

Fairfield Farm Trust

# Fairfield Farm College

## 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

Fairfield Farm College is a care home registered to provide accommodation and personal care (not nursing) for up to 28 people. It is also registered to provide personal care however, their domiciliary service is not currently in operation. Fairfield Farm College is managed by a charitable Trust, The Fairfield Farm Trust. At the time of the inspection 21 people were being supported in four houses.

The service supported people to transition from a residential college environment towards independent living. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Because the service is registered to provide accommodation and personal care for up to 28 people it does not comply with Registering the Right Support. However, 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 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 use the service for a limited time and are supported to move on to longer term accommodation.

People received a person-centred service. Support was tailored to individual need and focussed on increasing people's independent living skills.

People were supported to make their own choices, be fully involved in their care planning, daily routines and goals they wished to achieve.

People received caring and compassionate care from staff who knew them well and were well trained.

People were safe and risk assessments balanced their freedom against personal safety.

People had the opportunity to develop new skills and interests and had a wide variety of clubs, sports, activities and work placements to choose from.

People were supported to maintain their physical and mental health with GP, nurse and specialist appointments. The service worked well with health and social care colleagues to meet people's individual needs.

The service was well led. The management team complimented each other in their skills and experience and worked well together to achieve good outcomes for the people they supported.

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 the last inspection

The last rating for this service was Good (published 18 October 2016).

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?

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 Farm College

## 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

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Fairfield Farm College is a care home. People receive accommodation and 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the director who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the

provider. We also spoke with the registered manager, the deputy manager and the care manager.

We reviewed a range of records. This included four people's care records and 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 review evidence gathered and contacted three professionals.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- At the last inspection we found medicines were not managed safely, at this inspection we found the required improvements had been made.
- Medicine Administration Records (MARs) and Topical Medicines Administration Records (TMARs) were completed correctly. Any errors were identified in a regular and robust medicines audit, corrections made and strategies were put in place.
- Staff had received training and refreshers in medicines administration.
- People had medicine care plans which stated how people preferred to take their medicines, what they were for and potential side effects.
- 'As required' medicines and homely remedies had the appropriate protocols and were recorded.
- Creams and other items were stored in fridges at the correct temperature, which was regularly monitored.

### Assessing risk, safety monitoring and management

- At the last inspection we found some areas of risk had not been fully considered, at this inspection we found the required improvements had been made.
- People had individual as well as general/environmental risk assessments in their care plans.
- Risk assessments were in place to support people to be as independent as possible, balancing their protection and maintaining their freedom.
- Examples of environmental risks included crossing the road safely, being out in the community independently, stranger danger, supervised cycling, using public transport. Medical or physical safety risks included anxiety, burns from the kitchen and diabetes related risks.
- Risk assessments seen were thorough and had been reviewed and adapted regularly. They contained precautions and guidance for staff on how to minimise the risk identified.

### Preventing and controlling infection

- At the last inspection we found infection control and cleanliness in people's homes was lacking. At the end of the last inspection a cleaning schedule had been devised for each home. At this inspection we found the required improvements had been continued and improved upon.
- There were robust cleaning schedules in place for each house. People living in the houses had been involved in the planning of tasks and a timetable had been devised to share these out.
- Houses were very clean and tidy, with suitable personal protective equipment such as paper towels and hand gels. Bathrooms and kitchens had pedal bins.
- Laundry was separated and the homes smelt clean and fresh.

### Staffing and recruitment

- There were effective recruitment procedures in place which meant people were supported by staff with the appropriate experience and character.
- This included a Disclosure and Barring Service (DBS) check, past employment, references and identity checks. New staff were not allowed to work with people independently until all checks had been verified.
- Staff retention was described as 'good and above average' and 'sufficient staffing levels including one to one', by the registered manager.
- We looked at the staffing rotas, the service encouraged a work/life balance and options for longer shifts with more days off. Bank staff were used to fill in some shifts.

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

- Systems were in place to keep people safe. Staff knew how to identify safeguarding concerns and act on them to protect people. Processes were followed appropriately.
- Staff told us they received safeguarding training and we confirmed this from training records.
- The registered manager knew their responsibility to report any concerns to the relevant authorities and notify us. There was a commitment to safeguarding practice visible around the college site and in people's homes.
- Relatives told us their family members were safe and well looked after and they had no concerns.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and thoroughly analysed, identifying triggers and events.
- This resulted in actions to reduce their re-occurrence and included reflective practice, the application of new processes or changes to care plans.

# 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, good. 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 physical, mental and social needs were holistically assessed by a multi-disciplinary team of health and social care professionals.
- Care and support plans contained people's preferences and evidence of independent choice and decision making. People and their family were fully involved in the assessment process.
- People's outcomes were good. Relatives told us how much their family member had grown in independence and confidence. People were supported to transition into adult life in the community.

