign that week was 'yellow' and made the sign for us. Staff told us that some people had joined a 'signing choir' and were performing songs in signs over the weekend at a local stately home. They were proud of the choir and being part of this. Other people used electronic tablets with a communication app which helped them to talk or express themselves. One relative told us, "The app is wonderful and lets them talk about how they are feeling and what they have been doing. The staff gave their consent to having their photo on there so they can see who they will be working. It's good as they take photographs and they can show me what they have been doing whilst they have been away."

The staff did not discriminate based on sexual orientation or sexual gender and recognised people's diverse needs and how they expressed their sexuality. People were recognised and valued as adults and their privacy was respected. When staff spoke about people they did so in a kind and respectful way and ensured people's right to privacy and dignity was respected. Where people had existing relationships, they could choose to have their respite stay at the same time and spend time together. Stays were organised so people could be with others they shared interests with and had opportunities to go out and be involved with activities they enjoyed together. One relative told us, "It's lovely to hear about how they have been 'up all night' talking in their bedroom and doing things that other people their age are doing. It helps that the staff are around their age so they when they go out; they are going out as a group of friends. It just feels right."

People were supported to take responsibility for the home and to develop independent living skills. One member of staff told us, "Each period of respite care is carefully planned so people have similar abilities. Part of the stay is about encouraging people to be responsible and learning new skills. We have some people that are now living in supported living and we have helped them to do this by helping them to become more independent. It's lovely to see how people have developed and grown."

People were happy with the staff that supported them and told us the staff were kind and caring and listened to what they had to say. One relative told us, "it's clear from their face how much they like going there. They get very excited and all the staff are lovely. The staff really care and I know that when they are staying there, they are safe and looked after by a great team of staff."

Is the service responsive?

Our findings

People chose where to go and how to spend their time and we saw people were asked what they wanted to do. Whilst receiving respite care, people continued to be supported to follow their interests and take part in social activities. People spoke enthusiastically about how they spent their time. One relative told us, "They have some great opportunities to get involved the sort of things that young people want to. Recently, they have been to see the illuminations at Matlock Bath, been out to the pub, the cinema and shopping in town with their friends. All age appropriate activities." Another relative told us, "It's just like a big sleep over with friends there. I love hearing about what they've been up to." We saw staff were not rushed and where people wanted their attention this was given and staff took their time when engaging with all activities.

People told us they had a support plan and with their family, they had been involved in how this was developed. We saw these had been written and agreed with the level of support they wanted. The support plans were personalised to each individual and contained information to assist staff to provide support. Staff knew people well and could tell us about the things that were important to people.

People knew how to raise issues or make a complaint. They told us they felt confident that any issues raised would be listened to and addressed. There had been no complaints raised although the registered manager knew these would need to be addressed, investigated and responded to. One member of staff told us, "I'd like to think that we respond to any little issue before it becomes a concern. We work flexibly so can respond quickly."

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

Is the service well-led?

Our findings

The service had a registered manager. The staff felt the registered manager provided leadership, guidance and the support they needed to provide good care for people. The registered manager assessed and monitored staff learning and development needs through regular meetings and working alongside them. The management team and staff's values were based on respect for each other and putting people at the heart of the service.

Satisfaction surveys were distributed to people who used the service, their relatives, staff members and health professionals. Once the completed surveys were received, the provider collated the information and produced a report of the findings which was shared with the registered manager along with suggested actions. We saw within the last review that people spoke positively about the service and comments included; 'I have made new friends and I am confident in myself and now I have come on leaps and bounds since coming to Fairplay. The staff are amazing and fantastic to be with. Would not change them for the world,' 'I have come out of my shell.' And 'I improved in my social skills.' Through the survey response and in discussion with people, they decided to open Fairview House café at the home on Mondays. This project was led by people who used the service and open to both members of the public as well as family and friends. We saw the provider monitored how the café was being managed and people reported this had been a positive activity and opportunity for people. The provider welcomed opportunities to work in partnership with other professionals and family members to ensure people received the support they needed. This showed that people and their relatives could positively influence the service provided.

The registered manager carried out checks to monitor the quality and safety of the service, which included checks on personal support plans and how the service was managed. The results of these checks were discussed in meetings and any shortfalls were addressed to improve the overall quality of the service. The staff told us they felt their views were listened to and one member of staff told us, "We have team meetings with staff from other services (managed by the same provider). We look at any changes and new initiatives that are being started. We all get to know about any changes and can raise any issues or share new ideas. If you can't attend there are minutes so you know what's been said."

People felt the management team and staff were approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. Relatives of people who used the service told us that they would recommend Fairview House to anyone looking for residential respite care. One relative told us, "I'd be lost without this respite service."

Staff knew how to raise concerns about risks to people and poor practice in the service. Staff told us they were aware of the whistleblowing procedure and they wouldn't hesitate to report any concerns they had about care practices. They told us they would ensure people using the service were protected from potential harm or abuse and would be supported by the management team.

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.