

Winslow Court Limited

Fairfield House

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 inspection took place on 1 August 2016 and was unannounced.

Fairfield House provides accommodation and personal care for up to seven adults with learning disabilities or autism. At this inspection seven people were living there.

A registered manager was in post but was not present during our inspection owing to pre-arranged annual leave. 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 had made provision for managerial assistance during their absence

People were safe as staff had been trained and understood how to support people in a way that protected them from danger, harm and abuse. Assessments of risks of harm were personal to individuals and staff followed safe practice when assisting people. Any incidents or accidents were monitored by the registered manager and provider to minimise reoccurrence.

There were enough staff to support people and to meet their needs. The provider had systems in place to adapt to the changing needs of people and to make provision for additional staffing when required. Staff members could not start work until the provider undertook checks to ensure they were safe to work with people. The provider had procedures in place to address any unsafe staff practices.

People received support with their medicines from staff who were assessed as competent and followed safe practice with medicines. The provider undertook checks to ensure staff followed safe procedures when administering medicines. If errors occurred the registered manager and provider had systems in place to learn from incidents and to take action to prevent reoccurrence.

People were supported by staff members who had the skills and knowledge to meet their needs. Staff members attended training that was relevant to the people they supported. Staff received support from the registered manager and provider who promoted an open and transparent culture.

People were involved in decisions about their day to day care. When people were not able to make decisions for themselves they were supported by staff and advocates who understood and took steps to ensure their rights were upheld.

People received care and support which was personalised to them and reflected their personal preferences. People's care and support was adapted with people's changing preferences. People took part in activities they liked and found interesting, stimulating and fun.

People were supported by staff who knew them well and had good relationships with them. People were involved in their own care and information was given to them in a way they could understand. People had their privacy and dignity respected by staff who also encouraged them to do as much as they could to maintain independence.

People had a choice of food to eat and were prompted to maintain a healthy balanced diet. People's routine health needs were looked after and people had access to healthcare when they needed it.

People and staff felt able to express their views and felt their opinions mattered. People were involved in the day to day running of their home and were involved in any changes. The provider and registered manager undertook regular quality checks in order to drive improvements.

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 as staff understood how to recognise and report any concerns they had about people's safety or wellbeing. People were supported by enough staff to meet their needs. People were assisted with their medicines by staff who followed safe practice. Checks were made before staff could start work to ensure they were safe to work with people.

Is the service effective?

Good ●

The service was effective.

People were supported by a staff team who had the skills to meet their needs. People had access to healthcare when they needed it. People were supported to maintain a healthy and balanced diet which adapted to their needs and preferences. People were supported to make decisions and had their rights protected by a staff team who followed current guidance.

Is the service caring?

Good ●

The service was caring.

People had positive and caring relationships with staff who supported and valued them as individuals. Staff spoke about people they supported with warmth, respect and kindness. People were provided with information in a way they could understand and allowed time to make decisions. People had their privacy and dignity respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them and regularly reviewed. People's individual needs, preferences and histories were known by the staff supporting them. People, their families or advocates felt able to raise any concerns or comments with the provider. People felt their opinions were

valued.

Is the service well-led?

Good ●

The service was well led.

People were included in the running of their home and their contributions valued in any decision making. The staff team and provider shared common ideals which respected and valued people living at the home. The registered manager and provider had systems in place to monitor the quality of support delivered and made changes where necessary.

Fairfield 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.

This inspection took place on 1 August 2016 and was unannounced.

The inspection team consisted of one inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to assist in our planning of the inspection.

We were only able to have a conversation with one person living at Fairfields but spent time with everyone living at the home throughout this inspection. We spoke with two relatives, one advocate, three staff members and the campus principle. The registered manager was not available owing to pre-arranged annual leave. We looked at the care and support plans for two people, records of quality checks, any accident and incident recordings and medicine administration.

Is the service safe?

