Franklin Homes Limited

Fairways

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection of Fairways took place on 10 March 2016 and was unannounced. At the last inspection on 02 October 2014 the service was rated as Requires Improvement in all five of the key question areas, under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These regulations were superseded on 1 April 2015 by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and on 13 May 2015 we checked on the progress being made by the provider. We found that improvements had been made.

Fairways provide care and support for twelve people with a learning disability, some of whom have complex needs. It is situated on the outskirts of Bridlington and consists of a large house with accommodation provided over two floors. There are two lounge areas on the ground floor, one of which also serves as a dining room. People living in the property have access to a large garden area. Parking is available on the street outside the property. At the time of our inspection there were ten people using the service.

The registered provider is required to have a registered manager in post. On the day of the inspection there was a manager that had been registered and in post for the last ten months. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 the inspection on 10 March 2016 we found that the service had improved sufficiently to ensure people received a better service of care. There was still room for more improvement and in particular with the design and layout of the premises. We saw this had not been upgraded for some years (with the exception of the kitchen units and floor covering replaced two years ago) and that there was inefficient use of space within the utility and kitchen areas. We have made a recommendation regarding this.

People were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Staff were appropriately trained in safeguarding adults from abuse and understood their responsibilities in respect of managing potential and actual safeguarding concerns. Risks were also managed and reduced on an individual and group basis so that people avoided injury of harm whenever possible.

The premises were safely maintained and there was evidence in the form of maintenance certificates, contracts and records to show this. Staffing numbers were sufficient to meet people's need and we saw that rosters accurately cross referenced with the people that were on duty. We saw that recruitment policies, procedures and practices were carefully followed to ensure staff were 'fit' to care for and support vulnerable people. We found that the management of medication was safely carried out.

People were supported by qualified and competent staff that were regularly supervised and appraised

regarding their personal performance. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected.

People received adequate nutrition and hydration to maintain their levels of health and wellbeing. The premises were suitable for providing support to people with a learning difficulty and were undergoing refurbishment. The utility area, accessible only to staff, was poorly organised and utilised, and while it was not unsafe it did not allow for good practice with regard to storage of foodstuff, cleaning materials, cleaning equipment and laundry.

People received helpful and considerate support from staff that knew about their needs and preferences. People were supplied with the information they needed at the right time, were involved in all aspects of their care and were always asked for their consent before staff undertook support tasks.

People's wellbeing, privacy, dignity and independence were monitored and respected and staff worked to maintain these wherever possible. This ensured people were respected, that they felt satisfied and were enabled to take control of their lives.

People were supported according to their person-centred support plans, which reflected their needs well and which were regularly reviewed. People had many opportunities to engage in pastimes and activities if they wished to in order to maintain their interest in life, to maintain their health and to be part of society. Activities were both physical and to stimulate the brain and were sometimes skills based to develop people's abilities to be independent. People had good family connections and support networks.

There was an effective complaint procedure in place and people were able to have any complaints investigated without bias. People that used the service, relatives and their friends were encouraged to maintain healthy relationships through frequent visits, telephone calls and other contact.

The service was well-led and people had the benefit of this because the culture and the management style of the service was positive. There was an effective system in place for checking the quality of the service using audits, satisfaction surveys and meetings.

People had opportunities to make their views known through direct discussion with the registered provider or the staff and through more formal complaint and quality monitoring formats. People were assured that recording systems used in the service protected their privacy and confidentiality as records were appropriately maintained and were held securely on the premises.

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 were protected from the risk of harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns. Risks were also managed and reduced so that people avoided injury whenever possible.

The premises were safely maintained, staffing numbers were sufficient to meet people's need and recruitment practices were carefully followed. People's medication was safely managed. All of this meant that people felt safe.

Is the service effective?

Requires Improvement

The service was not always effective.

People were cared for and supported by qualified and competent staff that were regularly supervised and received appraisal of their performance. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected.

People received adequate nutrition and hydration to maintain their levels of health and wellbeing. The premises were suitable for providing care to people with learning difficulties but there was one area, accessed only by staff, that was not utilised efficiently.

