

# Grantham and District Mencap Limited

## Fairview Farm

### Inspection report

Fairview Farm  
Gloucester Road  
Grantham  
Lincolnshire  
NG31 8RJ

Date of inspection visit:  
28 March 2019

Date of publication:  
30 May 2019

Tel: 01476567600

Website: [www.granthammencap.co.uk](http://www.granthammencap.co.uk)

### 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 Farm is a large home, bigger than most domestic style properties. It was registered to support up to 22 people. 19 people were using the service. There was also a respite facility where people could stay for a period of time. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

The service has been developed and designed in line with 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 received planned and co-ordinated person-centered support appropriate for them.

### People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways:

People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives.

People were supported in the least restrictive way possible.

People were able to take part in a range of activities and outings and their independence was promoted.

People and their family were involved in care planning as much as was possible.

People received safe care. Staff understood safeguarding procedures. Risk assessments were in place to reduce and manage risks within people's lives.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.

Medicines were stored and administered safely.

Staffing support matched the level of assessed needs within the service during our inspection.

Staff were trained to support people effectively. Staff were supervised well and felt confident in their roles.

People were supported to have a varied diet. Healthcare needs were met, and people could see health professionals as needed.

Staff treated people with kindness, dignity and respect, and spent time getting to know them.

Care plans reflected people likes, dislikes and preferences. A complaints system was in place and was used effectively.

The manager was open and honest, and worked in partnership with outside agencies to improve people's support when needed. Audits of the service were detailed. Any issues found were addressed promptly.

The service had a registered manager in place, and staff felt well supported by them.

The service met the characteristics for a rating of Good in all of five key questions we inspected. Therefore, our overall rating for the service after this inspection was Good. More information is in the full report.

Rating at last inspection: Requires Improvement (report published September 2017)

Why we inspected: This was a planned inspection.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

## 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 ●

# Fairview Farm

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by one inspector.

#### Service and service type:

Fairview Farm is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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. The inspection was carried out on 28 March 2019.

#### What we did:

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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During this inspection we spoke with:

Seven people living at Fairview Farm.

Two relatives/family members.

Five members of staff including the registered manager, deputy manager, team leader, two care staff.

We reviewed:

Four people's care records to ensure they were reflective of their care needs.

Four staff recruitment files.

Documents relating to the management of the service such as policies, audits, meeting minutes and safeguarding records.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm.

At the last inspection we identified concerns with medicine management and the safe recruitment of staff. At this inspection we saw that changes had been made and sustained.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe. One person said, "I am safe here, I love living here." Staff had received training and demonstrated a clear understanding of how to identify if a person may be at risk of harm or abuse and how to report their concerns.
- The registered manager reported safeguarding concerns to the local authority and other key agencies and acted to ensure people's safety.

Assessing risk, safety monitoring and management:

- Risks to people's well-being and health were assessed and measures were in place to reduce risks. Staff understood the plans in place and were comfortable supporting people. Risk assessments included health conditions, the environment, community use and activities.
- Staff regularly reviewed the risk associated with each person and plans were further developed and updated when there was a change in risk.
- Risks were assessed in a way which understood and promoted independence.

Staffing and recruitment:

- People told us staffing levels were adequate. One person said, "There is always staff around." A relative told us, "We have a great bunch of staff working here, I know them all by name and they do a wonderful job."
- Records showed there were consistently enough staff on site to meet people's needs promptly and safely.
- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience.

Using medicines safely:

- People received their medicines safely. Medicines were administered by staff that were trained to do so. Medicines were stored securely, and medication administration records were accurate, and regularly checked for any mistakes.
- People were supported to administer their own medicine where they were able to. Risks had been assessed and regular checks were in place to check this.

Preventing and controlling infection:

- The service was clean and tidy, and staff observed infection control procedures. One relative said, "It's always clean here. Never had an issue with cleanliness."

- The home had received a five out of five star environmental health rating from the local authority. This rating reflects the service maintained a high standard of food hygiene.

Learning lessons when things go wrong:

- Incidents and accidents were recorded as required, and monitored to identify any trends.
- Management and staff understood the need to regularly review activities and make changes if and when required. For example, an issue was identified where accidents/incidents had taken place but the registered manager wasn't always aware of them. The registered manager changed the format of the forms to ensure incidents had a manager review to ensure there was sufficient oversight and any trends were recognised.



# 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

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 moved into the service to ensure they received the right care and support. This involved a transition in to the service that was completed at a pace suited to the person.
- Assessments took full account of people's social and cultural needs and considered compatibility with other people living in the service.

Staff support: induction, training, skills and experience:

- People were supported by a staff team who were trained and well supported. Training for staff included fire safety, infection control, moving and handling, positive behaviour support, safeguarding and risk assessing. Staff told us they were encouraged with their professional development and were encouraged and supported to undertake training.
- Staff induction procedures for new staff included shadowing with more experienced staff, and completing the Care Certificate. The Care Certificate is a course which covers the basic standards required in care.
- Staff said they could contact the registered manager for support at any time. Regular supervision took place which included the registered manager conducting spot checks on staff to monitor and assess competency.

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

- People were supported to maintain a healthy diet. We spoke with one person who told us they enjoyed the food they had at the service, were able to have a variety of choices and enjoyed going out to buy different food with staff support.
- Any specialist dietary needs were catered for. For example, one person was at high risk of choking. Staff had good knowledge of how to ensure the consistency of food was appropriate for them by following guidelines from the Speech and Language Therapy team.

