

# Milestones Trust

# Fairburn

## 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 was an unannounced inspection, which meant the staff and the provider did not know we would be visiting. The inspection was carried out by one inspector on the 27 November 2018.

Fairburn provides short breaks to people with a learning disability. The service is registered to provide accommodation, nursing and personal care for seven people. Presently 42 people access the service for short breaks throughout the year. The service is jointly commissioned by Bristol City Council and South Gloucestershire Council.

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

There was a registered manager in post. 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.

At our last inspection in 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

People received the care that had been commissioned by the local authorities. Relatives commended the service in relation to the planning, flexibility and delivery of care. Relatives told us they usually got the dates they requested and they knew in advance when their relative would be staying at Fairburn. The service also responded to emergencies such as ill health of the main carer.

People received a safe service. Staff ensured that people got on well and they were compatible with each other. Risks had been assessed and safe systems of work were in place to ensure people's safety whilst not curtailing their independence. Staff had been through a thorough recruitment process to ensure they were suitable to work at Fairburn.

People were receiving care that was responsive and effective and tailored to their needs. Care plans were in place that clearly described how each person would like to be supported. People had been consulted about

their care and support. The care plans provided staff with information to support the person effectively. Other health and social professionals were involved in the care of the people and there was very much joint working with them and family. Safe systems were in place to ensure that people received their medicines as prescribed.

People were supported by suitable numbers of staff, with the right skills and knowledge. Staff had received training and were supported in their roles. They regularly received supervision and team meetings were organised monthly.

People were valued and supported to be as independent as possible. People's rights were upheld, consent was always sought before any support was given. Staff were aware of the legislation that ensured people were protected in respect of decision making and any restrictions and how this impacted on their day to day roles.

People were provided with nutritious food and drink, which met their dietary preferences and requirements. People were supported to eat a healthy diet of their choice.

People were provided with a safe, effective, caring and responsive service that was well led. The organisation's values and philosophy were clearly explained to staff and there was a positive culture where people were included and their views sought. The registered provider was aware of the importance of reviewing the quality of the service and was aware of the improvements that were needed to enhance 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?

Good ●

The service continues to provide a safe service.

### Is the service effective?

Good ●

The service continues to be effective.

### Is the service caring?

Good ●

The service continues to be caring.

### Is the service responsive?

Good ●

The service continues to be responsive.

### Is the service well-led?

Good ●

The service continues to be well led.

# Fairburn

## 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, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one adult social care Inspector. The inspection took place on 27 November 2018. We last visited the service in October 2016 and found no breaches of regulations.

We used a variety of methods to obtain feedback from those with knowledge and experience of the service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information included in the PIR along with information we held about the service. This included notifications, which are information about important events that the service is required to send us by law.

We contacted the local community learning disability team, and other health and social care professionals involved in supporting people who use the service. We asked them for some feedback about the service. You can see what they told us in the main body of the report.

During the inspection, we talked with four people using the service, a relative, three members of staff and the registered manager. We contacted a further five relatives and a person who used the service by telephone to gain their views. You can see what they told us in the main body of the report.

We looked at the care records of three people, and other records relating to the management of the service. This included how the provider monitored the quality of the service.

## Is the service safe?

### Our findings

People continued to receive a safe service. People told us they were safe when staying at Fairburn. Two people smiled and held up their thumb to clearly indicate that they felt safe. One person told us, "I feel safe because the bedroom I stay in is upstairs". Another person told us they could have a key to their bedroom door but had chosen not to because they felt safe and no one else would enter their bedroom.

Relatives said they were confident people were safe. Everyone we spoke with confirmed they liked the staff that supported them and there were sufficient numbers of staff. Relatives we spoke with confirmed that they felt their loved ones were safe when in the care of the staff at Fairburn. Comments included, "I would not let X stay there if they were not safe" and "I have every confidence in the staff, they know him so well".

The registered manager told us staff numbers were calculated based on the number of people who were staying for a short break and how much support each person required. Staff told us there was always enough staff to keep people safe. They said during the week day evenings it was busy because they had to support people to settle in to Fairburn, which included helping people to unpack their belongings, booking in their money for safe keeping and their medicines.

