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Faircross 102

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

This inspection took place on the 4 January 2018. At the previous inspection in December 2015 we found the provider was meeting all the regulations we looked at and the service was rated overall as Good. During this inspection we found they remained Good.

Faircross 102 is a care home. People in care homes receive accommodation and nursing or personal care as 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 is registered to provide support and accommodation to a maximum of three adults with learning disabilities and on the autistic spectrum. Three people were using the service at the time of inspection.

The service does not need to have a registered manager in place as it is managed by an individual who is registered as the sole provider.

There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Appropriate safeguarding procedures were in place. Risk assessments provided information about how to support people in a safe manner. Procedures were in place to reduce the risk of the spread of infection. Medicines were managed in a safe manner.

People's needs were assessed before they started using the service to determine if those needs could be met. Staff received on-going training to support them in their role. People were able to make choices for themselves and the service operated within the principles of the Mental Capacity Act 2005. People told us they enjoyed the food. People were supported to access relevant health care professionals. We have made a recommendation that new staff undertake the Care Certificate, which is a training programme designed specifically for staff that are new to working in the care sector.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.

Care plans were in place which set out how to meet people's individual needs. They were subject to regular review. People were supported to engage in various activities. The provider had a complaints procedure in place and people knew how to make a complaint.

Staff and people spoke positively about the senior staff at the service. Quality assurance and monitoring systems were in place which included seeking the views of people who used the service.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Faircross 102

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 took place on 4 January 2018 and was announced. The provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we already held about the service. This included details of its registration, previous inspection reports and notifications of significant events the provider had sent us. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with two people who used the service and observed how staff interacted with people. We spoke with three members of staff. This included the registered person, the business manager and a support worker. We looked at two sets of records relating to people's care and three sets of medicine records. We examined the training records for all staff and looked at staff recruitment and supervision for three staff. We examined the minutes of meetings and quality assurance systems used at the service.

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "Yeah I do [feel safe]."

The service had systems in place to protect people from the risk of abuse. There was a safeguarding adult's policy and a whistleblowing policy. The former made clear the service had a responsibility to report any allegations of abuse to the local authority and the Care Quality Commission; the latter made clear staff had the right to whistle blow to outside agencies if appropriate. Staff had a good understanding of their responsibilities with regard to safeguarding adults as did the registered person. One staff member said, "I would first talk to the manager. If they did nothing I would talk to the local council or the police." The registered person told us there had not been any allegations of abuse since the previous inspection.

The service did not have access to people's bank accounts. People's accounts were either managed by themselves, family members or court appointed representatives. The service did hold money on behalf of people. This was stored securely. Records and receipts were maintained when staff spent money on behalf of people. We checked the amounts of money held and found they tallied with the recorded amounts. This meant the service had taken steps to reduce the risk of financial abuse occurring.

Risk assessments were in place which included information about the risks people faced and how those risks could be mitigated. Assessments covered risks associated with accessing the community, medicines, physical and mental health and finances. The registered person told us the service did not use any form of physical restraint when working with people. Where people exhibited behaviours that challenged the service risk assessments were in place about how to support them. Staff had a good understanding of this and told us how they sought to help people to become calm through speaking with them in a calm manner, giving people space and time and diverting their attention away from issues causing them distress.

Steps had been taken to make the premises safe. Qualified persons had carried out safety checks of the gas appliances, electrical appliances and fire safety equipment including alarms and extinguishers. Records showed the service carried out its own internal health and safety checks including testing hot water temperatures, testing fire alarms and carrying out fire drills.

There were enough staff working at the service to meet people's needs in a safe manner. People told us there were enough staff, one person said, "They are there if I need to talk to them." Staff agreed that there were enough staff and told us they had enough time to carry out their duties. One member of staff said they had, "A lot of time" to do everything that needed to be done. We observed staff carried out their duties in an unhurried manner during the course of the inspection and were able to respond to people in a timely fashion.

The service had robust staff recruitment processes in place. Records showed checks carried out by the service on prospective staff included criminal records checks, employment references, proof of identification and a record of past employment history. This meant the service had taken steps to help ensure suitable staff were employed.

The service supported people with their medicines. One person said, "They give me a shout about eight in the morning and eight in the evening to give me my tablets." Medicines were stored in a locked cabinet inside the office. Most medicines were stored in blister packs where each individual dose was in its own marked compartment. This made it easier to ensure people were getting the correct medicines at the correct time and reduced the likelihood of error being made. Medicine administration records were maintained which included the name, strength, time and dose of each medicine. Staff signed the chart after each administration so there was a clear record that people had received their medicines. Records were maintained of the quantities of medicines held at the service and we cross checked these with the actual amounts held and found they tallied.