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

- People were supported to engage with their local community for both health and social well-being. This included booking and attending appointments when required to the G.P's, psychiatrists and dentists.
- Staff had a good knowledge of people's health care requirements. One staff member said, "[Name] has regular health appointments and we all make sure we are up to date with the visits and any changes there may be." A log of contact people had with healthcare professionals was kept in their files to ensure all staff were up to date with these needs.

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

- People had their own rooms which were decorated and personalised to their own needs and preferences. The service had a homely feel, with communal areas for people to use and an accessible garden, which was used frequently by people.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met, and found they were.
- Staff were able to tell us how they always sought consent from people to provide personal care to them.

# 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

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 told us they felt cared for. One person said, "The staff are great and I have a key-worker. I like all the staff." One relative told us, "[Person] is definitely in the best hands, the staff are great, really take the time to listen to [person] and they genuinely care."
- We saw a written compliment from a relative of a person using the service which said, '[Name] is very happy at Fairview Farm. I and my family are very happy too. I am so pleased that [name] is with you.'
- Staff respected equality and diversity. This included respecting people's religious beliefs and backgrounds. We saw in one person's care plan they had chosen a specific member of staff to support them with an activity that was personal to them.

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

- People told us they were able to choose how they spent their time. Staff checked with people before providing support and encouraged them to express their views and wishes at all times.
- A 'Keyworker' scheme was in place. This meant that individual staff members had the responsibility to work with a certain person, check on their care, update their care plans, and generally involve people in their plan of care.
- People had the opportunity to be involved in regular house meetings to discuss ideas and any proposed changes that affecting everyone living at the service. People also had the opportunity to meet the provider on a regular basis; this meeting took place in a local pub chosen by people and gave them an opportunity to feedback any concerns or ideas.
- One person using the service required the support of an advocate. An advocate is an independent person who can help support people to express their views and understand their rights. Advocacy information was available for all people.

Respecting and promoting people's privacy, dignity and independence:

- People felt their privacy and dignity was respected. We saw that staff knocked on doors and asked people for permission before entering.
- People were encouraged and supported to be as independent as possible. For example; people who could administer their own medicine were supported to do so.
- Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files and personal records were stored securely.

## Is the service responsive?

### Our findings

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

Good: 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's goals, aspirations, likes and dislikes were set out in person centred plans. It was clear these plans had been reviewed and updated to reflect people's up-to-date needs.
- People, and where applicable their relatives, were fully involved in developing and reviewing support plans.
- Care plans included sections such as things that were important to know about the person, personal planning books and how the person liked to be supported. One person told us, "I like to go to the drama club. I'm going out today with [Staff name]. I get to do the things I like."
- People were given the support and time they needed, and could take part in various activities, both inside the house and in the local community. People told us there were plenty of choices for activities. In recent months, they had enjoyed boat trips, theatre and tribute acts, bowling, pub meals and train trips.
- The provider understood the requirement to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS).
- The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The provider ensured this information was available to people when necessary.

Improving care quality in response to complaints or concerns:

- People and their relatives said they knew how to complain and felt confident that the registered manager would listen to any concerns raised. There was an easy read complaints procedure in place. No complaints had been received since the last inspection.
- One relative told us that when they have had minor concerns they had always felt able to approach the registered manager and issues had always been addressed.

End of life care and support:

- No end of life care was being delivered. We saw that people had been able to record their end of life wishes, including funeral arrangements. The registered manager was aware of the care that people may require should their needs change.

# 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.

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

At the last inspection we identified concerns that statutory notifications had not always been sent to the Care Quality Commission as required and quality assurance processes required strengthening. At this inspection we found that changes had been made and sustained.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- Staff were clear about their responsibilities and the leadership structure in place. People said they knew who the registered manager was and said they were helpful. Staff told us they felt well supported by the registered provider and registered manager.
- The registered manager was aware of the requirement to notify the CQC of certain incidents, and our records showed that these notifications were sent in as required.

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

- Staff were confident in their roles and felt well supported. One staff member said, "The support I get is excellent. I had a really good induction and everyone here cares."
- Staff told us they were aware of the registered provider's whistle-blowing processes and were they were supported to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt any concerns raised with the registered provider were not being listened to or acted upon.

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

- Information was made available to people in different formats to ensure they could access it. For example, pictures were used to explain information. This was in line with the Accessible Information Standard (AIS). The standard applies to people with a disability, impairment or sensory loss.
- Resident meetings were held which gave people a forum to feedback any concerns or ideas. We saw minutes of meetings which documented people talking about their own achievements, as well as discussing matters important to them such as food and activities.

Continuous learning and improving care:

- Regular audits were undertaken in all areas of the service to identify where improvements could be made, and actions were taken when required.
- Questionnaires were sent out to people, family members, and other health and social care professionals involved in people's care. This enabled them to comment on the overall quality of the care. We saw action

had been taken as required.

Working in partnership with others:

- The registered manager engaged and worked in partnership with others. For example, the local authority was invited in to the service to conduct an infection control audit, the results of which were positive for the service.
- The registered manager was involved in a 'registered manager's network' which enable them to share ideas and good practice and learn from others.