

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

About the service: This service supported people with learning disabilities and/or autism.

The home was bigger than most domestic style properties. It was registered for the support of up to seven people. Seven people were using the service at the time of the inspection. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by how the building was used. There were no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff did not wear anything which suggested they were care staff when coming and going with people.

What life is like for people using this service:

- A new manager had been appointed. The new manager advised us they were in the process of applying to become the registered manager for Fairfield House.
- People were at ease with staff, and enjoyed spending time with them.
- There had been changes in the staff caring for people. However, staff rotas had been arranged so people were always supported by staff who knew them well, as people started to develop caring relationships with new staff. There were sufficient staff to care for people at times to suite people.
- People were confident to ask for assistance and reassurance from staff when they wanted this.
- Staff promoted people's rights to privacy and dignity and encouraged people's independence.
- People made their own day to day choices and decisions. These included how people chose to spend their time, and what interesting things they wanted to do.
- Where people needed support to make some decisions staff and other health and social care professionals assisted them, focusing on what was best for people living at the home.
- Staff understood people's preferred ways of communicating and supported them to develop their communication skills, further. This had led to people experiencing enhanced confidence when communicating.
- People were supported to stay as safe as possible by staff who understood risks to people's safety.
- The risk of infections and accidental harm was reduced, as staff used their knowledge and the equipment provided to do this.
- People were supported to have their medicines safely and checks were undertaken to ensure these were administered as prescribed. People's medicines were regularly reviewed.
- Staff had been supported to develop the skills they needed to care for people, so people's care needs would be met.
- People had enough to eat and drink to remain well. People were encouraged to decide what they wanted to eat and were supported to choose from a healthy range of snacks.
- Staff supported people to see other health and social care professionals. This helped to ensure people experienced good health outcomes and a sense of well-being.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.

- People were supported to keep in touch with relatives and others who were important to them and had opportunities to do things which they enjoyed in the community. Staff encouraged people to try new experiences which they may enjoy.
- The views of people, relatives and other health and social care professionals were considered when people's care was assessed, planned and reviewed. This helped to ensure people's needs and preferences continued to be met.
- Systems were in place to take any learning from complaints, concerns or suggestions, to further improve people's care.
- Staff worked with other health and social care professionals when considering the care people wanted at the end of their lives. The manager planned to further develop the processes to support people at the end of their lives, so their wishes would be responded to.
- Other health and social care professionals told us the manager had developed good links with other organisations who regularly supported people, and said staff focused on the needs of people living at the home.
- The manager and provider checked the quality of the care provided and sought suggestions for improving people's care further. Suggestions were listened to and acted on. Where actions had been identified these were completed, so people benefited from care which continually developed to meet their needs
- We found the service met the characteristics of a "Good" rating in all areas; For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good. The last report for Fairfield House was published on 13 September 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Fairfield House

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: One inspector carried out the inspection.

Service and service type: Fairfield House is a care home. 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 did not have a manager registered with the Care Quality Commission at the time of the inspection. However, a new manager had recently started, and they were in the process of applying to become the registered manager for Fairfield House. This means that they and the provider will be 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 when preparing for and carrying out this inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for. We spoke with one person living at the home, to gain their views about the care provided. We also spoke with two provider representatives, the manager and six care staff. In addition, we sought the views of one health and social care professional, who regularly supports people who live at the home.

We reviewed a range of records. This included two people's care documents and multiple medication and records. We also looked at records relating to the management of the home and checks undertaken by the registered manager. For example, systems for managing any complaints, checks on medicines administered and the provider's audits on the care provided, and action plans arising from these.

Is the service safe?

Our findings

SAFE

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- Systems were in place for staff to regularly communicate information about people's safety and well-being needs.
- Staff had received training and understood what action to take in the event of any concerns for people's safety.

Assessing risk, safety monitoring and management

- People's safety needs and risks were assessed and considered when their care was planned.
- People's safety and well-being was monitored and plans to keep them as safe as possible were regularly reviewed. People's preferences and the views of other health and social care professionals and people's relatives were also reflected in plans for people's safety.
- Staff promptly assisted people when they needed support with their safety. For example, if people wanted reassurance, this was quickly provided.

