

Alliance Care and Support Limited

Fairview

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Fairview is a residential care home providing accommodation and personal care to people. The service specialises in providing care for people with learning disabilities. The service can support up to five people. At the time of this inspection there were five people using the service.

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

People's experience of using this service and what we found

People were involved in all aspects of the service and made suggestions on how it was run. They were encouraged to make decisions relating to their care and support; their independence was supported and promoted. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Before people came to live at the service, careful thought was given in the planning process. People who already lived at the service were involved and asked for their feedback about any potential, new admissions.

Care plans were person-centred in design and provided staff with detailed information and guidance about people's care needs and how they wished to be supported. Staff completed a range of training to enable them to deliver personalised care to people.

People were involved in all aspects of the service, from choosing and planning menus to deciding how they wanted to spend their days. Most people were encouraged to participate in the community and were supported by staff with external activities. People had access to a range of healthcare professionals and services. Positive, caring and compassionate relationships had been developed between people and staff.

People were protected from harm by staff who understood what actions to take if they suspected any form of abuse. Risks to people were identified and assessed as needed, with guidance for staff which was followed. There were enough staff to support people and help them engage with activities. Medicines were managed safely.

A range of audits measured and monitored all aspects of the service. Staff felt supported by the management team and involved in developing the service.

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

Rating at last inspection

The last rating for this service was good (published 21 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

Fairview

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Fairview is a care home which is registered to provide accommodation and personal care for up to five people with learning disabilities. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced and took place on 17th October 2019.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as abuse; and we sought feedback from the local authority and other professionals involved with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During our inspection visit, we spoke with all the people using the service, two staff and the registered

manager. No relatives visited the service on the day of inspection, but they had contributed comments to the service quality monitoring questionnaires. We observed the support provided throughout the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at records in relation to people who used the service including four care plans and medication records. We looked at four records relating to recruitment, training and systems for monitoring quality.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection, this key question remained the same. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The manager and staff understood their responsibilities to keep people safe from abuse. Staff were aware of how to recognise and report any concerns they may have. They were confident the manager would take appropriate action when needed.
- The manager had built up a relationship and discussed with the local safeguarding authority any concerns they may have. Safeguarding concerns were recorded, and appropriate action taken.
- Staff had received training and had access to local safeguarding guidelines.

Assessing risk, safety monitoring and management

- Risks to people had been identified and detailed risk assessments guided staff about how to reduce risk.
- Some people had behaviours which could be potentially challenging for themselves, staff and other people. Care plans contained strategies about how to support people when their challenging behaviour occurred. Records, completed by staff, provided a basis for health and social care professionals to assess any other support required.
- Where people needed prompting about what to do to remain safe, staff were knowledgeable about their needs and supported them well.
- Staff recognised and took pride in the importance of properly understanding the support people needed and the risks their conditions posed. Staff were kept up to date of changes to people's risks and needs through staff handovers and a staff communication book. Staff understood how to alert each other about any changes.
- Positive risk taking was encouraged following detailed assessments of risk and reviews. For example, some people attended places and events in the community with minimal support.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. Staff supported people when needed and responded to them quickly. People told us there were always enough staff.
- Staff told us there were enough staff to meet people's needs. Staffing was more than people's one to one support hours and shift patterns enabled people to attend the activities they wanted to.
- Staff covered holidays and sickness to ensure people were supported by staff who knew them; agency staff were not used.
- Staff were recruited safely following the provider's policy. Checks had been completed to make sure staff were of good character to work with people.

Using medicines safely

- Medicines were administered, stored and managed safely. Medicines records were completed accurately. People received their medicines when they needed them.
- Some people were prescribed specialist medicines to help them manage their conditions. Guidance set out for staff when to give the medicine, how often and what to do if the medicine was not effective.
- Staff followed guidance given by GPs and the provider's procedures. Staff recorded how much medicine they gave people, the time they received it and records showed who had given the medicine.
- Staff received training to administer medicines and their competencies were checked regularly.
- Daily medicine checks ensured potential discrepancies were identified at the earliest opportunity and action was taken to address any concerns.

