

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

Fairview provides accommodation and personal care without nursing for up to five people. It is a service for people who have a learning disability and/or autistic spectrum disorder, physical disabilities and mental health needs.

There were five people living in the service when we inspected on 8 and 15 December 2016. This was an unannounced inspection.

Although there was a manager registered, they had left the service and an acting manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received support that was personalised to them and met their individual needs and wishes. They were encouraged to be as independent as possible but where additional support was needed this was provided respectfully.

Staff respected people's privacy and dignity and interacted with people in a caring, compassionate and professional manner.

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 practice.

There were sufficient numbers of staff who had been recruited safely and who had the skills and knowledge to support people in the way they preferred. Staff had developed good relationships with people who used the service and understood the need to obtain consent when providing support.

Systems were in place which safeguarded the people who used the service from the potential risk of abuse and staff understood the various types of abuse and knew who to report any concerns to.

Staff knew how to minimise risks and provide people with safe care and there were procedures and processes which guided staff on how to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how risks to people were minimised.

Appropriate arrangements were in place to ensure people's medicines were obtained, stored and administered safely.

People were encouraged to attend appointments with other health care professionals to maintain their

health and well-being and the service worked closely with other agencies to meet people's needs.

There was an open and transparent culture in the service and staff understood their roles and were very motivated.

An effective quality assurance system was in place and as a result the service continued to develop and improve.

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

Staff knew how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

Risks to people were effectively managed so they could participate in daily life and activities of their choice.

There were enough skilled and competent staff members to meet people's needs.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to meet people's individual needs. The Mental Capacity Act (MCA) 2005 was understood by staff and appropriately implemented.

People were provided with enough to eat and drink.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good ●

The service was caring.

Staff's positive and friendly interactions promoted people's wellbeing.

People were able to express their views and these were respected.

People were treated with respect and their privacy, independence and dignity was promoted.

Is the service responsive?

Good ●

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

There was a system in place to manage people's complaints.

Is the service well-led?

Good ●

The service was well-led.

The manager was visible in the service and there was an open and transparent culture.

Staff were encouraged and well supported by the manager and were clear on their roles and responsibilities.

Audits were completed to assess the quality of the service and these were used to drive improvement.

Fairview

Detailed findings

Background to this inspection

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

This inspection was unannounced, undertaken by one inspector and took place on 8 and 15 December 2016. This was due to people at the service having made plans to go out for the day on the first day of the inspection. On the second day of inspection, we contacted the service on the previous evening to check that people would be at home.

Before the inspection, we usually ask the provider to complete 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

We looked at information we held about the service including previous inspection reports and reviewed information sent to us from other stakeholders for example the local authority.

We spoke with four people who used the service and one visitor. We observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to two people's care. We spoke with the acting manager and four staff. We looked at records relating to the management of the service and systems for monitoring the quality of the service. We looked at three staff files which included recruitment processes and we looked at supervision and training records.

Is the service safe?

Our findings

Systems were in place to reduce the risk of harm and potential abuse. Staff had received training in safeguarding and were aware of the providers safeguarding and whistleblowing procedures [the reporting of poor practice]. There was safeguarding information available for staff and others to refer to in the communal area of the home, which included the local authority safeguarding information team contact details. Although the staff had not needed to report any potential abuse, they could tell us about their responsibilities to ensure that people were protected, knew how to recognise abuse and how they would report any concerns appropriately. One staff member said, "I would take my concerns to the manager and if I felt that the manager didn't deal with it, I would speak to [nominated individual for the provider]." Another staff member said, "If I thought the concern was not being dealt with, I would go to the CQC."

Staff members were aware of people's needs and how to meet them which ensured their safety. People presented as relaxed and at ease in their surroundings and with the staff, and one person commented, "I feel safe, no-one is allowed to see me that I don't want to see."

Potential risks to a person's safety within their home and the community were assessed and provided staff with guidance on how these risks were minimised. This included risks associated with bathing and epilepsy. Staff told us they felt confident supporting people as key information regarding managing any risks was available to guide them.

Occasionally people became upset, anxious or emotional. Plans were in place to provide guidance to the staff on how to support that person which included the strategies to use to prevent the person becoming upset and to keep them and others in the service safe. For example, encouraging the person to spend time in a quiet environment.

Checks had been made on equipment to ensure that it was safe to use and fit for purpose. For example, electrical equipment and the fire system. People had personal evacuation plans in place and fire drills had been held so that people knew what to do in the event of a fire. This showed us that people and the staff team were provided with the information required to keep people safe. When the hot water had exceeded a safe temperature, action had been taken to ensure that the temperature was reduced. This showed us that action was taken promptly to keep people safe.

One person told us that there were enough staff for them to, "Go out often." The acting manager told us that there were enough staff to cover the service and they had recently recruited additional staff. The service had never used agency staff and other staff were flexible and helped out where they could when staff were on holiday or there was sickness. One staff member said, "There are plenty of staff as people are very independent." The acting manager adjusted the staffing levels based on people's needs and their plans, for example, if they had a health appointment. We saw that staff were attentive to people's needs and requests for assistance were responded to promptly. Staff had time to chat to people and engage in activities with them.