Is the service caring?

Good

The service was caring.

People received thoughtful care from observant staff. People were supplied with the information they needed and were involved in all aspects of their care.

People's wellbeing, privacy, dignity and independence were monitored and respected and staff worked to maintain these wherever possible.

Is the service responsive?

Good

The service was responsive.

People were supported according to their person-centred care plans, which were regularly reviewed. They had the opportunity to engage in individually programmed pastimes and activities of their choosing.

People were able to have any complaints investigated without bias and they were encouraged to maintain healthy relationships.

Is the service well-led?

Good

The service was well led.

People had the benefit of a well-led service of care, where the culture and the management style of the service were positive and the checking of the quality of the service was effective.

People had opportunities to make their views known and people were assured that recording systems in use protected their privacy and confidentiality. Records were well maintained and were held securely on the premises.

Fairways

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 of Fairways took place on 10 March 2016 and was unannounced. One Adult Social Care inspector carried out the inspection. Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC), from speaking to the local authorities that contracted services with Fairways and from people who had contacted CQC, since the last inspection, to make their views known about the service.

We spoke with four people that used the service, the registered manager and two staff that worked at Fairways. We looked at care files belonging to three people that used the service and at recruitment files and training records for three staff. We looked at records and documentation relating to the running of the service; including the quality assurance and monitoring, medication management and premises safety systems that were implemented. We looked at equipment maintenance records and records held in respect of complaints and compliments.

We observed staff providing support to people in communal areas of the premises and we observed the interactions between people that used the service and staff. We looked around the premises and saw communal areas as well as people's bedrooms, after asking their permission to do so.

Good

Is the service safe?

Our findings

People at Fairways told us they felt safe living there. They said, "I like it here, we are all okay and the staff are good", "We are all treated well and get on well with each other" and "I like the staff."

The service had systems in place to manage safeguarding incidents and staff were trained in safeguarding people from abuse. Staff demonstrated knowledge of what constituted abuse, what the signs and symptoms of abuse might be and how to refer suspected or actual incidents. There was evidence in staff training records that staff were trained in safeguarding adults from abuse and we saw the records held in respect of handling incidents and the referrals that had been made to the local authority safeguarding team. Records corresponded with what we had been informed about by the service through formal notifications to us, which numbered just one safeguarding referral in the last two years. All of this ensured that people who used the service were protected from the risk of harm and abuse.

Discussion with staff revealed that all ten people living at the service had diverse needs in respect of one of the seven protected characteristics of the Equality Act 2010: disability. People's diverse needs did not relate particularly to any of the other six characteristics: age, gender, marital status, race, religion and sexual orientation. Everyone at Fairways was at risk of being discriminated against within the community, because of having a disability. Staff told us they observed how people at Fairways related to others in the community and ensured, wherever possible, they were treated fairly and their rights were upheld. We were told that some people had particular religious needs but these would be and were adequately provided for within people's own family and spiritual circles. We saw no evidence to suggest that anyone that used the service was discriminated against whilst in the service.

People had risk assessments in place to reduce their risk of harm from social activities and pastimes or activities of daily living, and these were regularly reviewed. One person's file contained risk assessments on their mobility, behaviour, locks to their bedroom door and trips and falls when accessing the mini bus. Another person's file contained risk assessments on choking, allergies and maintaining good personal hygiene and hand hygiene.

We saw that the service had maintenance safety certificates in place for utilities and equipment used in the service that were all up-to-date. These included, for example, fire systems, electrical installations, gas appliances, hot water temperature at outlets, the passenger lift and infection control waste. There were contracts of maintenance in place for ensuring the premises and equipment were safe at all times.

We also saw people's personal safety documentation for evacuating them individually from the building in the event of a fire. These were in the form of 'personal emergency evacuation plans' (PEEPs), which staff signed to say they had read and understood the content. Each PEEP was eight pages long and contained very detailed information. However, the registered manager told us and we saw that a fire safety manual was kept in the main entrance hall and it contained a one page condensed PEEP for each person, which were more useable in the event of a fire.