Staffing and recruitment

- The suitability of potential staff to care for people was checked prior to their employment. One staff member told us, "I had done some agency work [at the home], but they also did the checks again when I was employed."
- Staffing levels were based on the needs of people living at the home.
- There had been several changes to the staff caring for people and the managers at the home. However, staff rotas were arranged so newer staff were supported by staff who knew people well and there were sufficient staff to care for people at times people wanted.

Using medicines safely

- People were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- Staff followed the training they received to reduce the likelihood of infections, and to promote people's health.
- The home was well maintained and clean.

Learning lessons when things go wrong

- Staff communicated information about incidents so any learning could be taken, and risks to people

further reduced. One staff member said, "[Manager's name] sends us emails, and texts and talks to us if there have been any concerns, so we know how to help people."

Is the service effective?

Our findings

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

Good: 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 before they came to live at the home. One staff member explained people had the opportunity to visit and meet with other people living at Fairfield House and staff, prior to moving in.
- The wishes of people and the views of their relatives and other health and social care professionals were considered when people's needs were assessed. This helped to ensure people's care preference and needs were understood. One staff member said, "We talk with staff who currently support people, so we can get to know about residents who are going to move in."

Staff skills, knowledge and experience

- People showed us they were confident to ask for assistance from staff.
- Staff were positive about the training they had undertaken and the opportunities they had to develop their skills further. One staff member told us, "[Manager's name] won't let you step in the house until you have done the training you need."
- The health and social care professional we spoke with highlighted staff had the skills required to meet people's care needs.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to have enough to eat and drink to remain well. Where people needed support to maintain their safety when eating this was provided by staff.
- Staff gave us examples of support given to people so they had been able to achieve a healthy weight and improved health outcomes. We saw people had access to a range of healthy meals and snacks, to promote good health.
- Staff regularly encouraged people to have enough to drink, so they remained hydrated.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access the health care they needed. For example, people were assisted to see their dentists and GPs, regularly.
- People's physical health and well-being needs were understood and monitored by staff.
- The manager planned to ensure all people living at Fairfield house had an up to date health action plan in place. Health action plans help to ensure people's needs and preferences are fully understood by other health staff providing people's treatment.

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

- People's rooms reflected their interests. Some people chose to display photographs which enabled them to connect with people who were important to them.
- People could enjoy a number of communal areas, within the home and in the grounds, to socialise or spend time quietly as they chose.

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 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 service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, authorisation correctly obtained, and any conditions observed.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: 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 wanted to spend time in the company of staff and the manager, and were confident to ask for any help they wanted.
- The health and social care professional we spoke with told us long serving staff knew people well.
- New staff were positive about the support they had received to get to know people. One staff member said, "You are given enough time to sit with people and you find out about them by working with them, and looking at their care plans."
- Staff supported people to express their individual lifestyle choices, and considered the needs of other people living at the home as part of this process.

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

Staff understood if people liked a to spend their day in a particular way,

- People were supported to make their own choices about their day to day care. This included how they wanted to spend their time, and what assistance they wanted. One person said they regularly decided if they wanted to help to prepare meals, or if they wanted to spend their time in other ways.
- Staff and took time to offer people support they may want, and to listen to people's decisions. One staff member said, "You recognise some people like privacy for watching television, and others like to watch television together."
- People were supported by advocates to make some decisions about their care. This included if it was in people's best interests to access health services, and to decide what holidays they may wish to have.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and independence was promoted in the way their care was planned. For example, people's care plans gave staff guidance in promoting people's independence in relation to personal care, so people would be encouraged to do elements of their own care, where possible.
- People's confidential information was securely stored, to promote their privacy.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care; accessible information; choices, preferences and relationships

