

Fairmont Residential Limited

Milldale Close

Inspection report

3 Milldale Close
Kidderminster
Worcestershire
DY10 2PX

Tel: 0156263424

Date of inspection visit:
12 July 2018

Date of publication:
20 September 2018

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

Milldale is a home that provides accommodation and personal care one person living with a learning disability who may also have complex needs. On the day of our inspection there was one person living at the home.

The inspection took place on the 12 July 2018 and was unannounced.

There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

The person felt happy and comfortable around staff they knew.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Relatives said they were happy about the care their family member received. They told us staff were caring and promoted the person's independence. We saw the person was able to maintain important relationships with family and friends. The person had food and drink they enjoyed and had choices available to them, to maintain a healthy diet. Staff knew the person who lived at the home well and were able to support them to eat and drink. The person was protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them. Relatives told us they had access to health professionals as soon as they were needed.

The person and their family told they were involved in planning the care their relative received and were kept informed about their care. The person living at the home was supported to maintain relationships and friendships that were important to them. The person and their family understood how to complain if they needed to although they felt they could approach staff in the first instance.

Staff we spoke with were aware of how to recognise signs of abuse, and systems were in place to guide them in reporting these. They were knowledgeable about how to manage the person's individual risks, and could respond to their needs. Staff had up to date knowledge and training to support the person. We saw staff treated people with dignity and respect whilst supporting their needs.

The registered manager promoted an inclusive approach to providing care for people living at the home by involving the person in making decisions about their care. Staff attended regular meetings to share their views and share ideas for improving care at the home. The provider and registered manager had systems in

place to monitor how care at the service was provided, to ensure the person received quality care that was reviewed and updated regularly.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Milldale Close

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 was an unannounced inspection which took place on 12 July 2018. The inspection team consisted of one inspector.

As part of the inspection we looked at information we held about the service and we asked the local authority if they had any information to share with us about the home. The Local Authority is responsible for monitoring the quality and for funding some of the person's living at the home. During our inspection we spoke to one person who lived at the home and used different methods to gather their experiences of what it was like to live at the home such as observations of staff interaction with the person. We also spoke to the registered manager, the deputy manager, the HR manager and two members of staff. We also spoke to two relatives by telephone.

We looked at records relating to the management of the service such as the care plan for one person, the incident records, medicine management, staff meeting minutes and three staff recruitment files.

Is the service safe?

Our findings

At our last inspection in November 2015 this service was rated as Good in Safe. At this inspection it continued to be rated as Good.

The person told us they felt safe living at the home and that they liked the staff supporting them. The registered manager explained they monitored new staff to the home to ensure the person felt safe around new staff. If they had any concerns about staff suitability to work at the home, they did not work at the home again. Staff understood that they could report their concerns to the management of the home as well as to the CQC. Staff understood how to record and escalate their concerns. The registered manager explained any concerns were also shared with the registered provider, so they were aware of them.

Staff we spoke with knew how to keep the person safe and away from harm. They described how they used the training they had received and the guidance they were offered from senior staff about supporting the person correctly. We saw risk assessments were in place that detailed guidance to staff on how to support the person safely. Possible risks to their health were listed as well as ways in which to minimise harm to the person and their health. We saw risk assessments had been reviewed and updated regularly.

We saw the person received support with their medicines. We saw medicines were stored appropriately with regular checks in place to ensure the person had their medicines. We also protocols in place to ensure the person received support as they should and safeguards were in place so that these were not exceeded.

The registered provider had a recruitment process in place that included background checks were completed before new staff were appointed. These included Disclosure and Barring Service checks (DBS) and two reference checks. Three staff files were viewed contained the necessary information to assure the provider the staff were suitable to work at the home.

We saw the home was odour free and tidy. Staff understood the person's routines for keeping the place as tidy as they would like and worked with them to achieve this. The registered manager also visited the home regularly and monitored the home to ensure it was kept as it should be and that the spread of infection was kept to a minimum.

The registered provider had recorded and monitored any accidents that had occurred and was reviewing them so that any trends could be identified. Staff we spoke with were aware of how to record any accidents and ensure the management team were aware of these. Staff also told us about learning that had been gathered from accidents and how the registered manager was trying to minimise any future incidents by working with staff.

Is the service effective?

Our findings

At our last inspection in November 2015 this service was rated as Good in Effective. At this inspection it continued to be rated as Good.

The person and their family told us they had confidence in the staff working at the home. Staff we spoke with told us they were offered training and support through regular supervision and guidance. The registered manager told us they were undertaking appraisals with staff although training was monitored by the registered provider to ensure all training was valid.

The person told us about the food they liked and disliked and told us staff supported them to prepare meals they enjoyed. The person was clear about the food they enjoyed and told us staff supported them to eat healthy. Relatives we spoke with also told us they shared with staff ideas for healthy living they knew their family members also liked. We saw snacks and drinks were available to the person throughout the days and staff supported the person to prepare these as they preferred them to be prepared.

