

# Care In Style Limited

# Fairmead

## 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

Fairmead is a residential care home registered to provide personal care for up to three people, with learning disabilities and on the autism spectrum. The care home was set over two floors in one adapted building. At the time of our inspection there were three people living in the service.

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

People felt safe at the service and their belongings and finances were protected. There were processes in place to ensure staff knew how to protect people from abuse and where to escalate concerns if they needed to. Medicines were managed safely to ensure people received their medicines when they needed them. The service was working with GPs to reduce the number of medicines people took to ensure they were only taking what was needed. People had their health and wellbeing assessed and risk assessments were individual to each person based on their needs. There were robust recruitment practices in place which were followed when recruiting new staff.

People were supported to maintain their health and wellbeing in line with recommended guidance. Staff received training and development to be able to support people safely which included learning more about specific conditions related to the needs of the people who used the service such as autism. Staff were supported to develop within the service and to achieve additional qualifications. People were supported to maintain a balanced diet and maintain a healthy weight. They were given choices about what they ate and drank.

Staff were kind and caring when they supported people and gave emotional support when needed. People were comfortable with staff and responded well to them. Staff knew people well and were able to communicate with people individually based on their abilities. People were involved in making decisions about their care. People had their privacy and dignity protected.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People, staff and healthcare professionals spoke highly of the manager and found them to be approachable. People were involved in the service. There were systems in place which supported monitoring the quality of the service provided to drive improvement. The provider and manager were actively involved in initiatives to

improve the quality of care that people received and had been nominated for awards for their work with people at the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 26 September 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 re-inspection 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 safe findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our safe findings below.

# Fairmead

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Fairmead is a 'care home'. People in care 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.

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.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. Due to technical problems, the provider was not able to complete a Provider Information Return. 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 the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with five members of staff including the manager, deputy manager, senior care workers and care workers. 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 reviewed a range of records. This included two people's care records including medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# 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 has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse. This included their personal safety, finances and belongings.
- People felt safe and protected in the service. People said they were well looked after.
- Staff had been provided with training and were able to describe the process for identifying signs of abuse and reporting concerns in line with the provider's policies and processes.
- Staff knew about whistleblowing and confidently spoke about the process.

Assessing risk, safety monitoring and management

- Each person had risk assessments specific to their individual needs such as for risk of choking or seizures. Information viewed balanced the need to keep people safe whilst also encouraging positive risk taking. For example, one person had been supported to carry out their goal of attending a woodwork course balancing the risks of their behaviour in the community and health conditions.
- Risk assessments were put together taking account of guidance from other healthcare professionals using their expertise. Speech and language therapists had contributed to risk assessments for people who had communication issues. These were regularly monitored to ensure they were still effective for reducing the risks to people living in the service.

Staffing and recruitment

- There was a stable staff team who got on well with people. People were calm and relaxed in their company.
- There were enough staff available to meet people's needs. Staff worked flexibly to be able to support people with activities and trips in the community. Everyone received some one to one time with staff and rotas were developed taking this into account. Staff worked flexibly to be able to support people if they changed their plans.
- Robust recruitment checks were carried out before staff began working at the service. This included checks of their identity, qualifications and previous employment history and all staff had received a full criminal record check.

Using medicines safely

- Processes were in place to keep medicines secure, to ensure they were ordered, available when needed and administered in line with the prescribed guidelines.
- Staff received training in the administration of medicines and had their competencies checked on a regular basis to make sure they were able to safely administer medicines to people when they needed them.

- Staff were working with the GP to reduce the amount of medication that people were taking. The service promoted other therapeutic input such as by using behaviour management strategies.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff were provided with training on the prevention of infections.
- There was personal protective equipment available which included alcohol gel available for people coming in and out of the home. People and staff were seen using this.
- The service was visibly clean throughout.

#### Learning lessons when things go wrong

- Staff knew how to report incidents and understood the importance of doing so. They knew what needed to be documented and said they felt confident that incidents were reviewed, and action was taken by managers to put steps in place to prevent a recurrence.
- The registered manager had a system for reviewing incidents and looking for patterns and trends. Actions were put in place to prevent incidents from occurring again and to keep people safe. This included speaking with other healthcare professionals for advice and ensuring staff completed refresher training and competency checks.



