Clearwater Care Group Limited

Fairkytes

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

Overall summary

The inspection was unannounced and took place on 12 November 2015. The service met all legal requirements at our last inspection in January 2014.

Fairkytes provides accommodation and support with personal care for up to four young people some of whom have complex learning disabilities including autistic spectrum disorders. The premises are spacious with a large outdoor living space including large trampolines and a seating area. On the day of our visit there were four people living at the service.

The service had a registered manager in place who managed this service and the sister service next door. 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.

Summary of findings

People thought the registered manager was approachable and visible. Staff were aware of their roles and responsibilities and the vision and values of the service and demonstrated an aspiration to see people live an active and fulfilled life.

People were treated with dignity and respect andtheir privacy was honoured. Staff demonstrated how they applied equality and diversity in practice in order to ensure that care delivered did not discriminate. We observed compassionate caring and considerate interactions between staff and people.

Staff were aware of the procedures to follow in response to allegations of abuse, reporting incidents, medical emergencies, fire and had attended appropriate training. Staff told us and we reviewed documentation that showed incidents and accidents were monitored and action was taken to learn and reduce the risk repeat incidents. Risk assessments to the environment and for people were part of the systems in place to ensure appropriate steps were taken to mitigate any identified risks

Care plans focussed on people's physical, social and emotional needs and explained how to effectively support them. Health action plans, peoples hopes and aspirations, triggers to certain behaviours and how to respond were clearly outlined in the care records we reviewed.

Staff told us they were supported by the registered manager. Supervision, annual appraisals, regular meetings and continuing professional development by means of gaining recognised qualifications in adult social care was also supported.

Staff had attended training and were aware of the Mental Capacity Act 2005 (MCA) and the need to follow appropriate procedures to ensure that people who lacked capacity to make certain decisions were only deprived of their liberty when it was in their best interest to do so.

There were enough staff to meet people's needs including taking people out to places of interest on a daily basis in the services vehicle. We checked staff files and found appropriate recruitment checks had been completed to ensure that suitable staff with verifiable references were employed.

People were supported to maintain a balanced diet and given choice. They participated in selecting the menu for the week. People were enabled to access health care when required. Medicines were given as prescribed and handled and stored safely.

Summary of findings

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. People told us they felt safe. Staff were able to recognise and report any witnessed or reported abuse.

Medicines were handled, administered, stored and disposed of safely.

There were effective recruitment practices in place to safeguard people from unsuitable staff. Staffing levels were adequate and based on people's support needs.

Is the service effective?

Good

The service was effective. People told us staff supported them and we observed staff supporting people appropriately. Staff attended supervision, annual appraisal and a comprehensive training program which included managing behaviour that challenge in order to effectively support people.

Staff were aware of the Mental Capacity Act 2005 and how it applied in practice. Deprivation of liberty authorisations were sought where necessary and best interest decisions were sought when required.

People were offered food choices and supported to eat and drink sufficient amounts. They were supported to access health care professionals in order to maintain good health.

Is the service caring?

Good

The service was caring. People told us that staff were very good. We observed positive, compassionate interactions between staff and people.

Staff responded to peoples verbal and non-verbal cues in a timely and appropriate manner.

People's privacy dignity and diversity was respected.

Is the service responsive?

Good

The service was responsive. Care was assessed and reassessed when required and included people's social, emotional and physical needs.

People and their relatives, where possible, were involved in planning their care.

There was a complaints procedure in place which was displayed on notice boards within the home in a format that people could understand.

Is the service well-led?

Good

The service was well-led. There were clear leadership structures in place and staff were aware of their roles and responsibilities and how to apply the vision and values of the provider in practice.

There were regular quality audits and annual satisfaction surveys for which action plans were completed in order to improve the quality of care delivered.

Fairkytes

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.

The inspection took place on 12 November 2015 and was unannounced.

The inspection team comprised an 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.

Before the inspection we gathered information from safeguarding notifications, previous inspections and the service's website. We also contacted the local authority, commissioners and the local Healthwatch to find out information about the service.

During the inspection we spoke with three people who used the service and interacted with a person who did not communicate verbally. We observed people doing various activities in communal areas and spoke with three staff including the registered manager. We reviewed three staff files including supervision, appraisal and recruitment checks, two care records and four medicine administration records. We also reviewed records relating to incidents and risk assessments related to the health and safety of the environment and quality audits.

Good

Is the service safe?