The service had recruitment procedures in place to ensure that staff were suitable for the role. The process included identity checks, employment history and references. Staff were subject to criminal checks made through the disclosure and barring service (DBS). These checks are to assist employers in making safe recruitment decisions by checking for any criminal history of those who wish to work at the service.

People told us that they received their medicines when they needed them. One person said, "Staff help me to take my medication." Medicines were stored safely in a lockable cabinet for the protection of people who used the service. Records showed when medicines were received into the service and when they were disposed of. Staff recorded that people had taken their medicines on medicine administration records (MAR). We saw that when staff provided people with their medicines this was done safely, respectfully and at the person's own pace. We saw a staff member explain to one person what a medicine was for and check that the person was happy to take this.

There were policies and procedures in place to make sure that people received their medicines safely and on time. Staff had received training in medicine administration and their competency was checked to ensure they followed good practice and people received their medicines safely. Audits on medicines were carried out. These measures helped to ensure any potential concerns were identified quickly and could be acted on.

Is the service effective?

Our findings

There were systems in place to ensure that staff received training, achieved qualifications in care and were supported to improve their practice. Staff told us that they were provided with the training that they needed to do their job and meet people's needs such as moving and handling, dementia and epilepsy. One staff member said, "The training refreshes your memory and checks that you are doing things the right way." They told us about how the moving and handling training had showed them how to use a hoist and we saw the staff member support a person using a hoist in the correct way. This showed that the training had been effective. We saw through staff interaction with people that they were knowledgeable about their work role, people's individual needs and how they were met.

Each staff member had an induction on commencing employment at the service and new staff were completing the Care Certificate. This is a recognised set of standards that staff should be working to. One staff member said, "I did a three day induction and am working towards the care certificate now." To ensure that new staff understood how a person preferred to be supported, they shadowed more experienced staff. One staff member commented, "I am working closely with the acting manager and the senior who are guiding me and explaining what I need to know such as the policies." This meant there was an effective system to support and monitor new staff so that they were delivering effective care for people.

Team meetings were held and staff had supervision and felt well supported by the management of the service. This contributed to the effective running of the service. One staff member told us, "We have supervision every three months but if I am unsure of anything, I can ring [acting manager]. I get lots of support from [acting manager]." Another staff member said, "[Acting manager] is very supportive."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the 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.

People were asked for their consent before staff supported them with their support needs for example, assisting them with their medicines. Staff had a good understanding of DoLS and MCA and had received training. One staff member said, "If I thought that a person lacked capacity, I would inform the manager so that a meeting can be held and a decision made in the person's best interests." Records identified people's capacity to make decisions and the circumstances where decisions would need to be made in their best interests.

People were complimentary about the food provided in the service. One person said, "They do nice meals here. Sometimes I help in the kitchen." There was an availability of snacks and refreshments throughout the day and staff encouraged people to be independent and help themselves. For example, we saw one person being encouraged and supported to make their own hot drink. People were supported to choose what they wished to eat and this information was used to plan the menus. Meetings were held where people were able to discuss any changes that they wanted to make to the weekly menu. Records were in place which showed what people had eaten and drank each day which assisted staff to recognise when people's eating routines had changed and identify any risks.

People were weighed regularly and this was clearly documented. Where one person was not able to be weighed due to using a wheelchair, we saw that action was being taken to address this by sourcing wheelchair scales. We saw that where there had been concerns the necessary referrals had been made to the relevant healthcare professionals.

When needed, people were supported to maintain good health care and had access to relevant health services. We saw records of visits to health care professionals in people's files and one person had an appointment at the hospital on the day of inspection. People had access to a range of health professionals. For example, psychiatric staff, chiropodist, dentist and GP's. Care records reflected that people had been involved in decisions about their healthcare and any changes in their health had been recorded so that these could be monitored by the staff team.

Is the service caring?

Our findings

People told us that the staff were caring. One person said, "It is a nice care home and I like living here. [Acting manager] is my advocate, my friend and my mum all rolled into one. [Acting manager] is great and helps me. The staff are nice and kind to me." Another person said, "The carers are the best thing about living here. They are nice and kind." A visitor told us, "The staff are very very friendly, very helpful and very welcoming."

The service was clean, fresh and homely and the atmosphere within the service was welcoming, relaxed and calm. We saw that the staff treated people in a caring and respectful manner and we saw lots of laughter and staff having a joke with people. Staff knew people well and had good relationships.

Staff talked about people in a compassionate and respectful way and were enthusiastic about their role. One member of staff said, "I think the service is brilliant. It is all about the people we support and making sure that their needs are met." Another commented, "Everyone is well looked after here. It's a pleasure working here as all of the people we support are lovely."

People told us that they felt staff listened to what they said. Staff we spoke with were able to explain how they supported people in making day to day decisions such as what to do with their day and what they wanted to eat. One person was enabled to access the community without staff support, which showed that they were encouraged to maintain their independence. One person's care plan said, "Encourage me to remain active and independent." People's bedrooms were personalised which reflected their choices and individuality and people proudly showed us their bedrooms.