Preventing and controlling infection

- Processes were in place for the prevention and control of infection. The environment was visibly clean, and we observed staff completing routine cleaning thoroughly. Schedules were in place to ensure all required cleaning tasks were completed regularly. The service and its equipment were clean and well maintained.
- There was an infection control policy and other related policies in place. Relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control.
- Staff were aware of the precautions necessary to prevent the spread of infection to others. Personal protective clothing and equipment (PPE) were readily available and we observed staff using it appropriately.
- Staff received infection control training and used personal protective equipment, such as gloves and aprons, when required. The service was clean and well kept. Some people helped with household cleaning duties and their own washing.
- The laundry had appropriate systems and equipment to clean soiled washing, and we saw that any hazardous waste was stored securely and disposed of correctly.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify patterns and trends.
- Accidents were reviewed by the manager. They looked at how each accident happened, if there was a pattern, whether medical advice was sought or needed and the least restrictive way to reduce the risk of it happening again.
- Policies about dealing with incidents and accidents and subsequent reviews of risk assessments were effective. Records showed there was a low rate of incidents and accidents.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, and choices were assessed before they moved to the service. Where needed, this included input from people's families. This ensured care was effective and in line with guidance.
- Care plans and risk assessments created a holistic guide which enabled staff to support people in the best way possible.
- Assessments considered any needs people might have to ensure that their rights under the Equality Act 2010 were fully respected, including needs relating to people's life choices, disability or religion.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills, knowledge and experience to deliver effective care.
- Staff received a combination of online and face-to-face training, including first aid, fire safety and health and safety.
- When people had specific needs, staff were provided with specialist training to effectively care for them. For example, staff had received training in epilepsy, mental health and behaviours that challenge.
- Staff told us they felt well supported and received regular supervision and an annual appraisal. Staff received the support they needed to enable them to develop into their role with the skills and confidence required to support people well.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- Staff supported people well with their physical and mental health needs. The service supported and encouraged people to consider what they did and what they ate; promoting exercise and making healthy eating choices.
- People had access to healthcare to maintain their health and well-being. People's support plans showed they had accessed services such as GP, hospital services and dentists.
- People's health needs were clearly documented within their care plans. Staff followed guidance from health care professionals to ensure people remained as healthy as possible.
- Appointments were clearly documented together with any outcome or actions that needed to be completed.
- Staff sought medical advice when they noticed change in people's needs and ensured annual health checks were completed and medicine reviews took place.
- There was information for people to take with them if they were admitted to hospital. This included important information that healthcare staff should know, such as how to communicate with the person and

what medicines they were taking.

Supporting people to eat and drink enough to maintain a balanced diet.

- People were able to choose what they ate, and some people helped to prepare meals. Staff encouraged people to cook and eat healthy meals.
- One person told us, "The food here is good, we choose the things we like." Another person sat at the table early for each meal because they looked forward to it. We saw them eating and they clearly enjoyed their meal.
- One person enjoyed shopping and took charge of the weekly food shopping. Menus were planned weekly and people told us they had a wide variety of food which they enjoyed.
- People sometimes ate the same meal or they all ate different things, which staff supported them to do. Some people were able to help with food preparation tasks.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA and found that they were. Staff supported people to make decisions about how they spent their time and what to eat or wear. People's care plans contained guidance about how to support people to make decisions including using short, closed questions or offering only limited choices at a time.
- Where people did not have the mental capacity to make decisions, meetings were held with relevant people to discuss what would be in people's best interests; this included people's families.
- People had DoLS authorisations in place. Where applicable, any conditions of the DoLS were being met.
- When people were able to make their own decisions, staff respected their decisions.

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

- The home was well decorated and well furnished. A program of ongoing decoration and repair ensured maintenance kept ahead of the rate of wear and tear.
- The design and layout of the service met people's needs. People knew where their rooms were and where to find communal areas such as the kitchen, lounge and toilets.
- The communal areas were pleasantly decorated, and people's bedrooms were personalised with items they had brought with them.
- The garden was secure, accessible and well maintained. It provided additional seating and relaxation areas for people to enjoy.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff treated them well, were kind and caring when they spoke with them and supported them. One person commented, "The staff are very kind and friendly here." Another person smiled and nodded their head in agreement when we asked if they were treated well. Observation of interaction of people and staff showed people were welcoming and confident when staff engaged with them.
- During our inspection there was a calm atmosphere, people spent time as they wished. Staff interactions with people were positive and encouraging.
- Staff spoke kindly with people and laughed and joked with people throughout the day. People were relaxed and happy in their interactions with staff and smiled often.
- Care records contained information about people's background and preferences, and staff were knowledgeable about these. Staff were able to tell us about people, their support needs, likes and dislikes throughout the day, without needing to refer to their care plans. Staff had received training about equality and diversity and there were policies and procedures to support this.
- Staff helped people to keep in touch with their family and friends and organised social events at the service and other services owned by the provider.

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

- People's preferences and choices were clearly documented in their care records. For example, how people preferred to be supported, their daily personal care, preferred name and preferred daily routine.
- People decided how they wanted to be supported. The manager assessed each person's ability to do things for themselves or the levels of support they needed.
- People told us they were involved in making decisions about their day to day care. Some people needed complete support and other people were more independent. For example, people chose what they wanted to eat, whether they wanted a bath or shower and what activities they wanted to participate in.
- Information about advocacy services was available. Advocates, if needed, help people to access information or services and be involved in decisions about their lives and promote people's rights.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was actively respected. Staff were sensitive and discreet when offering support to people, for example, when reminding them if they may need to use the toilet or giving another person some space and reassurance when they became agitated.
- Staff told us how they protected people's dignity, giving examples of covering people with towels, only leaving the area exposed which was being washed.