Our findings

We observed that staff followed appropriate health and safety guidelines in order to keep people safe. Staff were knew the procedures to follow in the event of a fire or a medical emergency. Staff were aware of the fire assembly point and the evacuation process and details of each person's personal emergency evacuation plan. Similarly staff were able to explain how they would respond in an emergency such as a person experiencing a seizure or falling. They were aware of the incident reporting procedure and the use of body maps to identify record and skin breakages as well as monitoring to protect people from further harm. Incidents and accidents were monitored monthly and any learning was shared with staff in order minimise recurrence thereby protecting people from harm.

There were procedures to ensure that people were protected from harm. Staff were aware of the different types of abuse and told us they would report any allegations of abuse to their team leader who would in turn report to the registered manager. Staff told us they had attended safeguarding training and we confirmed this in the records we reviewed. They were aware of the whistle blowing procedures and told us they would not hesitate to report any bad practices to the manager.

Medicines were managed appropriately. We observed that people received their medicine on time. Medicines, as a safety precaution were checked by two members of staff before being administered to ensure that the right person received the correct medicine. We reviewed all four medicine administration records and found no discrepancies. Controlled drugs were stored securely and a record of the quantity left was maintained. Medicines were administered by staff who had been assessed as competent and we confirmed that annual refresher training was provided to ensure staff remained competent in administering medicines. Staff were aware of how to report medicine errors and could demonstrate learning from errors made in the past in order to reduce the risk of people receiving the wrong medicine.

Staff told us the service had three members of staff during the day and one waking night staff. We reviewed staff rotas dated September and October 2015 and found that staffing levels were in line with what staff told us .The service was organised in such a way that staff rotated between this service and its sister service next door. Staff absences were managed with little need for the use of agency staff as there was a pool of temporary staff. Staff had the opportunity to work with a wider range of people. Handovers took place at the beginning of each shift to ensure that all staff were up to date with any changes in people's condition and to ensure continuity of care.

There were robust recruitment checks which included disclosure and barring checks, references, proof of identity and qualifications in order to ensure that people were cared for by staff who were able to work in a social care environment.

Comprehensive risk assessments were completed in order to mitigate risk. There were risk assessments to the environment and for the control of substances hazardous to health. Risk assessments were for within the service and outside the service and included traveling in the car, garden area and using the pool. Risk assessments were pictorial and had a traffic light system with red being the highest risk and green being the least. Each risk had clear instructions of how staff should respond should the identified risk occur. One risk assessment explained how to support a person when they went out shopping by reinforcing the budget and the shopping list beforehand.

We observed that the premises were clean, maintained and recently decorated with the exceptions of a few marks to skirting boards and to walls that needed to be repaired. The free flowing design of the living area was clearly beneficial for people as they liked and needed to move about quite frequently. Staff told us that the main equipment they used was exercise balls and scales as there was no specialist equipment. We found that all the equipment was clean and stored appropriately and staff had been shown how to use them safely.

Good

Is the service effective?

Our findings

Staff were knowledgeable about how to effectively support people with autism. We observed an easy-going interactive style between staff and people. For example, we saw a staff member giving a person positive affirmation to a person in order them to encourage them to complete their puzzle, saying, "Look how fast [person A] does this. [Person A] can do them with their eyes shut, can't you?' The person speedily completed the puzzles and told us, "I like puzzles and I like sweets." We saw staff respond appropriately to verbal and non-verbal cues from people. People were supported by staff who understood how to respond to their needs and preferences.

People's needs were consistently met by staff who had the right knowledge, qualifications, experience, attitudes and behaviours. Staff had an induction which included a period of shadowing until they were confident and had built a rapport with people. This gave staff the skills and confidence to carry out their roles effectively so that people's needs were met. Staff were appraised annually and regular supervision including direct observations were completed by the registered manager and were used to review practice and develop staff. Staff were also supported to continue professional development. One staff member had trained staff to deliver relaxation and exercise in order to improve people's mood. We noted that most staff had level two and some were being supported to gain level three qualifications in social care in order to enable them to effectively support people.

We found where needed appropriate actions had been taken to ensure that best interests decisions were made in accordance with the Mental Capacity Act 2005 (MCA). The 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). Staff told us they had attended training on the MCA and were aware of the people within the service who were lawfully deprived of their liberty because it was in their best interests to do so. Staff could explain the steps they would take and said they would escalate any concerns relating to a person's capacity to make specific decisions to the team leader who would in turn inform the manager and start the necessary assessments and referral required. We saw that capacity assessments were completed and the manager ensured that appropriate steps were followed when it was in people's best interests to deprive them of their liberty for their own safety. People's human rights were respected by staff who understood the key requirements of the MCA 2005.