Responsibility for maintaining cleanliness at the service was shared between staff and people. This helped people to develop independent living skills. We noted the service was clean and free from offensive odour on the day of inspection. Staff had undertaken training about infection control and were aware of how to reduce the risk of the spread of infection. Protective clothing was worn by staff when providing support with personal care to people.

Records were maintained of accidents and incidents. These recorded what had happened and what action had been taken in response to the incident. However, the recording forms did not include a section about how to reduce the risk of further occurrences of similar incidents. We discussed this with the registered person who amended the forms to include this information. We did see evidence that the service reflected on incidents and learned from them. For example, one person exhibited challenging behaviour that was triggered by certain stimuli and the service took action to reduce the risk of exposing the person to those stimuli.

Is the service effective?

Our findings

There had not been any new admissions to the service since June 2011. This meant we were unable to inspect the current pre-admission assessment practices. However, the registered person explained what the assessment process would be. They told us they would review information provided by the referring agency and then meet with the person to assess their needs and determine if the service was able to meet those needs. They said they would also meet with family members and professionals involved in the person's care to get a full picture of them and their needs. They told us the assessment would not just look at the care needs of people but would be a holistic look at all their needs, including in relation to equality and diversity issues, such as sexuality, ethnicity and religion.

Staff undertook an induction programme on commencing work at the service. This included shadowing experienced staff to learn how to support individuals. One member of staff said, "I worked with other staff at first to learn the job." New staff did not undertake the Care Certificate, which is a training programme designed specifically for staff that are new to working in the care sector. We discussed this with the business manager who told us they were considering implementing the Care Certificate as part of the staff induction programme and we recommend that they do so.

Staff told us and records confirmed that they had access to on-going training to help develop skills and knowledge which was of relevance to their role. Records showed training undertaken by staff included behaviours that challenged the service, health and safety, medicines management, first aid and fire safety. In addition to training staff also had regular one to one supervision meetings with a senior member of staff.

People told us they liked the food at the service and they had a choice. One person said, "[Staff members] ask us what we want on the menu and they do that." Another person said, "Staff write the menu and ask us what we want on it." There was a planned menu in place which was drawn up with the involvement of people. We saw the menu reflected people's cultural backgrounds. People were able to help themselves to drinks and snacks during the course of the inspection. People told us staff supported them with cooking meals to help them develop independent living skills.

The service worked with other agencies to help meet people's needs. People told us the service supported them to make and attend medical appointments. One person said, "They come with me, they do a good job on that." Records showed people had access to various health care professionals including dentists, GP's, psychiatrists, podiatrists and we saw people had received flu jabs. These records included details of who the appointment was with along with any follow up action that was required. We saw the service implemented guidance from other professionals to support people. For example, guidelines were in place developed by the nursing service to support a person with their diabetes. We saw these were followed, including carrying out regular blood glucose level checks to ensure they were at safe levels. However, the guidelines did not specify how frequently these checks were to be done. We discussed this with the registered person who told us they would seek advice from the practice nurse about this. They sent us updated guidance with the relevant information after our inspection.

At the time of inspection none of the people using the service had either physical disabilities or sensory impairments. This meant there was no need for the physical design of the building to be adapted to meet needs associated with those issues. The service was homely in its appearance and records showed people had been involved in choosing décor and furniture both for their own bedrooms and the communal area of the building.

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). At the time of our inspection we were told two of the three people using the service were able to come and go from the premises as they wished without staff support. The other person required staff support to go out due to significant risks posed to themselves and others if they went out unescorted. The business manager told us this person had never expressed a wish to go out alone and support was available anytime they did wish to go out. However, the service had not made an application for a DoLS authorisation for this person. We discussed this with the registered person who sent us confirmation the day after our inspection that they had now submitted a DoLS application to the local authority.

Where people had capacity they were able to make decisions over their daily lives and people confirmed this. One person said, "I choose what I wear. Yeah I do [choose what time I go to bed]." Where people lacked capacity to make decisions staff had developed a good understanding of people to support them to make decisions. For example, a staff member said, "If [person] doesn't like it they won't eat it so you know next time not to give it to them."

Is the service caring?

Our findings

People told us they were treated with respect and that staff were kind. One person said, "They are fine, they are good. They treat me well."

Staff had a good understanding of people's individual needs and had built up good relations with them. We saw staff interacted with people in a friendly and polite manner. People were seen to be at ease and relaxed in the company of staff and comfortable approaching staff.

Care plans included information about supporting people with their communication needs. For example, the care plan for one person stated, "[Person] tends to communicate by their presence in certain areas, e.g. they will go to the kitchen if they are hungry or they will go to the bathroom if they want a bath." During the course of the inspection we observed this person go into the kitchen area and staff responded by making them something to eat and drink.