One person due to the complexity of their health care needs had a registered nurse supporting them throughout their stay. This was in addition to the registered nurse that was leading the shift. This person had designated staff within the team who had received specific training. This person also had a core team of agency staff that supported the person when at the family home. This agency was not the provider's preferred company. However, to offer the person consistency and to ensure the agency staff had the appropriate skills and knowledge the family's choice of agency was used. Staff confirmed they had a core group of agency staff that they could call on to support the person when they stayed who worked alongside the team at Fairburn. However, it was also evident that staff would swap shifts to ensure that this person had the right staff working when they stayed.

The registered manager understood their responsibilities to ensure suitable staff were employed in the home. This included obtaining a Disclosure and Barring Service (DBS) check and references from previous employers. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed. People's prescribed medicines were stored safely in accordance with current legislation and guidance. Clear records were maintained of what medicines they had brought with them and returned home with.

Staff were aware of their responsibilities in relation to safeguarding people who used the service. They told us that they had training about this and that they could talk to the registered manager or the nurses about any concerns. Staff told us they had confidence in the registered manager and the provider to respond to

any concerns appropriately. Staff were aware of the provider's policies to protect people, and were able to demonstrate the procedure to raise concerns internally and externally when required.

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe whilst encouraging them to be independent. These had been kept under review and other professionals such as occupational and physiotherapists had been involved in advising on safe practices and equipment required. It was evident the person and their relatives had been consulted about any risks. One person had agreed that they would not lock their bedroom door this was to ensure their safety and minimise risks to themselves.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. When people who required oxygen, came to stay there was clear signage on the front door. We advised that this should also be on the person's bedroom door so it was clear that in event of an emergency where the risks were. This was rectified by the registered manager who sought advice from their health and safety manager and confirmed there was now signage for the bedroom door. Oxygen was stored in accordance with the legislation.

Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. People had emergency evacuation plans in place in the event of a fire.

Records demonstrated that fire equipment such as emergency lighting, extinguishers and alarms, were tested regularly to ensure they were in good working order. Other checks in the home, such as gas and electrical safety certification, protected people from environmental risks in the home.

The home was clean and free from odour. Cleaning schedules were in place. Cleaning chemicals were stored securely to ensure the safety of people. This was because not everyone would be aware of the risks in relation to swallowing these products. People and relatives confirmed the home was always clean when they visited.

## Is the service effective?

### Our findings

People continued to receive an effective service. People told us they liked the staff that supported them. Relatives told us the staff had the right skills and knowledge to support their loved ones. Comments included, "They are all really good, can speak to any of the staff", "I would not leave my son if I did not trust the staff", and "Excellent staff, they show empathy and listen even when you know they are busy". A trainer had stated, "Support workers I have met and trained, appear engaged, caring, speak about delivering a service in a person centred way and promote being a service user led environment".

Newly appointed staff were subject to a probationary period at the end of which their competence and suitability for their work was assessed. Staff had completed a programme of training which had prepared them for their role, including the completion of the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification.

People were cared for by staff who had received training to meet people's needs. We viewed the training records for staff, which confirmed staff received training on a range of subjects. Training completed by staff included, first aid, moving and handling, infection control, fire safety, food hygiene, administration of medicines and safeguarding vulnerable adults. Training was monitored by the home's administrator. Where there were shortfalls in training it was evident training had been booked.

Staff also received specific training to meet people's needs including, administration of emergency medicines, positive behavioural support, epilepsy awareness, tracheostomy and supporting people with a PEG feed. Staff said the training they had received had helped them to meet people's individual needs.

A member of staff confirmed they received regular supervision and an annual appraisal with their line manager. Supervision meetings are where an individual employee meets with their manager to review their performance and discuss any concerns they may have about their work. There was a supervision matrix that enabled the registered manager to monitor the frequency of supervisions.

The registered manager told us they assessed people prior to a service being agreed. This included speaking with the person to find out what their wishes were, along with talking with relatives and other professionals involved in the care of the person.

Care plans were obtained from social workers and other commissioners of the service. These clearly described the individual support package in relation to how a person wanted to be supported, the hours required and the frequency. This was then transferred to the organisation's care planning documentation. The registered manager told us they would not agree to support people unless they were able to meet the person's needs. This included any training or equipment required to support the person safely enabling them to respond effectively to meeting their needs.