People told us and we observed that they had enough choice of food and drink. One person chose to go out for lunch at a local restaurant with a member of staff and another person from the neighbouring service run by the same provider. There was a meeting attended by people and staff every Sunday, during which food choices were ascertained for the weekly Monday food shop. Staff told us this was not set in stone and people could change their mind on the day if they no longer wanted the menu for the day. One staff member said, "We have a supermarket chain over the road, so if they want something else during the week we can always go shop for it." People were encouraged to make choices from the "Food Folder" (a large folder full of actual large photographs of meals) in order to enable them to visualise the options available and choose by pointing.

People were supported to eat a balanced diet. Staff were aware of people on soft diet and minimised the risk of choking by ensuring people sat upright and ate an appropriate pace. Staff protected people, especially those with complex needs, from the risk of poor nutrition, dehydration, and other medical conditions that affect their health.

People experienced positive outcomes regarding their health. Staff told us people were reviewed by their GP and we saw evidence of input from the dentist, the community learning disability team and the dietitian where required. We found that advice from GPs regarding changes to medicine doses was implemented. In addition behavioural charts were compiled and sent to psychologists to review and recommend positive behaviour reinforcement strategies. Appropriate referrals were made to other health

Good

Is the service effective?

and social care services. Records of meetings taking place were available in a format that people could understand. People's needs were monitored and reviewed and relevant professionals and people using the service are actively involved in this as much as possible.

Good

Is the service caring?

Our findings

People told us that staff were very good and kind and supported them with their individual goals. Staff were sitting at the table engaging with people as they worked on their jigsaw puzzles. Even though people were excitable the staff were calm and able to channel people's energy into meaningful activity. People clearly trusted the staff and their progress was evident as some of them could not speak when they first used the service but were now using a few words. Staff listened and looked out for signs to indicate people's mood and were aware of how to respond to people.

People were encouraged to remain independent. One person had been supported to independently go on a long journey by train to see their family. The same person made meals regularly with support of staff and was hoping to move onto supported living in the near future. We asked a person what they liked about the place and they said, "The people, the life, they're helping me move into supported living. I've got two places to choose from and when I move I will come back and visit them here." Another person said they were looking forward to moving on to supported living and securing "a job that pays".

We observed that care was delivered in a kind and sensitive way. We observed the way staff interacted with people throughout our inspection and found that staff were patient and responded to people in a timely manner. A staff member described their overall style of approach as, "We don't force anyone to do anything. You just work on things gradually." Staff listened and looked out for signs to indicate people's mood and were aware of how to respond to people. They explained that a person had frosted film on their windows to prevent visibility into their room from the outside there by maintaining their privacy they could close the door and 'do as he likes'. There were two dignity champions within the service and staff told us that they tried their best to give people their personal space and respect their wishes.

Staff told us people's diversity was celebrated and how people's wishes were accommodated. Staff completed equality and diversity training and told us they treated each person as an individual. This included whether people wanted personal care to be delivered by same gender staff, how they preferred their food cooked and their religious preferences. We observed one of the staff members was responding to a person who was fixating a little on a certain staff member. By gently including the possibility of them being supported by another member of staff, the person's anxiety about being supported by different staff members was being gradually contained. People told us and we observed that people were treated as individuals.

People were given choice and information was made available on the activities and the menu choices for the day. The statement of purpose was displayed. A service user guide was also available outlining information about the service. People told us they had been involved in decorating their rooms. We saw that people had personalised rooms with pictures and prized possessions and achievements displayed. Rooms depicted people's interests and preferences. One room had a person's favourite team decorations including bedding. Staff told us people chose when they woke up or went to bed. One staff member said, "Oh that's up to them. We don't have any set rules. Well we do the medication at the same time, that's at 8.00 every night, but the rest is up to them."

People were given support when making decisions about their preferences for end of life care. Each person had a part in their care plan entitled "My wishes when I die." We saw that when people were comfortable to discuss their dying wishes these were documented and planned for in advance. Plan included preferred place of death, type of burial and the funeral service. Two staff had attended end of life care training and they had access to palliative care teams for support when they were required.

Good

Is the service responsive?

Our findings

We reviewed care plans and found people and their relatives were involved in planning the care. The language used within the care plans gave people more ownership of the contents rather than generic descriptions. Each person had a section in their care plan entitled “My Life History”, My Care Plan,” My support needs” to enable staff to have a holistic view of the person as well as better understand and care for people by using information about them to start conversations. Parts of the care plans were in pictorial format making it easier for people to understand. In addition communication passports and health action plans were also in place to aid staff in understanding how to respond people’s actions.