- Staff were attentive and observant of people's needs, some people preferred to be supervised from a distance, while other people needed more intensive support.
- People were supported to remain as independent as possible. Care records described what people could do for themselves and what they required support with.
- Some people carried out tasks independently, such as eating, drinking and mobilising, but staff were nearby to help if it was needed.

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People continued to receive support which was based around their needs, choices and preferences. Each person had their own individual care plan which detailed the support they needed, and how staff should provide that support.

- Care plans were regularly reviewed, and any changes were updated immediately.

- Care plans were written with people, taking into consideration information and advice from health professionals.

Meeting people's communication needs

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

- Information in the service was available in a variety of formats to meet people's communication needs. For example, information was provided in easy read format and large print. Staff used these methods to explain things to people and find out what they thought of the support they received.

- Staff provided support to people who required it, for example staff supported some people with letters they received if they did not understand the content.

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

- People were encouraged to participate in a range of activities. They chose activities inside and outside of the service and in the local community. These included planned outings and trips to the shops. One person collected music CDs and puzzles and told us they enjoyed doing these daily. They also attended the local cinema and visited the seafront often.

- People were supported to visit their friends and relatives and to see their families. Staff also arranged BBQs and get togethers for people with people from other services.

- Staff supported people to take part in activities of their choice, often on a one to one level. Staff shifts patterns considered people's activities and were changed when needed to accommodate them. This provided consistency of support for people, for example, if they wanted to go out for a full day.

- Family and friends who were important to people were clearly shown in their care plans as well as the roles they played in people's lives. This helped staff understand people's support networks and their relationships, which helped people to maintain family bonds and friendships. Staff were aware how important this was to people and their families.

Improving care quality in response to complaints or concerns

- The complaints procedure explained to people what to do if they wanted to make a complaint. It contained information about how a complaint would be dealt with by the manager and provider as well as signposting people where to take their complaint if people were not satisfied with the response. Such as the Local Government Ombudsman.
- The manager told us they encouraged people to complain and express their views when they were unhappy or wanted something to change.
- There was an easy read guide about complaints on display at the service. People knew how to complain and told us they would do so if they felt the need to.
- One person told us, "I have no complaints."
- Staff were familiar with the complaints process and told us how they would support some people if they needed to complain.

End of life care and support

- No one at the service was being supported with end of life care.
- People's end of life care was discussed and planned, and their wishes were respected if they had refused to discuss this.
- People could remain at the service and were supported until the end of their lives.
- Observations and documentation showed that peoples' wishes, about their end of life care, had been respected.
- Staff received training in end of life care and told us how they supported people at the end of their life to ensure they remained comfortable. They worked closely with other professionals to ensure people's needs and wishes were met.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were effective systems in place to monitor the quality of the service. The manager, provider and key staff completed regular audits on all areas of the service. When shortfalls were identified, they were actioned quickly and signed off when complete. The manager completed spot audits, to check that staff were always working to the required standard.
- Systems were in place to make sure care plans and medicine records were accurate and up to date.
- Provider audits maintained an oversight of the quality of service provided and ensured manager checks were thorough and effective.
- The manager understood their responsibilities of their registration.
- Staff felt valued and enjoyed working at the service. Care was well organised, and people were clear about their individual roles and responsibilities. Staff worked together well as a team and all the staff said they helped each other out when needed.
- Registered bodies are required to notify the Care Quality Commission (CQC) of specific incidents relating to the service. We found where needed, notifications had been sent to us appropriately.
- It is a legal requirement that the latest CQC inspection report rating 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. The provider had clearly displayed their rating at the service and on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had requested feedback from people, relatives and healthcare professionals in the form of quality assurance questionnaires.
- Feedback reviewed from was positive; people were happy with the service and support they received. Relatives provided positive feedback in written messages of thanks to the staff.
- Some people were able to share feedback about the service, staff and improvements through regular one to one meetings and informally in their daily interaction with staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff spoke of a positive culture, which led to positive outcomes for people. For example, increased social activity and positive engagement for people. One person spoke highly of the manager who

said they had actively helped them with their anxious moments and they were now calmer.

- Staff were knowledgeable about people's needs. Staff and managers were passionate about providing people with an opportunity to become more independent and positively engage where possible with the community.
- Staff and people had built up a good rapport with the community and were proud to work at the service and were proud of the support people received.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- Audits and checks were carried out to monitor the quality of the service. Action was taken if any shortfalls were identified.
- All staff we spoke with were knowledgeable about duty of candour and understood the need to be open and honest.

Continuous learning and improving care; Working in partnership with others

- Supervision sessions and staff meetings helped to ensure staff were aware of how to provide good quality care. Staff told us any issues or problems were dealt with quickly by the manager.
- The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift.
- Staff commented that they all worked together and approached concerns as a team. Staff told us any issues or problems were dealt with quickly by the registered manager.
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination.
- Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service.
- The management team linked with local networks, and used any information shared to improve care and treatment for people living at Fairview. We received positive feedback from healthcare professionals who worked closely with the service.