The safety measures, premises checks and maintenance contracts in place meant that people were kept safe from the risks of harm or injury. There was one area that could have been improved and this was the locking of the cleaning cupboard where hazardous materials were stored, as it was unlocked when we looked around the premises. However, the cupboard was sited in an area of the building that was inaccessible to people that used the service and staff told us people knew they were not allowed to enter that area. Safety was discussed with the registered manager and they undertook to ensure staff were informed the cupboard should be kept locked when no one was accessing it.

Staff demonstrated an understanding of the whistle blowing policy, procedures and principles and they assured us they would use them if necessary, but that this had not been required. Staff stated they could speak with the registered manager at any time should they have any concerns to raise.

There were accident and incident policies and records in place should anyone living or working at Fairways have an accident or be involved in an incident. Records showed that these had been recorded thoroughly and action had been taken to treat injured persons and prevent accidents re-occurring. There had only been one serious injury in the last two years that the registered manager was required to inform us about and this had been done.

When we looked at the staffing rosters and checked these against the numbers of staff on duty during our inspection we saw that they corresponded. The registered manager, a senior care worker and three care workers were on duty. We were told this dropped to three care workers in the afternoon and that two sleeping staff were on the premises at night. The registered manager assured us that everyone that used the service slept soundly and so the staffing arrangements at night had been arrived at after risk assessing people's needs. This showed that no one required support at night unless they were ill and then one staff would work a waking shift. Staff informed us that they carried out all support and caring responsibilities, cooked meals and cleaned.

People told us they thought there were enough staff to support them with their needs. One person that lived at Fairways said, "The staff are always here when we need them." Staff told us they covered shifts when necessary and found they had sufficient time to carry out their caring responsibilities and to spend time with people engaged in pastimes and activities. We saw that there were sufficient staff on duty to meet people's care and support needs.

We discussed with the registered manager the value of having dedicated cleaning staff employed at the service to ensure the environment remained clean and hygienic, as at the time of our inspection care staff told us they usually assisted people with the cleaning of their bedrooms and carried out all other cleaning tasks in communal areas. Staff said cleaning was not always their priority of the day, but providing care and support to people was and sometimes that meant cleaning did not get done as well as they would have liked.

At the time of our inspection there were two staff vacancies being recruited to and interviews were held the day we visited.

The registered manager told us they used thorough recruitment procedures to ensure staff were suitable for the job. They ensured job applications were completed, references taken and Disclosure and Barring Service (DBS) checks were carried out before staff started working. A DBS check is a legal requirement for anyone applying for a job or to work voluntarily with children or vulnerable adults, which checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

DBS checks at Fairways were applied for electronically and information was received at Franklin Homes Limited head office. Once received details of the DBS disclosure number was sent to the registered manager and entered on a personal staff pro-forma, along with details of other evidence obtained: references and health checks, for example. We saw this was the case in all three staff recruitment files we looked at.

Recruitment files also contained evidence of staff identities, interview records, health questionnaires and correspondence about job offers. We assessed that staff had not begun to work in the service until all of their recruitment checks had been completed which meant people they cared for were protected from the risk of receiving support from staff that were unsuitable.

We looked at how medicines were managed within the service and checked a selection of medication administration record (MAR) charts. We saw that medicines were obtained in a timely way so that people did not run out of them, that they were stored safely, and that medicines were administered on time (by shift leaders only), recorded correctly and disposed of appropriately. Medicines were administered from pre-set dosage cards on which all doses were singly packaged so that the day, time and route of the medication was clearly marked. This was a monitored dosage system, which enabled safe administration of single doses at the required time.

We saw that there were no controlled drugs in the service (those required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001). Any 'as and when required' medicines were only administered according to written protocols.

The service used a monitored dosage system with a local pharmacy. This is a monthly measured amount of medication that is provided by the pharmacist in individual packages and divided into the required number of daily doses, as prescribed by the GP. It allows for simple administration of medication at each dosage time without the need for staff to count tablets or decide which ones need to be taken when.

Requires Improvement

Is the service effective?

