

Accomplish Group Support Limited

Fairford Court

Inspection report

272a Colney Hatch Lane
Friern Barnet
London
N11 3DD

Tel: 02083681579
Website: www.accomplish-group.co.uk

Date of inspection visit:
08 February 2022

Date of publication:
28 March 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Fairford Court is registered to provide accommodation and care for eight autistic people in a residential care home. At the time of our inspection there were four people using the service.

The care home is purpose built and is located in grounds alongside a 'sister' care service and a supported living service run by the same provider.

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

We had some concerns with the management of the service. There had been management changes at service level in the last 12 months, and whilst an interim manager had provided good leadership, we found the new manager had yet to establish and embed systems effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff recruitment was safe, and there was enough staff to meet people's needs.

Management of medicines was safe. We made some minor suggestions regarding the use and disposal of PPE.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This inspection focused on the key domains of Safe, Effective and Well-led. Based on the limitations of this inspection, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

We saw that care plans were person centred, and we were told that the staff were kind and treated people with respect. Risk assessments promoted independence whilst giving staff guidance in how to minimise harm to people. Staff supported people with daily living tasks in the way people chose.

Right support: Model of care and setting maximises people's choice, control and Independence; Right care: Care is person-centred and promotes people's dignity, privacy and human rights; Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 24 November 2017).

Why we inspected

This inspection was initially intended as an Infection Prevention and Control inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

We inspected and found there was a concern with the management of the service, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe, effective and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same, good, based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Fairford Court

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector inspected the service.

Service and service type

Fairford Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Fairford Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager, who was in the process of registering 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

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications to CQC and sought feedback from the local

authority and professionals who work with the service. We had also been in close communication with the service in the last 12 months. We used all this information to plan our inspection.

During the inspection

As part of the inspection we spoke with one person living at the service, three support staff and the current manager of the service. We also met with the manager of another local service who provided interim support and was continuing to support the new manager in their role.

We looked at three medicine administration records, supervision records, staff meeting minutes, quality audits and infection control processes at the service. We looked at three care records, including risk assessments and two staff recruitment files.

After the inspection

Following the visit, we asked for additional information regarding medicines management, the service action plan and auditing processes. We reviewed complaints, accident and incident records and received an updated action plan.

Three professionals who work with the service and one relative of people who lived at the service responded to our request for feedback on the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- The service did not provide personal care to people on a routine basis. We were somewhat assured that the provider was using PPE effectively and safely. We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- For example, whilst there was PPE available for staff, it was stored in different places at the service. This meant that staff could not easily find all pieces of equipment easily. Following the inspection the service told us they had instituted a PPE station and set out clearly expectations regarding use and disposal of PPE, and had ordered a suitable bin.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Whilst the manager told us daily and nightly cleaning took place by staff, we found that all the records to evidence this were unavailable over the last few months. The interim manager told us they thought these had been mislaid during filing, and would set up a more effective system. These issues are discussed further in the Well-led section of the report.
- We were assured that the provider was accessing testing for people using the service and staff, although the record keeping was slightly chaotic. After the inspection the service reinstated the system to monitor lateral flow testing was taking place and improved record keeping. People living at the service were tested in line with government guidance.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service was supporting people's families and friends to visit the service in line with government guidelines.

Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Using medicines safely

- We found some concerns with the management of medicines. Whilst staff had received training in the giving of medicines, not all staff had been competency checked in the last 12 months. This is best practice in the management of medicines. This was completed following the inspection visit.
- Stocks of boxed medicines were checked daily and medicine audits took place. However, we found one cupboard which was not locked and contained some medicines for return to the pharmacist. This were moved immediately on the day of the inspection. The door to the room was always kept locked.
- To enable people to safely take their medicines, water, beakers and medicine cups were available in the medicines room. The system for use of these was improved following the inspection visit.
- These issues are discussed further in the Well-led section of the report.

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place to safeguard people from the risk of abuse. Staff were able to tell us how they identified and acted on safeguarding concerns. Staff had received training in safeguarding, and understood their role in the process.
- The management team understood when to make safeguarding referrals to the local authority and CQC.

Assessing risk, safety monitoring and management

- The service had appropriate systems in place to assess and mitigate risks. Care records contained up to date risk assessments covering a wide range of areas including financial management, safety in the community, personal care and medicines management.
- Key essential services, such as gas, electricity and fire safety equipment at the service were maintained. A recent fire risk assessment was in place, with up to date support plans providing guidance for staff in the event of an emergency evacuation.