Our findings

We looked at how people were kept safe from abuse. One relative said, "I think everyone is kept very safe". Staff had received training and understood how to recognise any signs of abuse or ill-treatment. One staff member said, "If I was concerned about anything I would challenge the person straight away and report the incident immediately". Staff members knew the procedures they would need to follow and where these were kept if they suspected abuse. Staff knew how to report any concerns about potential abuse and had contact details of the local authority and the care quality commission available to them. There was information on display for staff to refer to if they were unsure what process to follow should they have a concern. We saw the provider had made appropriate referrals when necessary in order to protect people.

People were safe receiving services from the provider and any potential risks of harm were assessed. One relative said, "[Person's name] is very safe at Fairfield and I have no reason for any concerns". People had individual assessments of risk and staff knew what to do to minimise the potential for harm without unnecessarily restricting people. One staff member told us, "The kitchen used to be locked and a no go area for people. Now it is open and we encourage people to come in and help prepare meals and get drinks. Risk is managed but it is more important for people to be able to be involved rather than excluded". We saw people getting their own drinks and helping in the kitchen throughout this inspection. Risks outside of the location were individually assessed. One staff member told us they were helping someone plan their holiday. As part of the plan they looked at mobility access, any slops or potential hazards. People had individualised assessments of risk including road awareness, travel and behaviours which may cause harm. Incidents or accidents were analysed by the registered manager who took action to minimise further risks. For example, following one accident one person's room was redesigned and different furniture introduced to minimise the risk of harm in the future.

Relatives told us they believed there were enough staff to meet people's needs. One relative said, "[Person's name] never misses out on anything, there is always enough staff". At this inspection we saw staff were available to meet people's needs and to engage them in the activities they wanted. The Campus Principle told us at times when additional staffing is required this is put in place straight away in order to meet people's needs. If there is an ongoing change in need which requires additional staffing they undertook a full reassessment to ensure they can provide the correct amount of support. One staff member told us, "Recently [person's name] had a stay in hospital. The staffing rota was rearranged to provide extra support during their hospital stay".

Staff members told us that before they were allowed to start work checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The provider had systems in place to address any unsafe staff practice and took action when necessary.

We looked at how people were supported with their medicines. Relatives we spoke with told us they were happy with the assistance people had with their medicines. They were kept informed of any changes so they

could support their family member consistently when they returned home or visited. People were supported to receive their medicines by staff who were trained and assessed as competent to do so. One staff member told us, "I have completed my online training and was assessed as competent and safe by a senior staff member before being able to support people". The registered manager and provider had systems in place to monitor medicines were given safely or to quickly identify any errors. Following one error with medicines all staff members were made aware of the learning from the incident in order to minimise the risk of any reoccurrence.

Is the service effective?

Our findings

People were supported by staff who were trained and skilled to meet their needs. One relative said, "All the staff are very good with [person's name]". Another relative told us the staff had the right mix of skills in order for them to support their family member. One relative told us, "The staff can read [person's name] like a book they are so knowledgeable about them". Staff members we spoke with told us they felt well trained and prepared for the work they would be undertaking with people. One staff member said, "Before I could start working directly with people I undertook a two week intense induction where we covered everything we would need to work with people. This included basic health and safety and communication techniques". Following the period of induction training staff members assisted more experienced staff in order to get to know those they would be supporting and to build relationships with them. One staff member said, "Working with someone is the best way of getting to know people. Also for them to know you".

People were supported by staff members who had access to on-going training in order to improve their existing skills and to learn different techniques. One staff member said, "Going on external courses with different people gives you the opportunity to talk about how things work elsewhere and to share best practice".

People received care and support from staff who felt supported by the registered manager and the provider. Staff members we spoke with told us they received regular one-on-one support sessions with a senior staff member. It was during these sessions where they could discuss aspects of their work and personal development. Staff members also told us they could approach the registered manager or senior staff members at any time for advice and guidance. They felt confident they would be responded to appropriately and in a supportive manner.