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 were encouraged and supported to make decisions about their care. Information in people's care records showed the service had assessed people in relation to their mental capacity. Staff understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, they respected those decisions.

Staff confirmed they had received training on MCA and Deprivation of liberty Safeguards (DoLS) and knew how this impacted on their day to day roles of supporting people. The registered manager and staff had a good understanding of the MCA.

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). We checked whether the service was working within the principles of the MCA. The registered manager was aware of their responsibilities regarding DoLS and knew how to apply for a DoLS authorisation where a person was unable to consent to their stay. Where applicable, the service manager was in touch with funding authorities to ensure DoLS applications were underway.

People's nutrition and hydration needs were met. Care records described any support people required with eating and drinking. Where people followed a cultural diet this had been identified at assessment and detailed in their care plan.

Some people required their diet through a percutaneous endoscopic gastrostomy (PEG). PEG feeding is a means of delivering nutrition through a tube into the stomach. There were plans of care in place for each person drawn up by a nutritionist. Staff had received training in providing people's nutrition in this way. Records were maintained of when and how much feed or fluid was given to people. This ensured the person was receiving the care and treatment they needed in relation to hydration and nutrition.

People told us they liked the food and there was a choice. There was no planned menu for each day. A member of staff told us this was because each person was offered a choice on what they would like to eat. Where people were unable to communicate staff had a list of their likes and dislikes and used pictures to gain the person's view. A record was maintained of what people had eaten. Staff said they aim to cook a varied diet throughout the week especially for those people that were staying for more than one night.

Information about people's health conditions was clearly described in care records. This gave guidance to staff on the action that should be taken under certain circumstances to safely manage people's health conditions. We saw that the service liaised and worked closely with other health and social care professionals where appropriate.

Generally, the service did not support people to attend hospital or GP appointments due to the nature of the service. Often people were only staying for one or two nights. There was an agreement with the local GP if a person became unwell during their stay the local GP would visit. The staff told us they had access to 111 and emergency services.

One health and social care professional stated, "I have considered the staff at Fairburn to be joint partners in any work we have carried out. They are flexible adaptable and knowledgeable. They care for their clients

and want the best for them". They confirmed the staff were prompt in making referrals when needed. It was evident the staff regularly attended meetings with other professionals, relatives and the person when required. This was to ensure they worked in partnership and ensured a consistent approach.

## Is the service caring?

### Our findings

People continued to receive a caring service. People, relatives and health and social professionals spoke highly about the staff team that worked at Fairburn. Everyone said the staff were friendly, approachable and caring. Comments included, "It is fun, the staff spend time talking with me. I know that I could speak with staff if I am feeling upset", "Excellent staff really know X (name of person) really well, including all their moans and groans", and "Cannot fault it, it's like home from home". People told us that they enjoyed their stay at Fairburn.

A healthcare professional told us, "The staff at Fairburn are always very friendly and service users are pleased to see them. Fairburn is lucky that many staff have been there for many years and so positive relationships have been able to develop". Staff confirmed there was a consistent team. One member of staff said they had worked there for 15 years. They said they continued to work there because they still enjoyed supporting people that came to Fairburn. Another member of staff said, "No day is the same" and they enjoyed supporting people that stayed at Fairburn.

Another member of staff said, "We not only support the person but work very closely with family and other professionals and service provisions such as day care". They said a lot of work had gone into meeting up with other services that people used so that they could provide a consistent and joined up service in meeting the needs of each individual. Two health and social care professionals confirmed they had found the team worked with them in partnership to meet people's care and support needs. Relatives confirmed they could contact the service to speak with the staff and the manager. They could also make direct contact with their loved ones whilst they were staying at Fairburn.

Further comments included, "People are always happy when collected for respite". They said this was because it was a happy and caring place. They said, one person said that when they visited Fairburn it was like a holiday. Another social care professional told us, "Support workers I have met and trained appear engaged, caring, speak about delivering a service in a person centred way and promote being a service user led environment".

All relatives said they felt comfortable to be able to contact the service when their son or daughter was there on short breaks. We were told staff would always answer questions and provide an update. In addition, relatives knew they could visit at any time. Everyone we spoke with were confident that their loved one was being cared for appropriately and they had full trust in the staff team.