Our findings

People we spoke with felt the staff at Fairways were helpful, understood them well and had the knowledge to care for them. They said, "I know the staff well here and they know me" and "Staff help us a lot don't they [Name]?"

We saw that the registered provider had systems in place to ensure staff received the training and experience they required to carry out their roles. A staff training record was used to review when training was required or needed to be updated and there were certificates held in staff files of the courses they had completed. The registered provider had an induction programme in place and reviewed staff performance via one-to-one supervision and an appraisal scheme.

Staff told us they had completed mandatory training (minimum training as required of them by the registered provider to ensure their competence) and had the opportunity to study for qualifications in health care. Staff had achieved NVQ Level 2 in Care and some had completed Level 3.

We saw three staff files that confirmed the training completed by those staff and the qualifications they had achieved. We saw that staff had received supervision regularly and that appraisal scheme meetings with staff were held and recorded. Staff confirmed with us that they had training opportunities and that they received supervision from a senior or the registered manager.

Communication within the service was effective between the registered manager, staff, people that used the service and their relatives. Methods of communication used by people that used the service were direct speech, gestures and signs, certain behaviour patterns communication boards and picture cards. Staff maintained effective daily diary notes, telephone conversations, meetings, notices and face-to-face discussions in their communications with each other, people and relatives.

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 interest 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called 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 were being met. We found that there were five people for whom a DoLS application had been made and approved quite recently. Records of these and documentation that had been used were held in people's care files and the registered manager was aware of the requirement to ensure they were reviewed.

Staff had awareness of the MCA and DoLS legislation and some had completed training in these areas. Staff

knew the implications of restrictions on people and of the need to ensure their safety. Staff understood the importance of seeking consent from people before supporting them with personal care, nutrition and health care. We saw that people consented to care and support from staff by either saying so or by conforming with staff when asked to accompany them and by accepting the support they offered. There were some documents in people's files that had been signed by people or relatives to give permission for photographs to be taken, care plans to be implemented or medication to be handled on their behalf, for example. One form had not been signed.

People had their nutritional needs met by the service because people had been consulted about their likes and dislikes, allergies and medical diets and the service sought the advice of a Speech And Language Therapist (SALT) when needed. The service also provided three nutritional meals a day plus snacks and drinks for anyone that requested them. There were nutritional risk assessments in place where people had difficulty swallowing or where they needed support to eat and drink. One person was at increased risk of choking and so there were specific instructions for staff to follow to ensure the person's food was appropriately cut up and for the action to take in the event choking happened.

Menus were on display for people to see what was on offer and people told us they were satisfied with the meals provided. They said, "We try to eat healthy food now and so staff tell us what would be best" and "I need to lose some more weight, but I am doing well. I like all foods, so have to be careful." People liked to be near the focal point of the service, which was the kitchen, where they could access drinks. One of the support staff prepared and cooked lunch and tea during our inspection, as there are no designated cooks in the service. Four people that used the service who were independent in certain areas of their life accessed the kitchen in the mornings to prepare and eat breakfast. Other people were fully supported with all meals.

We saw that people had their health care needs met by the service because people had been consulted about their medical conditions and information had been collated and reviewed with changes in their conditions. People had records of health questionnaires and health monitoring charts in their support plans, which helped to ensure that their needs were met. We were told by staff that people could see their GP on request and that the services of the district nurse, chiropodist, dentist and optician were obtained whenever necessary. Health care records held in people's files confirmed when they had seen a professional, the reason why and what the instruction or outcome was. Letters from consultants were held in files to keep staff informed of people's progress and changes in the support they required. We saw that diary notes recorded where people had been assisted with the health care that had been suggested for them.

Everyone that used the service lived with learning difficulties and we found that the premises were suitable to meet their needs in that the lounge, bathrooms and bedrooms were designed and fitted out to reduce risks to their safety. For example, bathrooms were kept locked when not in use, had controlled hot water outlets and usually people received differing degrees of supervision when they needed to use them. One person had their personal stereo equipment and radio locked away to ensure they did not damage it, but it was left on constant play for them so that when they accessed their room freely they listened to the music of their choice. They told staff when to change radio channels or to play a CD. Another person had furniture bolted to the floor for personal safety. There was a stable door to the kitchen, with the lower half kept locked, so that people did not have unsupervised access to the kitchen and dangerous equipment or hot water (except the four people that prepared their own breakfast).