# 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 has 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 were assessed and monitored and support plans were put together in conjunction with other healthcare professionals to ensure they were following appropriate guidance for people's individual needs. For example, behaviour therapists and social workers had been consulted when putting together behaviour plans for people who could be distressed and anxious.
- The service employed a specialist behaviour analyst who used best practice guidance to put together behaviour support plans for people who needed them. These were monitored and reviewed regularly. The frequency of episodes whereby people could be distressed and anxious had reduced since they were in place.
- Staff knew people's needs well and delivered care as detailed in their support plans.

Staff support: induction, training, skills and experience

- Staff received an induction when they started working at the service which included completing training, shadowing other staff and completing the care certificate and. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. A member of staff told us, "I spent time meeting everyone and reading their care plans before I worked with them".
- Staff received regular training which included e-learning and face to face training. They had regular supervision with more senior members of staff to ensure their skills were up to date. Staff said they were able to speak openly with managers during these sessions. Staff had completed training in autism which had helped them to better understand the needs of the people they supported.
- Staff were given opportunities to gain qualifications and develop their roles within the organisation. A member of staff said, "I'd done some qualifications before I came here so they approached me and asked me if I would like to do the next level." Another member of staff told us how they had progressed through the company in different roles and had been supported with different training and qualifications to do so.

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

- People were able to access food and drink when they wanted to. There was a weekly menu in place which people could choose from each day. If people didn't want what was on the menu, there were other options available to them.
- People were able to choose from a healthy choice of meals which included fresh fruit and vegetables. People were given advice by staff on choosing a balanced diet.
- People were supported to maintain healthy weights and staff had worked with the GP and other healthcare professionals to support people to either gain or lose weight to enable them to maintain a

healthy lifestyle.

- People who were able to, enjoyed helping to prepare some of the meals. One person particularly enjoyed baking cakes.

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

- Staff attended appointments when people needed to use other healthcare services to support them to communicate and understand what was happening.
- People had access to healthcare professionals based on their individual needs such as occupational therapists, dieticians and behaviour therapists. Each person was registered with a GP.
- People had regular health checks with dentists and opticians to maintain their health.

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

- People's bedrooms, communal areas and corridors were spacious to allow enough space for them to move about safely. Each person had their own bathroom.
- People's bedrooms were personalised and decorated how people had chosen and some people were having their bedrooms redecorated.

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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager understood the requirements of the MCA and their responsibility to apply it within the service. They had a process in place for monitoring applications made to deprive someone of their liberty including authorisations received and reapplied for these as required.
- Staff had received training and knew the principles of the MCA and how it applied to people in the service.
- Support plans were person centred and had taken account of people's ability to make decisions about their care.

# 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 has 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 were supported with their individual needs and were involved in developing their support plans to make them relevant to them such as by setting goals they wanted to achieve.
- Staff received training in equality and diversity to raise awareness of protected characteristics.
- Staff were aware of people's individuality and respected people's needs in relation to these.

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

- People worked with staff to make plans about how they were supported, this included activities they wanted to attend and planning for moving on to more independent living.
- Staff knew and understood people very well and spoke to them about topics they were interested in. Staff planned activities based on what people liked and people were excited about the activities they were doing that day such as going on a train journey.
- People were supported to access advocacy services and one person had an advocate in place. An advocate supports people who can't make or understand decisions by stating their views and wishes or securing their rights.

Respecting and promoting people's privacy, dignity and independence

- People were able to be independent such as helping with household chores and preparing meals. People chose what they wanted to do each day. Some people had their own routines and other people preferred to decide on a daily basis.
- Staff received training in dignity. Staff gave examples of how they respected people's privacy by closing doors when giving people personal care and we observed them knocking on doors before entering people's bedrooms.
- People were able to choose where in the service they spent their time. There were communal areas that included a main lounge, garden and an art room which people could use. People were also able to spend time in their own bedrooms when they wanted some time alone.
- People were encouraged to be independent which was reflected in risk assessments and support plans. Staff worked with people to make sure there were measures in place to keep people safe whilst allowing them to be independent, for example, developing people's daily living skills such as cooking and laundry.