- People's care plans reflected their what mattered to them, their histories and preferences.
- People's relatives were also encouraged to make any suggestion they had in relation to the care planned for their family members. This helped to ensure people's histories and preferences were known.
- The visiting health and social care professional we spoke with told us staff took their views into account when planning people's care. For example, plans were being put in place to support people to have access to their own door key codes, where they could manage these, so they would enjoy enhanced privacy.
- One member of staff explained they were the encouraged to make suggestions for developing people's care plans further. This helped to ensure people' care plans were up to date, and reflected their unique preferences.
- People's assessments, care plans and risk assessments provided staff with the information they needed to support people as people wished. For example, how much structure some people liked in their days. One staff member said, "Not everyone likes routines."
- Staff were also given guidance on how to support people to keep in touch with people who mattered to them. For example, we saw plan had been put in place to support some people to email or visit their family members, with support from staff, so people would enjoy a good sense of well-being.
- People's care plans and risk assessments were regularly reviews, so people would continue to have the care they wanted as their needs changed.
- Staff supported people to do things they enjoyed. This included spending time with friends in the community meeting up with friends, horse riding and going on holidays and trips out.
- The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that 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 service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals, such as information showing people's planned activities.
- One staff member highlighted a person who had recently moved to the home was now more confident, and was choosing to verbally communicate more, as their communication needs were met. The staff member said, "[Person's name] will now come up and whisper to you. Their family have noticed their increased confidence."
- Staff also gave us examples of social stories which had been introduced, to support people's well-being.

Improving care quality in response to complaints or concerns

- Systems were in place to promote, manage and respond to any complaints or any concerns raised. We saw action was taken if any concerns or suggestions had been made, and learning taken from these.

End of life care and support

- Staff at Fairfield House had not provided end of life care since our last inspection. However, staff gave us examples of work they had done with other organisations to ensure people were supported well, at the end of their lives. The manager told us they were reviewing how people were supported to express their end of life wishes, and had begun developing links with other organisations to ensure people's preferences would be met.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There was not a manager registered with the Care Quality Commission at the time of the inspection. A new manager had been appointed. The new manager advised us they were in the process of applying to become the registered manager for Fairfield House.
- The manager told us they were supported by the provider to understand regulatory requirements and with resources to develop the home further.
- Staff understood the manager's vision for the home. One staff member said, "[Manager's name] wants [people] to have their freedom, for them to do what they want and to be happy."
- The manager said, "I want people to be happy, to have a nice life and to go on holidays. I am proud of the staff team. They know the residents, and do try new things with them."
- Some staff had specific areas of responsibility. For example, one staff member took the lead for fire related work, whilst another staff member focused on ensuring people received their medicines safely. All staff were supported to understand their roles through regular meetings with their manager.

Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility

- People enjoyed spending time with the manager, who regularly spent time with them.
- Staff told us they found the manager approachable, and enjoyed working at the home. One staff member told us, "There have been some changes to the manager, but [the new Manager's name] is getting to know people living here, and the staff." Another staff member said, "The best thing about working here is that you are given time to take proper care of [people]."
- The health and social care professional said communication from the manager and staff was open.
- Staff were supported to provide good care through the systems put in place by the manager to enable information sharing across staff teams, so people's needs and preferences would be met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The manager consulted with people, relatives and health and social care professionals, at review meetings.
- Staff told us the manager encouraged them to make any suggestions they had to improve people's care further, such as interesting things for people to do, and their suggestions were listened to. The manager gave us examples of suggestions adopted, so people would have opportunities to be involved in a music festival and gardening competitions, within the provider's group of homes.

- The health and social care professional told us effective links had been established by the manager with their organisation and staff focused on making the correct decisions for the individual people living at the home.

Continuous learning and improving care

- The manager and provider checked the quality of the care given. For example, checks were made to ensure people's medicines were administered as prescribed, and the environment at the home was safe and clean. Where actions were identified, these were undertaken, so people's needs would be met.
- The manager kept up to date with best practice through meetings with the provider's other managers and training, so they could be sure people were supported to enjoy a good quality of life.
- The manager told us about plans they had for further improving the care available to people. These included equipping a garden annex with a new kitchen and sensor items, so people could enjoy spending time and increase their independence. The manager also planned to continue a programme of refurbishment of the home and grounds, so people would have opportunities to try new ways to keep fit and maintain their enjoyment living at the home.
- The manager also planned to explore different methods of gaining feedback from relatives and other health and social care professionals, so they could be assured their views were fully embedded into improvement plans.