We saw that relevant professionals were used to support people and any correspondence was made in a format people could understand. Care plans were evaluated monthly and reflected people’s current condition. Staff knew people’s current needs and care records gave accurate descriptions of their physical, social and emotional needs. Staff told us the care delivered was focused on people’s individual needs and preferences. The care records we reviewed were very person centred and gave detail on people’s behaviours and how to effectively manage them. For example one person’s behaviour profile read “I place my finger on my head if there is too much noise. If I attempt to pull books or items it means I need you.” Staff were aware of these details and told us that they constantly updated them to ensure all staff understood how to understand people’s support needs.

Relatives visited when they chose and were invited to functions and celebrations at the service as well as to annual care review meetings. We saw pictures of people’s family members displayed within the home. One person went out for lunch with their mother once a week. Another visited family regularly. A person was a football fan and they told us that the registered manager had gone with them to watch a football match the night prior to our inspection. We confirmed that this was a regular occurrence. Another person whose family did not live locally was supported to visit them to maintain relationships with their family.

We observed that activities were based on people’s preferences and abilities. Each person had a weekly activity plan which included a lot of activities outside the service. This included visits to the library, local theatre, local craft centre, lunch outings, shopping and the cinema. On the day of our visit most actives went on within the service. The back door was open so people who particularly liked the free flow of movement could go into the garden when they wanted to. People made their way around, gently touching and exploring in the garden. The television was tuned to a music channel and all the people either danced or referred to the songs, which they clearly enjoyed. Staff played games with people that enabled them to practice their speech and become increasingly confident to vocalise.

The registered manager had advised of people that did not always accept strangers and made sure it was ok with people before we came into the communal areas. Staff reiterated this during our stay by introducing us to people. We saw strategies in place to manage people’s moods and behaviours. These included mood charts stuck on the fridge freezer with incentives such as smiley stickers given every two hours where positive mood was maintained.

The complaints policy was displayed within the service in a format people could understand. Staff told us they would support people to make a complaint if needed and that they would try to resolve the issue. There were not many complaints in the last year but all had been acknowledged investigated and responded to as per the service’s policy.

Good

Is the service well-led?

Our findings

People told us they were happy with the management and the staff that worked at the service. We observed people recognised the registered manager and some staff by name and were at liberty to walk in and out of the office whenever they needed to see the registered manager. One person said, “Very good,” another said, “Nice” a third said, “Very kind” referring to the manager and staff. We observed that people could approach staff or the manager if they wanted. Staff told us they thought the manager was approachable and that they could express any concerns about their work. The registered manager was visible within the service and the open door policy was evident.

The service was managed well and staff told us they worked well as a team. The registered manager notified us of all events affecting the service as required. There were clear management structures in place including monthly manager meetings attended by managers from different services run by the same provider where different issues were discussed. The manager was supported by a deputy manager and team leaders. Staff told us they would report to the team leaders first or the registered manager. We observed that the atmosphere in the communal areas was friendly, calm and relaxed. The back door was kept open to allow people freedom of movement in and out of the house and we observed one person who regularly walked in and out of the service.

Staff told us they felt well supported by management. They also explained that training was ongoing, one staff member told us, “We have to send a training report in each week and head office checks off against the matrix and then the deputy will let people know what they have to do next.” Staff told us they had opportunities to feedback or discuss any issues with the team leader or the manager. They told us that appraisals, supervision and meetings were all platforms to feedback in addition to any time they saw the manager or their deputy. We also saw quarterly newsletters where good practice was recognised. There was also a provider newsletter and Fairkytes had been mentioned for supporting a person to be confident to travel by rail to Newcastle on their own to visit their relation.

The service had robust quality monitoring systems which included a manager’s weekly report to head office covering any vacancies, new staff, incidents accidents, concerns and achievements. The manager also completed night visits to check on night staff and monthly clinical governance reports including health and safety infection control and medicines management. Actions were made to address any issues identified during the various checking systems. Any issues identified within the audits had actions and responsible persons to ensure that the quality of care delivered to people was improved. For example, one person had chosen replacement flooring as a result of their flooring being identified as needing replacing during health and safety checks.

Staff were aware of the vision and values of the provider and how they applied this in practice. Staff told us that they were there to give people an improved quality of life which was in line with the provider’s main objective of, “To ensure they have safe and fulfilling lives in our care.” Staff spoke passionately about people they supported and their achievements since they started to live at the service. One parent was reported to have commented, “Thank you for giving me my son back.” In addition one person was now the ambassador for autism at a local charity and had secured a job for one day a week. People were enabled to fulfil their goals and aspirations by staff who understood their needs.