Staff support: induction, training, skills and experience

- People were supported by skilled staff who had ongoing training relevant to their role. Staff told us they felt well trained and had access to online and face to face training. Mandatory areas of training included safeguarding, infection control, first aid and fire safety.
- The deputy manager had training skills in specialist positive behaviour methods and was training members of the staff team. Relevant staff had specialist training in diabetes management. The training matrix showed training was up to date or planned.
- New staff had a thorough induction prior to working independently. This included mentoring by an experienced member of staff, observation of practice and completion of the care certificate. This is a nationally recognised qualification in social care.
- Staff had regular supervision and appraisal and were well supported. Staff told us they were able to raise any issues and felt confident they would receive support from the management team. This included 'on call' support throughout the week, night and day.

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

- People were encouraged to prepare meals and snacks independently, for themselves and as a shared meal for the house.
- We observed people coming home from college and going into the kitchen to find a drink and a snack. We heard staff ask people if they wanted a drink and what they would like to have for tea.
- We saw meal rotas in kitchens, full fridges and food cupboards and people told us they liked to cook and make meals.
- There were easy read cookbooks with pictures to follow to show how to prepare and make meals.

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

- Staff worked together to ensure people received consistent, timely, person centred care and support.
- This happened when people were referred to other services for medical or health care. For example, posters showing good oral hygiene and regular visits to the dentist.
- The homes were well supported by the local GP and community nurse service.
- Particularly evident was the multi-agency and teamwork involved in preparing people to transition from residential college into independent or supported living accommodation.

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

- In people's homes, rotas and calendars were colourful and printed in a picture and symbol format.
- People's homes were comfortable and family orientated. People's rooms were individually decorated.
- Where required, adaptations to the houses had been completed, such as bathrooms and outside space.
- People's homes had cleaning schedules. Staff supported people to maintain a clean and tidy environment in their home.

#### 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.

- Staff had completed training on the MCA and were aware of who lacked capacity to make certain decisions or consent to their care and treatment.
- Staff gained consent and checked with people before providing support and asked questions in different ways to help people make their own decisions.
- The service had one DoLS authorisation and the conditions were being met. They had a tracker in place to monitor the progress of applications which had not yet been authorised.
- Mental capacity assessments and related best interest decision documents with appropriate legal authorities were in place and were reviewed.

# 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 remained the same, good. 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 had access to the talking therapist who visited the service weekly to discuss private or personal issues.
- People were supported to express their individuality and wear gendered clothing of their choice or dye their hair.
- People and their relatives were supported during times of transition and change. People who were able to talk with us, told us they were able to take their time and they felt safe and unrushed. Relatives we spoke with, told us they were very happy with the process and support they had received. Staff and managers clearly had good relationships with people and relatives were able to support anxious relatives through difficult times.
- We observed interactions between staff and the people they supported. They clearly had friendly, caring relationships. People were relaxed and happy in the presence of staff.
- In staff surveys, responses were very high in 'supporting individuals' and 'caring', to the question what they found 'most rewarding about their role'.
- Comments from staff included, 'I believe the care we give is second to none', 'nurturing young people into independent and confident adults' and 'ALL staff care deeply about [people's] outcomes and well-being'.

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

- Staff supported people to be fully involved in decision making. They were aware of when people may want or need help and/or support from their family. One person was driven home by staff as their family were unable to drive and the person could not use public transport.
- People were supported to make decisions and choices in a variety of ways. There were social stories, pictures and symbols to point to, pictorial diagrams providing images of emotions or actions. Staff used sign languages to suit people's methods of communication and people had their individualised picture communication books.
- The service had an 'easy read widget' to create documents so people could read and make changes to their own care plans.

Respecting and promoting people's privacy, dignity and independence

- People's care plans gave guidance of how they wanted their privacy and dignity to be maintained and what was important to them.
- People told us that they could do things for themselves and staff would help them.

- Daily logs were written using respectful language and described what people had achieved independently and where they required support. Some logs showed where staff had supported people to understand how their actions might affect another person, for example talking about people's feelings.
- Observations and interactions seen showed that managers and support staff knew the people they were supporting very well.

## 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 remained the same, good. 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

- Daily planners were devised with the person and their keyworker. They included a breakdown of college time, food shopping, budgeting, household tasks and activities.
- Care plans showed regular updates as people's needs and choices changed.
- For one person, a two-step method of support was developed (a 'now' and 'next' approach) to help them manage their weekly finances. This entailed using social stories and a visual planner to choose shopping items. Photographs of the items the person wished to purchase were taken and used as a shopping list once per week. This method helped with planning, processing, budgeting and meeting the persons goal.