Four of the window frames in the property had been replaced and the whole of the interior was being redecorated, as part of a maintenance and refurbishment programme. One bedroom was worn and uninviting and there was no privacy for the person that lived there when using the en-suite toilet, as it did

not have a door. A full refurbishment of this bedroom was planned as part of the next phase of a general refurbishment that was underway.

We highlighted other issues, particularly with regard to the layout and use of the utility room. Here were stores for food, cleaning materials, cleaning equipment and keys as well as the siting of the laundry equipment and facilities for staff to store personal attire and bags. Food (in the dry stores cupboard and a freezer), cleaning materials and equipment, maintenance items and the laundry machines were all within one area that was poorly arranged and utilised. This meant there could have been risks to health because of the risks of cross contamination of foodstuff and cleaning equipment or dirty laundry. The registered manager agreed there was room for improvement in effective storage and the use of space in this area.

The registered manager agreed that the service needed to look more carefully at the organisation and usage of the space to ensure foodstuff was not stored with cleaning materials and cleaning equipment, that the laundry equipment was sited in a separate room, a proper staff locker room was created and that a more secure key store was provided. The area had sufficient space to enable segregation of the separate functions that went on there.

There was no emergency call bell system in the property as most people were unable to use it, everyone had good physical mobility and usually they went looking for support when they needed it. Staff would regularly monitor anyone ill in bed, but usually people continued to stay mobile at times of illness. There were some broken tiles in one of the bathrooms that were difficult to keep clean and hygienic.

We recommend that the registered provider considers relevant guidance to ensure separate storage of food, cleaning materials and equipment and looks at the current laundry facilities.

Good

Is the service caring?

Our findings

People we spoke with told us they got on well with staff and each other. They said, "I really like it here, as we all get on so well", "I have friends here that I have known for many years" and "We all know each other and share many things together."

Staff had a supportive manner when they approached people and offered much guidance while providing alternatives. Staff knew people's needs well. Some of the staff had been employed at Fairways for many years, but others were relatively new to their post. The management team led by example and were informative in their approach to people that used the service and enabled them to make choices and decisions. Management and staff gave the sense that there was support available whenever anyone needed it and information was provided to enable people to make informed decisions. Staff presented a mixture of a young and enthusiastic approach to life and a more mature outlook on life based on experience. All of this enabled people to lead lives of their own choosing, advice for which was balanced and measured.

We saw that everyone had the same opportunities in the service to receive the support they required. People were spoken to by staff in the same way and yet were treated as individuals with their individual and particular needs that were to be met according to their individual wishes. Support plans, for example, recorded people's individual routines and preferences for outings, activities, visits to see family members or for their continued needs to be met within the service. Staff understood these differences in people and respected that they all had individual needs.

People that used the service had their general well-being considered and monitored by staff who knew what incidents or happenings would upset their wellbeing, or affect their physical ability and health. People were supported to engage in pastimes and activities of their choice, which meant they had as much control as possible on certain aspects of their lives. This helped people to feel their lives were fulfilling and within their control, which aided their overall wellbeing. Several people engaged in lifestyles that involved attending day services, taking up voluntary employment and engaging in social clubs and activities. We found that people were experiencing a satisfactory level of well-being and were quite positive about their lives.

While we were told by the management team that no person living at Fairways was without relatives or friends to represent them, we were told that advocacy services were available if required. Information about advocacy services was provided on the notice board and one person had evidence in their care file that they had regular contact with an advocate. Advocates are independently appointed people who have no connection with providing the person's care and are therefore impartial in assisting the person to make their views, wishes and choices known.