Staff had a good understanding of how to promote people's privacy and dignity. One member of staff said, "I always knock and wait for an answer before going in to their bedrooms." People were supported to maintain and develop their independence. For example, in relation to personal care staff supported people to manage as much for themselves as they could. A staff member told us, "I encourage [person] to dress themselves because they can do it. They just need help to shave and brush their teeth." A person said, "They only help me to wash my hair and have a shave, the rest I do myself." People were involved in daily living skills to help promote their independence. This including cooking, shopping and helping to keep their bedrooms tidy. One person said, "Every Tuesday we do the cleaning. I do the hoovering in my bedroom, I clean the sink as well."

Each person had their own bedroom. These had been decorated to people's individual choice and people had been able to choose décor and furniture. One person said, "It's the way I like it." Bedrooms were homely in appearance and people said they liked their rooms. We saw that bathrooms and toilet doors had locks fitted which included an emergency override device. This helped to promote people's privacy in a way which was safe.

People were supported with needs related to equality and diversity. One person had expressed a wish to find a partner and the service had supported them with this. People were able to maintain contact with family, one person told us, "Sometimes I go and see my [relative] and sometimes they come here." People were able to wear clothes that reflected their equality and diversity needs, the business manager told us, "They are able to dress how they want to dress, they are able to express themselves freely." People listened to music and watched television programmes reflective of their culture and food also reflected this. People had been supported to attend places of worship and the service celebrated various religious festivals.

Is the service responsive?

Our findings

People told us they were happy with the service and support they received. One person said, "It's all right here. They are helpful, they always help me." Another person told us, "It's quite good, I like it here. Just like a first class hotel."

Care plans were in place for people. These provided information about how to meet the needs of individuals in a personalised manner. Care plans covered needs associated with health, personal care, communication, domestic skills, community living skills, personal relationships and spiritual/cultural needs. People told us they were involved in planning their care. The registered person said care plans were subject to review, saying, "It is done when needed. If someone is unwell, if there is a medical change, review is on-going." Records showed care plans were reviewed which meant they were able to reflect people's needs as they changed over time.

People were supported to take part in various activities both in house and the community. These included Zumba classes, the cinema and a night club run by and for people with learning disabilities and their friends. One person told us, "[Staff member] took me to see Star Wars, it was good." They added, "I have a coffee in Vicarage Field (a local shopping centre) or Costa." We observed that two people went out for lunch to a nearby café on the day of inspection. Another person told us, "I like to go on day trips, we went to Southend and London, we had a look around."

People were aware of how to make a complaint. One person said, "I would talk to staff or the manager." The service had a complaints procedure in place. This included timescales for responding to complaints received and details of whom people could complain to if they were not satisfied with the response from the service. A copy of the procedure was on display in a communal area of the service to help make it access to people. The registered person told us there had not been any complaints received since the previous inspection and we found no evidence to contradict this.

The registered person told us the service had received compliments from relatives of people using the service and professionals they worked with in supporting people. However, they added they did not keep a record of compliments received.

At the time of inspection the service did not support anyone with end of life care. The registered person said if needed this would be done in conjunction with other agencies where required.

Is the service well-led?

Our findings

People told us they felt supported by senior staff and listened to. One person said, "They [senior staff] are all right."

As the service was owned by an individual who managed the service it did not require to have a registered manager. The registered person was supported in the running of the service by a business manager. Staff spoke positively about the senior staff. One staff member said, "When I came here [registered person] taught me how to do everything." The same staff member said, "[Registered person] is always available, 24/7. They are a very nice person, they listen to you. You know sometimes you can have a manager you don't get along with, but it's not like that with [registered person]."

The service had systems in place for monitoring the quality of care and support provided. People told us they had 'residents' meetings. One person said at the last meeting they talked about, "When is the Christmas party, when are we going for the Christmas meal." Records of the most recent residents meetings included discussions about decorating bedrooms and plans for Christmas. The service also held staff meetings which gave staff the opportunity to discuss matters of importance to them. Minutes of staff meetings showed they included discussions about people who used the service, health and safety topics and future plans for the service.

The business manager told us they were in the process of preparing to carry out a survey of people, relatives and professionals to seek their views on the service. A survey questionnaire had been produced which asked how people rated the staff, how well people's needs were being met and any areas for improvement.

Various audits were carried out to promote the safety and wellbeing of people. The supplying pharmacist carried out an annual audit of medicine practices at the service and the most recent highlighted generally good practice with regard to medicines. Internally the service carried out a monthly environmental audit which checked lighting, ventilation and other issues related to the physical environment.

The service worked with other agencies and had recently had a visit from the commissioning local authority. We contacted that local authority who told us they had no concerns about the service. The registered person also attended a 'provider's forum' which was run by the local authority and provided the opportunity for care providers in the borough to meet and share good practice.