We saw people being asked for their permission before staff members assisted them. We saw one person indicating that they needed assistance. They were responded to immediately by a staff member asking if they could help and then waited for an indication that it was alright to support them. We saw people being involved in decisions and given choices about their every day to day care and support including what to eat and what activities they wished to do. We saw people were given choices about what to have at lunch time and were allowed time to make an informed decision. When someone could not make decisions for themselves this was appropriately assessed. Staff members knew the process to follow to ensure people's rights were maintained when decisions had to be made for them. Staff told us if it was required they would follow the principles of the Mental Capacity Act and make a decision for the person in their best interest.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. The provider had trained and prepared staff in understanding the requirements of the MCA and DoLS. At this inspection we saw the registered manager had made appropriate applications for DoLS. The registered manager had appropriately identified that the least restrictive measures were in place for the people they supported. This ensured people's rights were protected. The registered manager had systems in place to review any applications to ensure they complied with current guidance.

People were supported at times when they felt anxious or distressed. One relative said, "If [relative's name] got anxious staff know exactly how to calm them down". Staff members told us they were trained in non-abusive psychological and physical intervention (NAPPI) techniques. One staff member said, "This gave me the skills and confidence to support people and to help them when needed". Another staff member told us they had the opportunity for a discussion as part of a team if ever they needed to use the skills that they had developed as part of the NAPPI training. It is during these discussions that they were able to identify if something else could be done differently in order to better support people in the future. At this inspection we saw one person starting to become anxious. A staff member went to their assistance immediately and this person was diverted away from the cause of their anxiety and quickly calmed.

People were supported to have enough to eat and drink and to maintain a healthy diet. We saw people involved in the preparation of their meals and planning what to eat later. One person told us about their health concerns and what diet they needed to follow. We saw this person being involved in making positive choices about following this diet. One staff member told us people were involved in planning the weeks meals by choosing pictures of the meals they would like to eat during the week. We also saw alternatives offered if someone changed their minds about what they wanted to eat. One person told us, "I like beans and sausages when the food is too spicy". People had adapted crockery at mealtimes which helped them maintain independence and their existing personal skills and abilities. Mealtimes were social occasions where people and staff ate together in a relaxed environment.

People had access to healthcare services, including GP, district nurses and community psychiatrist and were supported to maintain good health. Health needs were clearly identified in people's care and support plans. Staff members knew people's individual healthcare needs and responded appropriately when required. For example staff were aware of people's allergies and knew how to support them.

Is the service caring?

Our findings

People were supported by staff members who were kind, engaging and respectful. One person said, "Staff are lovely to me and will help me when I ask them". One relative told us all the people living at Fairfield's were always treated with respect and made to feel very special. Throughout this inspection we saw people and staff talking and socialising in a calm and relaxed atmosphere. We saw people and staff members sharing jokes.

Staff members we spoke with were knowledgeable about those they supported. They were able to tell us about people's histories, where they came from and who mattered in their lives. Staff members spoke about those they supported with fondness. They told us about the good times people have experienced and also when things have been better in their lives. One staff member said, "[Person's name] went through a bit of a rough time with their health. The important thing is to make sure they know they can rely on us to help them when they need it and to not be fearful".

We saw one person start to display behaviours which could have upset others. A staff member recognised this immediately and distracted this person whilst another staff member reassured another person nearby. This was done calmly and with care not to penalise the person expressing their emotions. People were able to express how they were feeling without fear of repercussion. Staff took the time to know what it was the person was feeling and helped them to express themselves in ways which were more appropriate to the situation.

People were involved in decisions about their care and support. We saw throughout this inspection people being offered choices regarding how they would like their care. For example, when someone needed assistance they were asked if they wanted to go into the bathroom or to their bedroom. One staff member told us, "It may seem like something simple but even asking where someone wants a wash is important as it is the person making the decision". We saw people communicating with staff using a number of different techniques. These included speech and other verbal cues, signs and personally adapted gestures. Staff members were aware of individuals personalised communication techniques. Everyone living at Fairfield's had their own personalised communication passport. This is a document which explains an individual's personal preferences and skills for communication. We saw information on display throughout the home in a way which people would recognise and understand. For example, drawers and cupboards had pictures on them describing what they contained.