Staff we spoke with told us they worked as a small team at the home and that this was important for the person living there. We saw the person was kept informed about who was working at the home and when so the person knew which staff they were working with. Staff communicated with each other through handovers so that information was relayed from one team to another. Staff working for the provider also worked at the registered provider's other location in order that they could understand the person's needs to support other teams and support the person appropriately when this was needed.

The person we spoke with told us they could speak with staff if they weren't feeling well and that a Doctor would be called. The person's health needs were monitored and discussed with healthcare professionals when appropriate. We saw through reading the person's health care plans that advice was sought and advice recorded for staff to refer to.

We saw the home was cosy and homely. We saw personal ornaments and photographs that reflected the person's life displayed in the home. We also staff took time to return objects to how the person's preferred them stored demonstrating how they respected the person's home.

The people who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw the person was involved in making decisions about their care where this was appropriate. Where decisions required involvement from other stakeholders, involvement was sought.

Is the service caring?

Our findings

At our last inspection in November 2015 this service was rated as Good in Caring. At this inspection it continued to be rated as Good.

The person told us they enjoyed living at the home. Relatives we spoke with were positive about the home and environment. We saw the person felt comfortable and at ease around staff supporting them and staff understood how to care and support the person.

The person knew the staff supporting them and staff could tell us about their day to day routines and how best they needed assistance. Staff could describe to us the person's preferences. For example, staff could tell us about how they allayed the person's concerns when they became anxious or upset and how they employed ways of reassuring the person.

We saw the person was supported to be as independent as possible. The person was supported to prepare meals and drinks and go shopping for groceries. The person was encouraged to help plan menus that reflected their cultural preferences.

We saw staff respected the person's dignity and privacy and understood issues specific to the person. For example, we saw staff understand that they were in a person's home and were mindful not to disturb the person in their bedroom. We saw staff knock before entering the person's bedroom and talk to the person and include them in conversations so that they were not ignored.

Relatives we spoke with told us they were felt welcome to phone and visit the home when they chose to. They told us they worked with the staff to arrange family breaks and that they received updates about their family member's progress. Staff supported the person to use electronic media to stay in touch with their family and speak with them.

Is the service responsive?

Our findings

At our last inspection in November 2015 this service was rated Good in Responsive. At this inspection it continued to be rated Good.

The person and their relatives told us about how they were involved in planning the person's care. Relatives told us staff communicated with them regularly by telephone and when they visited the home, they had an opportunity to contribute to the care planning process. We saw that the person was offered a variety of interests to try and staff worked with them to identify what worked and could be tried again. We reviewed the person's care plan and saw the person's care was monitored and reviewed based on changes in the person's care needs. For example, staff told us about how some activities were paused to allow the person to settle into new routines. Staff told us they also contributed to the person's care. The person at the home had a key worker who took the lead in liaising with family members and updating care records to reflect the person's up to date care needs.

The provider had a complaints procedure although the person and their family told us they had not made any formal complaints. Relatives told us they felt confident speaking with staff to discuss their family member's care in the first instance. The registered manager told us all complaints were shared with the registered provider for them to monitor care at the home. Relatives told us there had on occasions been circumstances when they had needed to ask for changes because they had not been happy about something, but that these had been responded to.

Is the service well-led?

Our findings

At our last inspection in November 2015 this service was rated as Good in Well led. At this inspection it continued to be rated Good.

There was a newly appointed registered manager in post, although they had been with the service for some time and were supported by a team that knew the person living at the home well and had experience of supporting the person at the home. 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.

The person and their family knew who the registered manager was and had spoken with them. We saw the person was comfortable around the registered manager and felt able to approach or speak with them when needed. Staff we spoke with also knew the registered manager who had been promoted from within the organisation and who they felt able to approach for guidance. Staff told us they were working as a team to enable the registered manager and new staff to better understand the individual requirements of working at the home.

The person's feelings about living at the home were sought and captured in a number of ways. The person was supported to record their comments through questionnaires, meetings and conversations about what had or hadn't worked well. Feedback was also sought from family members and their ideas incorporated into how the person's care was planned. For example, staff at the home regularly spoke with family members and took on board suggestions for a healthier lifestyle.

The registered manager was supported by staff to carry out regular checks to ensure the person received the care they needed. The checks included reviews of care plans, the person's medicines, the home environment as well as reviewing any accidents or incidents that may have occurred. This information from checks was shared with the registered provider to keep them informed about care delivered at the home.

The registered manager explained how they were new to the role and were working with other senior management from the registered provider's organisation to develop their understanding of the role of a registered manager. They shared with us how they were also developing their knowledge through formal training so that the person's living at the home could benefit from receiving care based on best practice.