

## Fairmont Residential Limited

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### Inspection report

28 Sandringham Way  
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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?

**Requires improvement** 

### Overall summary

Fairmont is registered to provide accommodation for up to two younger adults who require accommodation and personal care. People who live there may have learning disabilities and/or Autism. At the time of our inspection two people were using the service. Our inspection was unannounced and took place on 25th November 2015. This was the service's first inspection.

The manager was registered with us as is required by law. 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.

We did not receive notifications regarding incidents and accidents.

People were kept safe from harm. Staff we spoke with were clear about how they could access and utilise the provider's whistle blowing policy and that they knew how to keep people safe.

# Summary of findings

Medicines were given appropriately with audits carried out daily. Medicines that were refused or not given were recorded and disposed of appropriately.

We observed there were a suitable amount of staff on duty with the skills, experience and training in order to meet people's needs. Relatives told us that they were able to raise any concerns they had and felt confident they would be acted upon.

People's ability to make important decisions was considered in line with the requirements of the Mental Capacity Act 2005. Staff interacted with people in a positive manner and used a variety of communication methods to establish their consent and/or understanding.

People were supported to take food and drinks in sufficient quantities to prevent malnutrition and dehydration. People were supported to access a range of health and social care professionals to ensure their health needs were met.

Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible.

Relatives were involved in the planning of care and staff delivered care in line with what was considered to be people's preferences and wishes.

Information and updates about the service were made available to relatives.

The complaints procedure had been given to relatives in a clear and understandable way.

Relatives and staff spoke positively about the approachable nature and leadership skills of the registered manager. Structures for supervision allowing staff to understand their roles and responsibilities were in place.

Systems for updating and reviewing risk assessments and care plans to reflect people's level of support needs and any potential related risks were effective.

Quality assurance audits were undertaken regularly by the provider. The registered manager had also ensured that checks on staff were undertaken periodically and at times out of normal working hours.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Suitable numbers of staff were on duty with the skills, experience and training in order to meet people's needs.

Medicines were administered safely.

Staff acted in a way that ensured people were kept safe and had their rights protected when delivering care.

Good



### Is the service effective?

The service was effective

Staff had the appropriate level of knowledge and skills to meet people's individual needs.

Staff were knowledgeable on the Mental Capacity Act and the Deprivation of Liberty Safeguards.

People were supported to access healthcare and their nutritional and hydration needs were met.

Good



### Is the service caring?

The service was caring.

Staff knew people well and interacted with them in a kind and compassionate manner.

Information about the service was available for relatives.

We observed that people's privacy and dignity was respected.

Good



### Is the service responsive?

The service was responsive.

Although people were unable to participate in planning their care, their relatives or those who knew them best were actively involved.

Staff were aware of people's likes, dislikes and abilities.

Relatives told us they knew how to make a complaint and felt confident that the registered manager would deal with any issues raised.

Good



### Is the service well-led?

The service was not always well-led.

Notifications of incidents were recorded, but we were not notified as required.

Requires improvement



## Summary of findings

Relatives and staff spoke positively about the approachable nature of the registered manager.

The registered manager carried out quality assurance checks regularly.

# Fairmont Residential Ltd

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 November 2015 and was unannounced. The inspection was carried out by one Inspector.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are details that the provider is required to send to us to inform us about incidents that

have happened at the service, such as accidents or a serious injury. We liaised with the Local Authority Commissioning team to identify areas we may wish to focus upon in the planning of this inspection.

We spoke with one relative, two care staff members, the registered manager, and one professional who visits the home. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to two people by reviewing their care records. We reviewed four staff recruitment and/or disciplinary records, the staff training matrix, one medication record and a variety of quality assurance audits.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

People living at the home were unable to communicate to us that they felt safe, but a relative told us, “[person’s name] is one hundred percent safe, we would know if they were not happy and a big indicator for us is that they are always happy to return to Fairmont after a visit back home to us”. A health professional we spoke with told us, “Staff keep people safe, they know what they are doing and they do it well”. A staff member told us, “We do everything we can to keep people safe”. We saw that people were comfortable when they were around staff members.

Staff told us that they understood how to safeguard people and they shared with us how they would recognise the different types of abuse with one staff member saying, “We know people’s behaviour patterns and if these changed it would give us cause for concern, as there may be a reason for the changes in them”. Other staff members told us that they felt confident in their ability to safeguard people from harm, as they had been sufficiently trained. Staff informed us that if they had any concerns regarding a safeguarding issue they understood the procedure for contacting the local authority, but that this situation had not yet arisen.

We saw that staff had plans in place to minimise any risk to people at the home. We observed how staff understood the risks that people’s own behaviour posed to themselves and they knew how to manage it. Staff told us that they understood how certain situations may make the person feel anxious and that they pre-empt that with diversory tactics and if possible direct the person towards a more positive situation. A staff member told us, “We constantly update risk assessments to reflect the person’s needs and they are fully supported by a 2:1 staff ratio at all times. Another member of staff told us, “Risk assessments are very personal and individual they help us to support people in their home and when accessing the community”.