People had access to advocacy services. This was relatively new and at the time of this inspection the advocacy services was in the process of building relationships with people in order to better assist them. We saw details of a point of contact with the advocacy services and regular meetings. One advocate told us, "At the moment we are getting to know people. [Registered manager's name] asked us to become involved so they could make sure they could fully include people in their home, health and other areas of their lives they needed". People were provided with assistance to express their thoughts and desires on how they wanted to live their lives in a way which empowered them and valued them as individuals.

People were treated with dignity and respect by those supporting them. People's personal care needs were recognised and responded to quickly by staff who discreetly offered appropriate assistance. People were allowed time and space to express how they were feeling and supported by staff so their dignity was maintained. People were supported by staff members in an unobtrusive manner who respected them as individuals. We saw people being supported to improve personal living skills which promoted independence. People were preparing vegetables ready for lunch and assisting staff members with other household activities like taking the dishes into the kitchen and clothes to the laundry. This enabled people to be involved in their home and surroundings. Staff members knew about people's needs for confidentiality and how to store personal information to minimise any possibility of any information being inappropriately shared.

Is the service responsive?

Our findings

People were involved in their care and support. When it was needed family members or healthcare professionals were also involved. People had care and support plans that reflected their needs and how they liked things to be done. One staff member told us, "People's care plans have evolved over time. We can learn about people's histories from them but also from family members or where they used to live". Relatives were included in the planning of their family members care when it was required. One relative said, "We are fully updated on what is happening with [relative's name]. It is a two way process and we can ask anything we want and never feel like we are being intrusive".

Staff members knew people's individual likes and dislikes, communication preferences and healthcare needs. When people changed their preferences this was recognised and responded to by staff. One staff member told us, "Sometimes we do get it wrong. Just because someone liked something one day does not mean they will like it the next. [Person's name] used to like horse riding but one day would just not get on. We spoke with the family and they suggested a trampoline. They now love this activity". We saw care and support plans were reviewed regularly or when there was a change in needs. Staff were attentive to people's changes in need and would react appropriately and involve any relevant healthcare professional if required for advice and guidance. One relative told us, "They (staff) seem to pick up on everything about [relative's name] even the smallest thing". People were supported by a staff team who had a good awareness of their personal histories, needs and desires.

We saw people were engaged in activities that they found interesting and stimulating and also built on their personal living skills. These included social, leisure and educational activities. At this inspection people were involved in skill building in their own home like meal preparation and also in shopping. One person told us about their involvement in a music and movement group which they told us they loved. Staff members were encouraged to explore other activities for the people they supported. One staff member told us, "We thought [person's name] would be interested in pottery as this was a very tactile activity and would be something they might like. We were encouraged by [registered manager's name] to set this up and give it a go". People were involved in planning their activities and leisure times.

At this inspection one person was planning their next holiday with the assistance of a staff member who was also their named keyworker. A keyworker was a staff member who assisted them with day to day planning like personal shopping. They also assisted people with planning larger activities and maintaining family contact. The staff member had collected a number of pictures of locations they believed the person might like. This staff member told us, "I knew [person's name] liked beach holidays because their family told me and I have assisted them over the years on different holiday and they appear to enjoy these the most". They enlarged the pictures of appropriate destinations and spoke with the person to gather their preferences. The person concerned was not rushed into making a decision but allowed a time to consider and communicate their preference.