# 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 has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in planning their care and making choices about what they did each day. Care was planned taking into consideration people's needs and maintaining their health. For example, one person needed to attend a medical appointment however their daily routine was important to them. Staff arranged the appointment between activities to ensure the person did not get distressed.
- People and their relatives were included in decisions about people's care and some people had advocates who also shared their views with the service.
- People were supported to achieve goals they had set for themselves and maintain as much control over their choices as possible. For example, one person wanted to go to college and learn woodwork. The person had been supported to register for the course and attend college.

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.

- People who had communication needs had individual communication plans which contained detailed information about how they communicated and how to ensure they understood what was being communicated to them. For example, for people who had difficulty communicating verbally, there was information in their records which explained what people were trying to communicate by words they said. As people had unique ways of communicating, staff who already worked with people trained new staff in how to communicate with them before they worked with them on their own. This was to make sure people were always fully understood.
- People had communication passports in place they could take with them when they needed to use other healthcare services to enable them to communicate effectively.

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 able to frequently access the community for personalised activities. One person told us, "I've been out to the day centre today, I always love going to the day centre." Other people had been out to other community activities such as train rides and to the shops.
- Staff had introduced a sports programme that people took part in. This was tailored to each person's needs and abilities. There had been a reduction in episodes where people could be distressed or anxious since people had been taking part in the sports programme.

- People were supported to maintain personal relationships and to spend time with their families. Staff supported people to go for home visits and people's relatives were welcome at the home anytime.

#### Improving care quality in response to complaints or concerns

- People knew how to raise concerns if they were not happy about something. People told us they would tell staff if they were unhappy.
- There was a system in place for recording, responding to and monitoring complaints which followed organisational policies and procedures.
- People and their relatives were encouraged to express their views as part of meetings, surveys and care reviews.

#### End of life care and support

- At the time of the inspection, no one was receiving end of life care.
- Some staff had received training in end of life care and the manager said other staff had been booked to attend the training.

# 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 has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and staff told us they found the manager approachable. Staff said they were kept informed of what was going on in the service and were encouraged to put forward suggestions for projects and activities they thought people would enjoy such as sports projects.
- The values of the service were reflected in the way staff and the manager talked about the service. All staff said that one of the core values was to be person centred and keep people as independent as possible which was observed throughout the day. People told us they were included in all decisions about the service and had full control of their daily living.
- People were treated as individuals and received care based on their preferences and choices.

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

- Staff were aware of whistleblowing and said they would feel confident to raise concerns if they had any.
- The registered manager and manager were aware of their responsibilities under duty of candour and had contacted people's families and other healthcare professionals when incidents had occurred and put plans in place for preventing them happening again. This included seeking advice from other organisations if needed such as the local authority.
- The registered manager kept up to date with best practice guidance to drive improvement in the service. How? Do you have an example to demonstrate what you are saying?
- The provider supported the registered manager and carried out regular visits to assess the quality of the service and put action plans when improvements were needed.

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

- The manager carried out surveys with people who used the service to gather their opinions on the quality of the service. They put together an action plan of any comments or feedback they received to make improvements to the service. The surveys we viewed were very positive.
- Feedback received from healthcare professionals was positive and they said they felt fully engaged by the service. They felt the service involved people in the service and treated people as individuals.

Continuous learning and improving care

- The provider had achieved an award for most effective approach to leadership and management at the Skills for Care Accolades awards 2019 and the service was a finalist for the National learning disabilities and autism awards 2018 for sports enabling further activities.
- The registered manager had a quality monitoring system in place to ensure the quality and safety of the service was regularly reviewed, and improvements were made where needed.
- The provider had oversight of the quality management system and conducted checks and audits to support the registered manager to improve the quality of the service.

#### Working in partnership with others

- The manager worked in partnership with other organisations and healthcare professionals to provide care to people following best practice guidelines and current legislation. For example, the registered manager had worked with speech and language therapists to support people with communication needs.
- Action was taken in partnership with other organisations in relation to incidents where people were considered a risk to themselves or others. The provider employed a behaviour analyst who worked with people to put behaviour management plans in place to reduce the risk of harm.
- Feedback received from other healthcare professionals who visited the service was positive. Comments included, "I am very impressed with the service."