Relatives told us people looked forward to their stay at Fairburn and were very happy to stay overnight or for the weekend. One person told us, "I feel sad when I leave Fairburn, but I know it won't be long before I am back there". People told us they had made friends and kept in contact with people outside of Fairburn. One person told us they enjoyed going to Fairburn because they knew people from a day service that had closed.

Staff talked about people in a caring way. It was evident care was tailored to the person. People were encouraged to come for tea visits, gradually building up to stay overnight or for the weekend. Staff told us

that this was at the pace of the person and the family or when it felt comfortable for them to stay.

One example was given where a person visited for a period of six months before staying overnight. This person's previous short break service had not been successful. It was evident that the staff had got to know the person and the family providing them reassurance. This person was now regularly staying overnight and enjoying their break at Fairburn. Staff were proud of this achievement, which demonstrated a real person-centred approach to providing care. They said over the period of six months they had really got to know the person's routine.

A relative told us they were also invited to social gatherings in the summer and at Christmas they said this enabled them to get to know the other parents. The registered manager told us, "This is an opportunity to increase the social activity of our clients and their families, our initiative enhances their chance to meet in the social community, enjoy the moment and share their experience".

The registered manager told us that they had organised a meeting for people and their relatives to talk about the different care options available such as residential care and supported living. They also discussed the use of advocacy. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. An external speaker also was invited to talk about legal matters such as wills and power of attorneys.

People's care records including information on what they could do for themselves and what support they needed. One person told us, "I look after my own medication and I am able to make drinks and snacks. I can also go out when I want to". However, they said they liked to stay in Fairburn rather than going out because it was fun.

From talking with staff, it was evident that they wanted people to have a good experience of staying at Fairburn. Some people liked to stay in the same bedroom whilst others did not mind. One person said they liked staying upstairs whilst another said they loved all the bedrooms and did not mind which room they had. One person told us, they were offered a choice of bedrooms. Bedrooms were homely and comfortable with matching bedding and accessories. People could personalise their bedroom with pictures that they had brought from home for the duration of their stay.

Staff told us that it was important to know people's routines and preferences. They said this information was gathered from the person, their relatives and other health and social care professionals involved in their care. Two staff usually went to meet the person before they started using the service. A member of staff said this was really important as it helped the person to know the staff and for the staff to get to know them. They said usually the staff who had been involved in the assessment initially worked on the day the person was staying to help them to settle in and offer them some familiarity.

Staff on the day of the inspection were supporting people to get to Fairburn from their college, day centre or home address. It was evident that people continued with their normal routines as much as possible. One person told us, they usually go to a day centre but as it was their birthday they had chosen to stay at Fairburn for the day. Staff had decorated the dining room with bunting and were planning a birthday tea including the person's favourite food and a birthday cake. Staff had purchased a small gift and given birthday cards. The registered manager said they send Christmas and birthday cards to people using the service as it was important for them to feel connected and showed the service remembered them.

People had information in their support plan on how they communicated. This enabled staff to understand what people were saying in relation to their non-verbal communication. This ensured there was a consistent

approach and enabled staff to build positive relationships with people.

There was information about how people expressed themselves including anger and when the person was in pain or hungry. A health care professional was complimentary about how proactive staff were when a new person had started using the service in sourcing training on supporting a person who communicated using Makaton. Makaton is a sign language for people with a learning disability. Staff told us the team were learning at least five new signs a week. Some staff had attended training in signing which was being shared with the team.

Staff confirmed they tried to ensure the compatibility of people staying in the home. They told us this was regularly discussed to ensure that people got on well during their stay or whether there were any environmental issues such as noise that may impact on people. Staff said sometimes this could not be avoided due to an emergency or crisis however, they told us the home was big enough to support seven people and there were quieter parts of the home such as the conservatory. People confirmed they got on well and that they had made new friends. People were introduced to each other if they had not met the other people they were sharing with.

## Is the service responsive?

### Our findings

People continued to receive a responsive service. People's care plans and risk assessments were informative and clearly described how each person wanted to be supported during their stay at Fairburn. These had been kept under review, involving the person and where relevant their family. Staff supported people to be as independent as they were able.