Staff understood people's preferred routines and knew people well. They told us that care plans contained sufficient information to enable them to support the person in the way they wanted and that they were given time to read these during their shifts. This enabled them to get to know the person as an individual. A staff member who was new to the service said, "I want to understand how the people who live here want to do things and I am working on developing relationships." Care plans included how to maintain people's privacy and dignity and induction training covered this subject. One staff member told us, "I maintain people's dignity by not talking about people when they are not there and by keeping their records safe. I always make sure that people are happy."

People were involved in care planning and had signed their care plans to show that they agreed with them. One person commented, "I have a care plan in a blue book and we look at my care plan when my social worker comes." The acting manager told us that care plans had been reviewed, however this was not recorded. They told us that this would be addressed.

House meetings were held for people to discuss any concerns or issues that they had and one had been held in November. The plans for the Christmas shopping trip had been discussed at this meeting and we saw that this trip was happening on the first day of inspection. One person said, "I am going Christmas

shopping today and out for lunch."

People were able to have visitors as they wished. One visitor told us that they could visit whenever they wished and did so on a regular basis. One person said, "My [relative] is coming to visit me."

Is the service responsive?

Our findings

People received care and support specific to their needs and were supported to participate in activities which were important to them. We saw from the records that people accessed the community on a regular basis. One person said, "I have been to Bury St Edmunds and I like going to church on Sundays. I go out often." Another person commented, "I go to the library and get DVDs out." One staff member said, "There are enough activities for people to do but encouraging people to do things can be difficult." Another staff member said, "I am looking at what activities people like to do and arranging things for the evenings such as board games, music or art." One person told us that they had painted one of the pictures in the dining area.

Care plans were person centred and reflected the support that each person required. Where people had specific conditions there was information in the care records about how these affected the person's daily living. For example, how to support someone with epilepsy. This gave staff the information they needed to provide the correct level of support. Care plans promoted independence and covered what a person could do for themselves and what they needed support with.

People were encouraged to be involved in daily living tasks such as washing up and to be as independent as possible. One person said, "Sometimes I help in the kitchen. I might do some mince pies at Christmas." Another person told us about the pets in the house and said, "I look after the rabbit and the cat."

Staff knew about people's specific needs and how they were provided with personalised care that met their needs. People's daily records contained information about what they had done during the day, what they had eaten and how their mood had been.

People had a key worker and knew who their key workers were. The key worker was responsible for ensuring that any appointments that were required were arranged, supporting people to these appointments and making sure that the person's need were met.

The service sought people's views through residents meetings, informal contact with people and professionals through satisfaction surveys. The feedback from these had been positive.

The visitor that we spoke with told us the management and staff were very accessible and approachable. They said they could raise any concerns informally with any member of staff or the management team and received appropriate responses. None of the people we spoke with had any complaints but they knew they could speak to the acting manager or the staff team if they were unhappy. One person said, "I would talk to [acting manager] if I was not happy and [acting manager] would sort it out."

There was a policy and procedure for managing complaints and staff knew how to support someone if they did want to complain. The service had not received any formal complaints. One visitor said, "They [Fairview] always take action when they need to. I have no complaints at all."

Is the service well-led?

Our findings

Feedback from people and visitors about the staff and management team were positive. The acting manager was very visible in the service and worked alongside the staff providing support where required. This meant that they spoke with staff and people regularly and could monitor the service on an on-going basis and make improvements as required. Staff spoke highly of the service and were motivated. They were committed to providing a good quality service and were aware of the aims of the service. One staff member said, "I think the service is brilliant and I get on well with the team. I feel like we are all encouraged and I can be totally open and honest." Another staff member said, "It is the best company. Staff are helpful and take time to explain things to me."

Surveys had been completed by the staff team to provide feedback to the manager and the results were positive. The service had a small staff team and any issues or concerns were discussed at the time and dealt with promptly rather than through formal team meetings. There were policies and procedures in place to provide guidance to staff on subjects such as privacy and dignity and these had been reviewed regularly.

There was good leadership demonstrated in the service. Audits and checks of the service were completed to identify any concerns in practice, in areas such as medicines and health and safety. Where concerns were found, action was taken promptly to continuously improve the service for people. The minutes of a team meeting in July 2016 showed that they were kept updated with any changes in the service. In this meeting, the use of the on call system was discussed and possible changes to the rotas. This ensured that staff were able to feedback their views to the acting manager.

The acting manager told us they were fully supported by the nominated individual for the provider who visited the service on a regular basis and responded immediately to any situations when requested. They spoke to people at the service and the staff to check that there were no concerns. This provided additional oversight of the service to ensure that the care provided was of a high quality. The nominated individual for the provider was supporting the acting manager in the completion of their NVQ (National Vocational Qualification) in management, with a view to the acting manager becoming the registered manager of the service.

The completion of a management qualification ensured that the acting manager kept up to date with best practice within social care. The service linked with other services in the organisation for training and to share best practice and this ensured that the service did not become isolated.