Staff informed us that a fire plan for the property was in place and that they knew how to get people to safety. A member of staff told us, “In the event of any emergency the first thing I would do would be to call 999”. Another

member of staff said that if a less serious emergency arose regarding a person’s wellbeing they would seek advice from a senior on shift and then take the appropriate course of action to assist the person.

We saw that staffing levels were appropriate and a relative told us, “We are one hundred percent happy with the staff, they are young and energetic and they really go the extra mile”. A staff member told us, “We have never been short of staff, we have a low sickness rate and dedicated staff who work hard”. Another member of staff told us, “We never go below two staff members for each person”. We were told by staff that they had access to the on-call facility should they need advice and that a senior was available on each shift.

We looked at staff recruitment records and saw that all staff had references taken and that their identity had been checked before they were employed. Prior to employment all staff also undertook checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concern. Staff told us that they had been required to provide referees and that they had received a copy of their DBS check prior to commencing work. We saw that disciplinary procedures were used effectively and that recently the procedure had been used where a member of staff had been suspended when a concern was raised.

Staff told us that only senior workers were allowed to distribute medicines to people and we witnessed this being done appropriately. Medicines were all accounted for and signed off by staff when given. A staff member told us of how they had liaised with a person’s doctor when the person would not take their medicine at the recommended time. Special instructions were given for staff to follow and the person received their required dosage, but within a different timescale, that suited them.

We saw that any medicines that had been refused or not given were stored safely then returned to pharmacy. A daily audit of medicines was carried out by the registered manager and there was a protocol in place for a person who used medicines as and when required.

# Is the service effective?

## Our findings

We saw that staff had the knowledge and skills to support people and that training they completed helped them to carry out their roles. A health professional told us, “Staff are experienced and they put people’s needs first”. A staff member told us, “We work well as a team and come together as a group to share our expertise to support people”.

A staff member told us, “We have lots of training and it’s helps us to constantly improve our care of people”. Staff told us that they had completed numerous training courses, including mandatory training such as safeguarding and manual handling. Records that we saw corroborated this. Staff shared with us that the training they received gave them the confidence to support people in all areas of their life.

Staff told us that their inductions were thorough and prepared them for their jobs. One staff member said, “My induction was enough to give me the information that I needed. I was totally supported before I began working independently”. We were told that supervisions with senior staff members happened regularly with one staff member telling us, “I have had supervision three times between June and November this year”. Another member of staff said, “I am able to go to the manager with any concerns between supervisions and she offers support”.

A staff member told us, “We have had training on mental health and understand where people lack capacity, in particular because this is a learning disability service”. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. We saw listed in people’s files, what areas they would be able to give consent for and what they were unable to consent to, so that staff had some understanding. We saw a picture board in the living room that people were able to use to assist them. A staff member told us, “People here are able to say no without using the words, I can understand the minute

that someone acts uncomfortable from their actions and gestures and I know that they don’t want to consent to something. We also explain everything that we do, to make people aware”.

Staff had a good understanding on the Deprivation of Liberty (DoLs). People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff told us that one person had received an assessment and another was awaiting one following their application. A member of staff told us, “It is done where someone can’t make their own decisions and it is in their best interests”. Staff told us that they had been involved in best interest meetings with professionals and had received DoLS training.

A relative told us that [person’s name] enjoyed the food provided and said, “His weight is now of an acceptable level and he has a much better diet than when he was at home. There is a healthy menu and he is eating a variety of different foods and broadening his culinary horizons”. Staff told us that they knew people’s food preferences and ensured that they received healthy snacks. A staff member told us, “We prepare [person’s name] lunch from knowing what he usually likes, but if he doesn’t want it he will throw it away and we will prepare something else, it’s no problem”.

We saw that one person would only eat food that was kept separately on the plate and we viewed an example of how the plated food had been arranged specifically how person wanted it. We saw that staff sat next to person throughout meal to keep them focused and to assist them with eating when help was required.

People’s day to day health needs were met and the doctor was in regular contact about people’s health. One person had some ongoing medical needs that needed regular appointments with a specialist and we saw that these were kept and that relatives were notified of any actions. A medical professional that we spoke with told us, “Staff are excellent at working with professionals and I have no concerns at all”. We saw that people’s files held details on their communication needs, health action plans and well people checks.

# Is the service caring?

## Our findings

We saw staff being caring towards people and that there was a positive and upbeat atmosphere. A relative told us, “Staff understand the indicators when [person’s name] is upset or anxious and they are there right away to offer comfort and support”. A staff member told us, “We understand when someone needs quiet time or when they are happy to have interaction”. We saw staff keeping communication to a minimum whilst someone was eating, as this was the person’s preference and we viewed them interacting and joking with another person whilst getting them prepared to go out for the day. We observed that people were comfortable being around staff.

People living at the home were not able to voice their views, but we saw that staff assisted them to do so using other methods, such as using pictorial prompts or analysing body language and gestures. People were asked to make choices on what was achievable for them, such as food they wished to eat and clothes they wished to wear. Staff were also aware if someone wanted to carry out an activity by their responses. We saw staff asking a person if they wanted to complete a jigsaw puzzle, they were happy to do so and sat down to work on it, however the staff member told us if the person hadn’t been happy to be involved they would have refused.