Relatives confirmed they were involved in regular care reviews. One relative said, "I don't have to wait for a review I can speak with staff as and when". Another said, "The staff are very good at keeping us informed". A health care professional said, "Whenever I have approached Fairburn with a request they have either been able to do it or have tried their hardest to accommodate. I have found them professional, person-centred and service user led. They will not commit to something unless it fits in with them being able to continue with a good level of care for all of their service users".

The service was responsive to people's changing needs. A health care professional commended the home on the support they had provided to a person which prevented a hospital admission. They said, "I can honestly say that without the expert knowledge of the nurses and the willingness to make reasonable adjustments the patient would have been admitted to hospital". Staff described how they supported the person and supported them with getting back to their usual self. It was evident the staff were proud of their achievement in supporting the person who continues to use the service.

A health care professional said, "Fairburn staff attend health meetings with myself and family. They said this was very important to get a full picture of a person's needs. This also enabled them to be aware of changes in the person's needs. For example, new epilepsy protocol, new diet, working with Bristol Intensive Support Team. This enabled them to provide service that was responsive and consistent. A commissioner of the service told us, "Overall we feel they provide a good service within the constraints of what they can provide in relation to the funding available to them".

At the last inspection, the registered manager told us they kept an emergency bed in the event of a person requiring additional support due to illness of carers or other events. We were told the emergency bed was used for planned visits. However, it was clearly explained to families that in the event of an emergency then the person using this bed would have to return home and or alternative arrangements would need to be in place. Relatives confirmed they were aware of the emergency bed and they were clearly informed when this was being used by their relative. One relative said, "On the rare occasion the visit was cancelled, we understand". They told us they had used the emergency bed due to ill health and the service had responded promptly to help them as a family.

Relatives continued to commend the service for its flexibility in arranging preferred dates. Visits were arranged in four monthly blocks so families knew in advance when their relative would be staying at Fairburn. There was a designated member of staff responsible for organising the bookings who would liaise with families. Each person was allocated a specific number of nights and short breaks to the service over a twelve month period. Systems were in place to ensure people received the packages of care that had been

commissioned.

Staff told us social activities were organised including outings to local places of interest such as to the local garden centre, trips to the pub and walks to the local park. Staff told us during the week people tend to want to spend time in Fairburn. This was because they may have had a busy day at college or at their day centre.

We were told that during the week staff spent time with people doing activities in the home such as arts and crafts, board games, puzzles, baking or supporting people to use the computer. Staff told us sometimes due to the complex needs of people it was difficult to organise activities outside the home and it was variable depending on who was staying in Fairburn. One person told us during their stay they had been to the local shops and at the weekend they had gone to a garden centre. Staff were organising a trip to the pantomime for a group of people, which included transport from the person's home address. The service had access to a mini bus to support people to continue to attend their day services and go on trips out.

The registered manager told us once a month a music man (entertainer) visits the home to provide music sessions for people. We were told this was a very positive experience for people with everyone engaged, whether in a large group or on a one to one. Because of the success, the team received funding from a charity to put on an addition session on a Wednesday evening.

Some people had diaries to record the support they were given which moved with them between their day service, Fairburn and home. This was to ensure important information was shared about what support was given, information about medication, food and fluid intake or any concerns such as bowel management were recorded. This was especially important where people were unable to tell the staff or their parents about the day or stay at Fairburn. Staff were seen reading these when people returned from their day placement.

Two relatives confirmed the diaries were in place and were invaluable and gave them reassurance about how their loved one spent their time. Another said this was not in place but they always spoke to staff when they arrived and when they returned to pick up their loved one. They were more than happy with this arrangement. Another relative said they were aware that this could be put in place and had requested this. However, no action had been taken. They said they were more than happy with the service but this would be good as they already had this in place with the person's day care provider. We contacted the registered manager so this could be addressed.

Written and verbal handovers took place at the start and end of each shift where information about people's welfare was discussed. Staff told us this was important as it was an opportunity to discuss any changes to people's care needs and to keep staff informed of these changes. They told us this ensured a consistent approach. Staff told us they could read people's care plans before people visited. Throughout the inspection staff were observed sharing important information about the people that had either visited the night before or were planning to stay over the next few days. Telephone calls were made to some parents to see if there had been any changes. Records were maintained of these telephone calls.

The service was aware of their responsibilities in relation to The Accessible Information Standard. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss and supporting them as they moved from one service to another. People's communication and sensory needs had been assessed and planned for. Staff had received training in supporting people who used non-verbal communication. Some of the provider's policies and procedures and people's care plans were in an easy read format using pictures and symbols.