Staffing and recruitment

- Recruitment processes and procedures were effective with reference and DBS checks in place prior to staff starting to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to support people safely.

Learning lessons when things go wrong

- The provider collated all information on a database related to accidents and incidents. We could see that individual staff members were supported with training when medicine errors occurred. Learning was shared across the team and evidenced via staff meeting minutes and through the use of 'read and understood' updates to team members.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained the same. 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

- The service ensured that they gathered sufficient, detailed information at the point of referral to ensure that they could start the process of assessment.
- The service ensured they had the voice of the person, other health professionals and relatives when setting out the initial care plan and risk assessments.
- The service worked to deliver care in line with government standards, guidance and the law.

Staff support: induction, training, skills and experience

- Staff received the support they needed to meet people's needs safely. People told us the staff had the skills to care for them, and they were supported in a way they wanted.
- Staff told us they had received an induction which included shadowing more experienced staff.
- Staff had received training in key areas including safeguarding, the giving of medicines and infection control. Staff undertook the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Supervision took place and records were kept.
- A professional who worked with the service spoke highly of the staff. They told us, "Staff were brilliant, knowledgeable, compassionate and cared for the service user. They were implementing PBS (positive behavioural support) and had clear goals for the client. The client is hard to engage but with their tenacious work is now engaging."

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

- People were supported to shop and cook where help was needed. We discussed with staff how they would encourage healthy eating and they spoke respectfully about how they encourage people without being overbearing.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked effectively with other agencies. Professionals told us staff worked well with them. Care records showed the involvement of other professionals including mental health and learning disability teams.
- A local health professional told us the staff worked effectively in partnership with them and let them know of any concerns. They also ensured people were supported for various tests in a timely way and staff

managed people's health well in conjunction with health professionals.

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

- People had their own room with en-suite bathroom. We did not view individual people's rooms.
- The service was decorated to a good standard with further works planned in the communal lounge.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health care services as required and care records showed this took place.

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 MCA 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.

- The service met the requirements of the MCA and what this meant for the people they supported. The service had DoLS in place where required and were in the process of reviewing if one person continued to need this restriction. They understood the importance of enabling independence and were working with other professionals to evaluate this person's safety whilst doing so.
- Staff understood the complexities of consent and were respectful of people's rights to make choices.
- Capacity assessments had taken place for people at the service.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent..

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

- This inspection found a number of areas in which the management of the service required improvement.
- For example, there was a lack of available evidence to show management oversight related to audits of daily care records and cleaning undertaken.
- The manager had not ensured that the system to recording all lateral flow testing results was transparent and readily available.
- We identified improvements required in the way that the service set out clearly their expectations in relation to the use and disposal of PPE.
- Not all staff had not been competency checked to give medicines although they had all received training.
- We discussed this with the management team who explained that the new manager was establishing themselves in their role.
- In other ways the management team provided effective management as the majority of audits took place, including medicines, health and safety and fire safety.
- Care records and risk assessments were up to date and staff were supervised, trained and supported to provide good quality care.
- Learning from accidents and incidents were shared across the team. There was a system for responding to complaints.
- Notifications to CQC were made as required and the management team understood risks and regulatory requirements.
- We found the management team to be open and transparent. The management team welcomed the feedback from the inspection team to immediately address and rectify issues raised.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service promoted a positive culture. A family member praised the service and told us the service was suitable for people with autism, and staff knew how to get the best out of people.
- Health and social care professionals spoke well of the service and care records showed that care was person centred. One person was being supported with a volunteering opportunity and records showed other people participated in a variety of activities in the community. That the service was reviewing the appropriateness of one person's liberty being restricted was evidence of their willingness to explore what was the most empowering for the person to achieve the best outcome for them.

- Staff understood the importance of supporting people in the way that suited them, and ensured they were kind and caring and not judgemental in their work with people.

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

- Staff meetings took place as did meetings for people who used the service. People were involved in how their care was provided.

Continuous learning and improving care

- We found the action plan set out by the service had not identified all the issues the inspection had. Also some other areas the service had already noted for improvement were not on the action plan.
- We discussed this with the management team who updated the action plan and committed to reviewing it more robustly going forward.
- However, we could see that at both provider and service level, learning was shared following accidents and incidents to minimise reoccurrence.

Working in partnership with others

- The service worked well in partnership with local health and social care professionals.