We viewed staff encouraging people to be independent and we saw one person supported whilst taking food out of their kitchen cupboards to use and also putting rubbish in the bin and dirty plates into the sink. Staff also ensured that the person was spoken to sensitively to tell them what was happening at each point in the chore, so that they didn’t get anxious.

We saw people’s privacy and dignity being promoted and a staff member told us, “This is their house, we just happen to work here, so we treat the person and the home with respect”. Another staff member told us, “We don’t want this to be like an institution it’s homely and friendly. We give people a sense of empowerment and independence, like making their bed”. We saw staff knock on people’s doors before entering and that people were spoken to in a manner, which was based on a genuine need for staff to forge positive working relationships.

We viewed that confidentiality was kept and that when people were discussed with others, steps were taken to protect the person’s identity.

Relatives told us that staff kept them informed of people’s progress and should they wish to visit their loved ones, they would be able to at any time.



# Is the service responsive?

## Our findings

Relatives told us that they had been part of meetings to discuss and add to the care plans of their loved ones, with one relative saying, “I was included in the care plan and I have also attended meetings with staff about [person’s name] health issues”. Relatives told us that they were happy with how staff met people’s needs. We saw that care plans were signed and read monthly and that staff were made aware of any changes in people’s care, so that they could implement them.

A relative told us that they were happy with the amount of activities that people do, they told us, “They are always out and about or baking cakes and they love using the sensory room”. Staff said that they understood people’s likes and dislikes and they arranged activities that they knew would suit people’s ability. Staff spoke of one person and told us, “They love playing on their tablet, computer, puzzles, tv and films and we always have something to do”. Another member of staff told us, “We are always looking for new activities to do, they are only young people here, so we want to keep them busy”. We saw one person go on a trip to a garden centre and the other person went with staff for a walk around the local greenspace. Staff told us that people had been previously and enjoyed these activities, so they knew it would be a positive experience.

We viewed that the care plan included a section on ethnicity and culture, which included religious needs. Although the people in the home could not state their own religion their families had recorded in the plan the religion in which the person had been raised, so that staff were able to reflect any requirements should the occasion arise.

Relatives told us that they felt they would be able to discuss any concerns or complaints with staff and that although the situation had not arisen, they were aware of how to follow the correct procedure from information given to them by the registered manager. Relatives told us that they had not been invited to any residents/relatives meetings, but felt that this was due to only one person living in the home until recently. A relative told us, “We wouldn’t be able to attend any meetings due to distance, but we are given an update by telephone every Friday and we are always asked for our views then”. Relatives told us that they would speak with the registered manager if they had any concerns and felt that their loved one was unhappy. A health professional told us, “Communication between myself and the staff is excellent and families have told me this is the case for them also”.

# Is the service well-led?

## Our findings

We saw that detailed records and skin-maps had been included on one person's file following incidents that had occurred, but that we had not been notified of incidents as required. This was raised with the registered manager and she told us that they [staff] had been told not to send in notifications, but she was unable to say who had told her this.

The registered manager told us that in future she would send in notifications for incidents where people have been harmed. We saw that the internal incident analysis was of a good standard and that there were no concerning features with regards to how injuries had been sustained.

Records kept showed what was done in response to the incident, for example, using the calm room for relaxation and the recordings informed staff what worked well in a given situation and if there had been a pattern of triggers related to the incident for future reference.

A relative told us, "This is a really great staff team and they are well led by the manager". A health professional told us, "I have no concerns about the staff, they always do their best for people". Staff spoke of the open culture and told us that the senior staff and registered manager were always available to them for help and support. We saw positive interactions between staff and people living at the property and that everyone appeared comfortable in each others company.

Staff told us that they had regular meetings and we saw minutes which held detailed discussions. A staff member

told us, "The manager tries to arrange meetings for when everybody can attend and we are able to share our opinions. Another member of staff told us, "The manager would always listen and take things on board".

We were told by staff that they felt comfortable whistle-blowing if the situation called for it. A member of staff told us, "I would know how to whistle-blow and would go to CQC or the local authority safeguarding team. We have to protect people if they are vulnerable". Another member of staff told us, "The manager supports whistle-blowing and we have contact numbers up in the office, so we can access the correct people".

We observed that the registered manager was very familiar with the people living at the property and that they were comfortable in her presence. A relative told us, "The manager has time for [person's name] and knows them well". A staff member told us, "We are supported well to do our jobs and everybody here gets along, it is one big family". The registered manager told us that they received on-going support from the provider and said, "I always have assistance from the provider and senior staff from our other services. There is always support and guidance on offer".

We saw that quality assurance checks were carried out regularly and the registered manager told us, "I drop in on staff during the day time, evenings and weekends and can see what they are doing, spot checks are undertaken to make sure staff are working well". Records were reviewed regularly and we saw that they were audited to monitor how to develop the service. An example of this was that records showed patterns in people's behaviour and this helped staff to make decisions on the timings of their activities to suit their needs.