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.

- The service was fully compliant with the AIS. People had access to and used a variety of communication aids which met their individual needs.

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 had social and work opportunities, maintaining and trying new interests and hobbies and developing and maintaining important relationships.
- Examples of this were, cooking and baking, growing fruit and vegetables, sports, paid and voluntary work.
- One person was gently and slowly supported to attend the short break provision. After initial reluctance and over a period of time, they stayed for a few nights. They had also developed friendships and gone on outings to local attractions.
- Two people had specific skills in sport and had achieved a very high standard of competition in their field. They had been supported by staff to gain these achievements. Support included, maintaining a regular training programme, having the right kit, healthy eating, emotional support and encouragement.
- The staff, management and other people all supported them as spectators and by willing them on. They have learned their routines and have required less support as they have gained more independent skills.

Improving care quality in response to complaints or concerns

- The service had not received any complaints. There was a complaints process and policy in place. This was given to people and relatives in various formats and displayed in homes and the office.

- Knowledge and understanding of the complaints process is revisited at keyworker meetings, care plan reviews and is part of the quality assurance audit checks.

#### End of life care and support

- No one at the service was receiving end of life care. The service had not included end of life discussions (in case of sudden death) within people's care plans. Treatment and Escalation Plans (TEPs) were also absent. Hospital passports were fully completed with important information about the person, their likes and dislikes and specific behaviours, to guide hospital staff. However, there was no guidance on last wishes or resuscitation orders.

We recommend the service seeks advice to ensure they know and plan how to meet people's end of life wishes.

# 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 remained the same, good. 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

- Two people had provided their own account of their experience at Fairfield to inform the inspection. They had each written a paragraph about what they did and what their hopes for the future were. They were fully aware of the role of CQC and wanted to be involved in the process.
- Fairfield demonstrated many areas of person-centred, inclusive and empowering support for people. There were many examples of good outcomes for people, particularly in the STEPS programme which supported young people to transition to living and working in the community.
- People were encouraged to try new skills, achieve their goals and gain confidence to live independently within their local community, including regular paid and voluntary work.

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

- The registered manager was fully aware of the duty of candour and demonstrated they were open and honest with people, relatives and professionals.

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

- Support staff in people's homes carried out a daily check at three times during the day (morning, daytime and evening) and a weekly check of tasks specific to people's weekly activities.
- For example, handover, medicines, security of house, cleaning schedule and daily planners were checked throughout the day. Emailing of daily logs to relatives was completed weekly. On a Sunday the fridge and cupboards were stock checked and the fire alarm was tested.
- The provider had developed new quality assurance and review processes which regularly audited the service. These were robust and involved several layers of screening for accuracy.
- The management team worked well together, each having their areas of interest and skill which complimented the whole team and service delivery.

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

- People were actively involved in providing feedback regarding their care in the form of an annual questionnaire. Questions asked their opinions, for example on learning new skills and their weekly planner. One question, 'how many gold stars would you give for your experience in the house?' was rated four stars

'really good' and five stars 'amazing'.

- The service also sought the opinions of people's relatives. Over 70% of those who responded voted, 'really pleased' with the experience their family member had at Fairfield. Over 20% voted 'beyond expectations'. 100% of respondents voted 'yes' to the question, 'would you recommend Fairfield?'
- There were strong links to the local village of Dilton Marsh and beyond. The college held an annual fete with horse and dog show, there was a café and shop for local people to use and purchase home grown vegetables.
- People worked in the café and shop and had developed friendly relationships with regular visitors.
- Fairfield had recently acquired a local nature centre and café, where people worked and gained daily life skills. This was a popular local attraction and was open to the general public.

Continuous learning and improving care

- The registered manager had an improvement plan in place which identified areas in the service to develop. This included reviewing and adapting care plans, risk assessments quality audits, training and policies.
- The registered manager told us, "I am really pleased with what we have achieved since September (2018). We won't rest, we're always trying to improve."
- The management team had completed or were near to completing a level 5 diploma in health and social care (leadership). They were continually learning new applications to their electronic records system and trialling new processes to improve effectiveness and efficiency.

Working in partnership with others

- The registered manager had visited a national centre of excellence for education for people with learning disabilities. They had taken on many ideas of best practice to incorporate into their own policies and procedures.
- The service was making good links with the local health centre and pharmacist and had good working relationships with the adult social care teams in Wiltshire.
- The registered manager told us, "The staff team get on so well and work together really well they have adapted to work alongside each other. We are leading by example, someone is the 'gear stick', someone is 'the steering wheel'. We have combined, and all have a part to play."