People we spoke with told us staff always respected their privacy, dignity and independence. People said, "I get in the shower on my own so it is very private" and "Staff help me into the bathroom with everything I need, but they make sure I am covered up when it matters." One person indicated to us that they had few inhibitions regarding their dignity, but staff explained that they always made sure the person was appropriately dressed, that care was given to them discreetly and that they were encouraged to uphold

privacy and dignity as much as possible. Staff told us they only provided care considered personal in people's bedrooms or bathrooms, knocked on bedrooms doors before entering and ensured bathroom doors were closed quickly if they had to enter and exit, so that people were never seen in an undignified state.

There were two assisted bathrooms and an assisted shower room to choose from and those people capable of attending to their own personal needs were given the time and freedom to bathe whenever they wished and in private. Staff encouraged people to maintain their independence with personal hygiene, eating, keeping their bedroom tidy and doing their laundry. People had chosen set days on which to carry out their independent living skills tasks and these were recorded on their activity programmes. Anyone that required more support was given it in a caring and encouraging way.

Good

Is the service responsive?

Our findings

People we spoke with felt their needs were appropriately met. They talked about their activities, friends, links with the community and family members. One person explained about the various places they attended, what they liked to do for fun and who their friends and close family members were. Others joined in and added their views at key moments. All of the arrangements for people; days and times they attended day services, who the important people in their lives were and what really mattered to them were recorded within people's support plans.

We looked at three care files for people that used the service and found that their support plans reflected the needs that people had. Care files and support plans had been reorganised since our last two inspections and support plans were more person-centred. Files contained information in at least six sections and support plans were written under at least ten areas of need, which showed staff how best to meet people's individual needs.

One person's support plan explained in detail, for example, how they ran their own bath, what they liked to put in it in respect of toiletries, what they held on to in order to get in and out of the bath and what towels they liked to use. Another support plan told staff what the person's personality was like: affectionate, caring towards others, fun-loving and very fond of music. Support plans recorded people's differing food preferences, entertainment choices and how they liked to be addressed or engaged with and what their relationships with family and friends were. Staff knew these details and responded to them accordingly when supporting people.

There were personal risk assessment forms to show how risk to people would be reduced, for example, with nutrition and choking, falls and physical mobility, use of bedrooms, locking bedrooms, use of the mini bus, accessing community facilities and preparing breakfast and snacks (for a few people only). We saw that support plans and risk assessments were reviewed monthly or as people's needs changed. There was a one-page profile in place for everyone, which gave staff a quick reminder of people's needs and acted as a short guide to visiting healthcare or social service professionals.

Some people had behaviour, relapse and risk management plans in place where their actions might have harmful consequences or encroach on someone else's lifestyle. These were accompanied by behaviour observation charts, which were useful for Community Team for Learning Disability (CTLD) workers who may have been part of the person's extended support team. All documentation regarding people that used the service was reviewed monthly.

Where appropriate red print and a safety alert symbol was used in support plans to highlight particular safety concerns for individuals, so that staff were drawn to the information. There were supporting information leaflets on particular conditions that people were diagnosed with and these gave staff valuable insight into the symptoms and needs of people with these conditions.

There were activities held in-house with staff, each day and usually in the afternoon before the evening

meal. We observed people join in with board games and picture dominoes and there was evidence in the form of photographs around the building that showed people engaged in seasonal events and pastimes. People said, "We have lots of fun", "We play card and board games and we like dancing and singing" and "I can play my music but have to make sure it doesn't disturb anyone else." They said, "I like going out to club, aqua fit (swimming), the pub and for meals or to the café" and "I like the cinema, bowling, drama, anything really." People had their own choice of individual activities; exercise class, musical instruments, reference books of interest, magazines and DVDs or CDs. People watched television at night and listened to music in the daytime and some people enjoyed walks around the town or shopping trips.

There was a dedicated art room where art and craft activities sat alongside computer games and interests. People had access to this area when they chose to on a one-to-one basis with staff or in groups when an activities/art coordinator visited the service. Projects had been set up and were in the middle of being completed. Artwork was displayed around the building, which meant that people's talent and effort was appreciated and was available on display for others to enjoy.