People we spoke with said they knew how to complain. People and their relatives spoke positively about the service and said they had no cause to complain. A clear complaints policy was in place. This included arrangements for responding to complaints with clear timescales. A copy was also available on the company's web site and information in the service user guide. Where complaints had been made we saw clear outcomes were recorded to ensure improvement of the service. These had been fully investigated with feedback given to the complainant.

During the inspection process, another service provider raised concerns. With the agreement of the complainant we forwarded these concerns to the registered manager to investigate. We will be following this up.

## Is the service well-led?

### Our findings

The service continues to be well led. Since the last inspection, there had been a change of registered manager. The new registered manager had worked at the service for the last two years, initially as the deputy. 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.

Relatives were aware of the management arrangements. Comments from relatives were positive in respect of the management of the service with everyone telling us the registered manager was approachable, listened and took appropriate action where required.

Annual surveys were sent out to people using the service, friends and family. We were shown the survey completed for 2018. The service user satisfaction survey indicated that 66.6% of people rated Fairburn as an excellent service with 33.3% rating it as good. Responses included, "I am grateful for the service at Fairburn which is helping me to become more confident for going into supported living", and, "The staff at Fairburn are great and nothing is too much trouble for them".

One person said in their completed survey, "Milestone's service user involvement coordinator is helping all clients and families to be involved". Family and people using the service were invited to a meeting to help them explore different care options from supported living to residential care. A relative was asked to talk to other parents about their own experience of finding different models of care and the emotional journey they had been on. This showed the service was supportive and helped people to look to the future building links with other organisations.

Staff spoke positively about the management of the service. The registered manager was supported by six team leaders. Team leaders were nurses and were responsible for the day to day management of the shifts. Care staff spoke positively about the hands on approach of the team leaders and the registered manager. Comments included, "All the staff work together and as a team", "Really like working here it is a great place to work", "We have been short staffed but the team just change their shifts to ensure the home is covered", "Love working here, no day is the same and I enjoy working and supporting people that visit".

Observations of how staff interacted with each other and the management of the service showed there was a positive culture. Staff were clear about their roles and responsibilities as well as the organisational structure and who they would go to for support if needed. Regular staff meetings were taking place providing an opportunity to discuss the support people received and the matters relating to the running of the service. There was a monthly team brief shared with all services within the Trust and a monthly newsletter for people and their relatives.

Staff told us the management team were supportive and approachable should they have any concerns. Staff were very passionate about their role in providing short breaks to people and their families. It was evident

the service was set up around the person. Relatives told us they really valued the service provided by Fairburn enabling them time to spend with other family members or do the things they could not always do with their son or daughter. One relative said on occasions the service has not been able to find a member of staff with suitable training. They said this had not been shared with them quickly and at the point when the service contacted the agency. They told us this had been raised with the registered manager. They said this had not happened for a while. This showed the service listened to people, their relatives to make improvements to the service. One relative said, "He is a really good guy. Easy to chat to. I would have no hesitations to discuss any concerns if I had any".

A member of staff told us "Caring for so many service users and maintaining effective relationships with families always has its challenges but within the restrictions of funding and, the building itself we provide respite to a very high standard". From talking with staff, people and their relatives it was evident the service provided was tailored to the person. A relative said, "She is a whole person and they (staff) treat her as an individual. There is nothing institutionalised about Fairburn. It is truly a superb service". Another relative said they provide a flexible service that meets our needs. Another further relative told us, "It can be tricky sometimes if a downstairs bedroom is not available but we book in advance, which helps".

We saw that the registered provider had a comprehensive quality assurance framework in place. This was linked to each domain of the CQC's regulations. Checks were completed on people's care plans and risk assessments, medicine support, staff files and training and ensuring suitable and appropriate safeguards were in place in each area. These linked with the way the CQC inspected services looking at whether the service was safe, effective, caring, responsive and well led. People were asked about the quality of the service and whether there were any concerns during these checks.

From looking at the accident and incident reports we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.

The Provider Information Return (PIR) had been completed by the registered manager and returned within the specified time frame. We found the information in the PIR was an accurate and comprehensive assessment of how the service operated.