Friends and family were encouraged to visit whenever they wished and were not restricted. One family member asked us to note the efforts made by the registered manager last year to involve their family in the

birthday celebrations of their relative. A party was organised at Fairfields and the family including children all attended along with everyone living at Fairfields. We were told that this was a joyous occasion for all involved and promoted by the registered manager and the staff. Relatives told us the registered manager and all the staff actively encouraged family contact and involvement. At this inspection we saw one person was returning from spending a weekend at their family home.

People felt comfortable to raise any concerns or complaints with staff or the registered manager. People told us if they ever had a concern they would happily talk to the registered manager. People and families felt confident their concerns would be taken seriously and acted on. The registered manager had systems in place to investigate any complaint received. We saw details of one concern raised which was fully investigated by the registered manager. Although the concern was not upheld the outcome was communicated to the person raising it. Staff members were made aware of the complaint for their awareness and learning. At this inspection we saw information was available to people and relatives in a format that was accessible explaining how to raise a concern and who to contact.

Is the service well-led?

Our findings

People were involved in decision about their home and the service that was provided. Those who experienced difficulties in making their wishes known were supported by family and advocacy services. One advocate told us, "This home is excellent at helping people to be heard". People were involved in day to day decisions for example shopping and holidays. People's views were gathered and taken into account for larger decisions, such as what to do with a large piece of land adjacent to their home. People and their relatives knew who the registered manager was and found them approachable. One relative said, "We are very lucky with this home and the manager is excellent". Another relative told us, "We found [registered manager's name] to be very approachable and interested in what we think". Other relatives told us they believed the staff members to be professional and caring and that they thought this was indicative of good leadership.

People and their families were regularly asked for their opinions on the service provided to them. This usually took place during annual reviews but questionnaires were also sent out asking for people to comment on the service delivered. The registered manager and provider responded to people and family feedback. For example; suggestions were made to the change of use for the front of the building to make it more accessible to those living there. We saw this had been changed and now it was now used as a recreational area.

People we spoke with and relatives believed the registered manager and the provider were open and transparent and were able to openly discuss anything they wanted. Staff members were informed about any learning gained from errors or incidents with the desire to prevent reoccurrence. For example safe administration of medicines was revisited following a medicine error.

Staff members felt supported and part of a team with common values. One staff member said, "We are here to support people to live the lives they want. Not the lives we think they should have". Another staff member told us, "Everyone has the capacity to continue to learn. We encourage this by involving people in activities which build on peoples abilities whilst developing new skills". Staff members were involved in regular team meetings where they were able to discuss any concerns, changes to practice or recommendations for improvements. For example: the kitchen area was now more open and accessible to people living there.

Staff members believed they were appreciated by the provider and their contributions mattered not only to those they were directly supporting but as part of a wider organisation. Staff members received regular updates from the provider organisation (Senad Group) and had the opportunity to participate in training events with colleagues from other parts of the organisation. Staff members knew what was expected of them and were aware of policies and procedures that informed their practice. For example staff members knew about the whistleblowing policy and how to follow it.

The registered manager and staff members promoted people's inclusion in the local community. Fairfield's had recently won a local gardening competition which included all those living at the home. Pictures were on display celebrating peoples achievement and this success was being built on with consideration to

expanding people's horticultural interests.

Fairfields had a registered manager in place although they were not available at this inspection owing to pre-planned leave. However; they had made arrangements for people and staff to be supported throughout their absence. We had the opportunity to talk to the campus principle who was overseeing the management of Fairfields at the time of this inspection. They told us how the registered manager was in their first year at Fairfields and how they were developing their professional practice. For example the registered manager had a programme of development activities which they were following. This included completion of the mental capacity act training at a level suitable to their role as registered manager. The provider understood the requirements of their registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

The provider and registered manager had systems in place to monitor the quality of service provision. The campus principle told us they assessed information from quality checks, incident and accidents and feedback from people and staff which they used to drive improvements. For example: Recent changes had been made to make the kitchen area more accessible to people. However the provider believed this could still be improved. They are in the process of redesigning the area to make a more open plan environment which will increase accessibility and promote greater involvement of those living there.