Staff told us that it was important to provide people choice in all things, so that people made decisions for themselves and stayed in control of their lives. People had a choice of main menu each day and if they changed their mind the staff usually provided an alternative for them. One person made visual menu selections on a daily basis. People chose with whom they interacted, when they rose from bed or went to bed, what they wore each day and whether or not they went out or joined in with entertainment and activities. They engaged in whatever was recorded on their activity programmes, but they could change their minds for something different if they wished and this was accommodated where possible. People's needs and choices were therefore respected.

People were assisted by staff to maintain relationships with family and friends. This was carried out in several ways. Staff who key worked with people got to know family members and kept them informed about people's situations if people wanted them to. Staff also encouraged people to receive visitors, telephone, text or Skype them. Staff spoke with people about their family members and friends and encouraged people to remember family birthdays, by helping them send cards. Pictures were exchanged of family members and letters were written if preferred.

The service had a complaint policy and procedure in place for everyone to follow and records showed that complaints and concerns were handled within timescales. Compliments were also recorded in the form of letters and cards. People we spoke with told us they knew how to complain. They said, "If I was unhappy about anything I would speak to the staff" and "I have a form to complete if I need to, but I usually just speak with the manager."

Staff we spoke with were aware of the complaint procedures and had a healthy approach to receiving complaints as they understood that these helped them to get things right the next time. We saw that the service had handled complaints well and complainants had been given written details of explanations and solutions following investigation in the past, but that there had been no complaints in the last year. All of this meant the service was responsive to people's needs.

Good

Is the service well-led?

Our findings

People we spoke with felt the service had a positive atmosphere. Those that used the service said, "It is friendly here" and "We have a good laugh with everyone." Staff we spoke with said the culture of the service was, "Healthy and happy." One staff explained that a few years ago the service was centred on staff, but now it was centred on people that used it, particularly in respect of people's choices on menus, activities and outings, for example.

The registered provider was required to have a registered manager in post and on the day of the inspection there was a manager in post, who had been the registered manager for the last ten months.

The management style of the registered manager and management team was open and approachable. Staff told us they could express concerns or ideas any time and that they felt these were addressed and sometimes implemented by the registered manager.

Fairways has been a registered service for people with learning difficulties for over 20 years, originally under a private individual's registration. Franklin Homes Limited was established some fifteen years ago and was bought out more recently as a subsidiary company of Care Tech.

The registered manager and registered provider were fully aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made). We saw that notifications had been sent to us over the last year and so the service had fulfilled its responsibility to ensure any required notifications under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been notified to the Care Quality Commission.

The service maintained links with the local community through religious denominations, dedicated day services, colleges and local services, for example, stores, cafes and entertainment businesses. Relatives played a role in helping people to keep in touch with the community by taking people out shopping, to different activities, on holidays and to their homes.

The service had a written 'philosophy of care' document that staff were expected to adhere to. It stated that the service would have a positive impact on people's lives, would recognise their diversity and human rights, deliver inclusive and individualised care, encourage expression of views, engage the services of an advocate and enable people to represent themselves in all things. It pledged to keep these values up-to-date, to ensure staff were trained to uphold them and to ensure people that used the service had every opportunity to be involved in, make decisions on and make changes to the service of support they received.

We looked at documents relating to the service's system of monitoring and quality assuring the delivery of support to people. We saw that there were quality audits completed on a regular basis and that satisfaction surveys were issued to people that used the service, relatives and health care professionals.

At our last inspection we recommended that the registered provider analysed the responses of people that

were surveyed as part of the quality assurance and monitoring system they operated. On this inspection we saw that surveys were now analysed and action plans were implemented to ensure improvements were made. There was evidence that regular staff and service user meetings were held and areas discussed included the complaint procedure, policies and other procedures at the last meetings. People and staff confirmed they attended meetings and that they were useful.

The service kept records on people that used the service, staff and the running of the business that were in line with the requirements of regulation. At our last inspection we recommended to the registered provider that the standard of records be reviewed. Records we looked at during this inspection included care files, support plans, recruitment and training information, accidents/incidents, quality assurance audits, premises safety and maintenance documents. On this inspection we saw that records were of an improved standard, were appropriately maintained, up-to-date and securely held. This meant people's confidential information was appropriately managed and records were used to assist the service to evidence the registered provider provided effective support.