

Fairfield Farm Trust

Fairfield Farm College

Inspection report

High Street
Dilton Marsh
Wiltshire
BA13 4DL

Tel: 01373823028

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 25, 28 and 29 June 2016. Fairfield Farm College residential accommodation is managed by a charitable trust, the Fairfield Farm Trust. At the time of our inspection there were four houses which are in the vicinity of the college. One house was being refurbished and three houses were occupied. The provision can cater for up to 28 people at any one time.

Two of the houses offer residential accommodation whilst the person attends college and is term time. A more recent introduction has been the STEPS programme which support young people to transition to living and working in the community. This house is open all year round and offers flexible day and residential packages to meet people's needs. This may include people with a learning disability who are employed and are working towards independence, those that may require respite, people who attend the college and are looking towards supported living in the community or other packages to suit.

The service had a registered manager who was responsible for the day to day operation of the service. 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 and associated Regulations about how the service is run. The registered manager was present on each day of the inspection.

Stocks of medicines were correct against the medicine records. With the exception of one cream, medicines were stored safely and as required. Staff received training in the administration of medicines. We found some issues with the management of infection control and equipment which the provider rectified during the inspection.

Throughout the inspection we observed that people were treated with dignity and respect. People told us they liked the staff. All of the staff had a caring and considerate approach to the people they supported.

People received support to enable them to develop and learn new skills towards their independence and people achieved positive outcomes. Care records were person centred and people were involved in setting the goals they wanted to achieve. People received appropriate support with their medicines and where required health services were accessed.

People's rights were recognised, respected and promoted. Staff were knowledgeable about the rights of people to make their own choices. There were a range of activities people took part in, either through the college or at their accommodation.

Staff had received training in how to recognise and report abuse and all staff were clear about how to report any concerns they had. Staff were confident that the registered manager would respond appropriately. People we spoke with knew how to make a complaint if they were not satisfied with the service they received.

There were systems in place to ensure that staff received appropriate support, guidance and training through supervision and an annual appraisal. Staff received training which was considered mandatory by the provider and in addition, more specific training based upon people's needs.

There were audits in place for various aspects of the service delivery, however, the audits and quality checks did not identify some of the concerns we found.

We have made a recommendation about the auditing systems in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not fully safe.

People received their medicines on time. Protocols were not in place for paracetamol as a PRN medicine (as and when).

We observed that staff were available to people when required. Concerns were raised by staff around the current arrangements for staff cover.

We found issues around infection control and available equipment. The provider purchased this equipment during the inspection.

Is the service effective?

Good ●

The service was effective.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005.

People had a choice of food and made decisions about the menu's.

Staff received appropriate support and guidance through a process of supervision and appraisal.

People had formed positive relationships with staff with one person saying "they [the staff] are brilliant".

Is the service caring?

Good ●

The service was caring.

People told us they liked the staff.

Staff were caring, kind and treated people with respect.

People were supported to voice their opinion and to make their own decisions about their day to day life.

Is the service responsive?

Good ●

The service was responsive.

People had individualised care plans which enabled them to achieve positive outcomes.

The transitions team took a proactive approach in supporting people through the transition from school to college and independent living.

People told us they would complain if they were not happy about something. People had activities they could take part in either as part of the college or accommodation.

Is the service well-led?

Good ●

The service was well led.

The quality assurances processes in place did not fully identify issues around safety, infection control and some aspect of medicines management.

People and families were positive about the provision of their care and the support they received from staff.

There were clear values around respecting people and providing a person centred service.

Fairfield Farm College

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 was the first rated inspection for this service.

This inspection took place on 25, 28 and 29 June 2016 and was unannounced. The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has knowledge in supporting someone who uses this type of care service.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. 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 plan to make. This enabled us to ensure we were addressing potential areas of concern.

During our inspection we spoke with 11 people who live in the Fairfield Farm College residential houses and one visitor. Some people did not wish to speak with us; we therefore observed their care and interaction with staff. We spent time observing people in the dining and communal areas. During our inspection we spoke with the registered manager and the nominated individual, the manager of the STEPS house, senior care workers and care workers and members of the college team.

We visited people during the weekend and in the daytime and evening to make sure people would be available to speak with us. We used a number of different methods to help us understand the experiences of people who use the service. We observed the interactions between people and staff. We looked at documents that related to people's care and support and the management of the service. We looked around each of the three premises. At the time of our inspection the fourth house belonging to Fairfield Farm Trust was being refurbished and did not have any people living there.

Is the service safe?

Our findings

People told us they felt safe living in the residential accommodation and families/carers strongly agreed that their loved one was safe. (As taken from a parent/carer survey carried out by the provider in June 2016).

People told us they received their medicines on time and staff supported them to do this. Stocks of medicines tallied with the medicine administration records (MAR). MAR sheets were completed correctly and had been signed by the member(s) of staff administering the medicines. Staff received training in the administration of medicines and with the exception of one cream, medicines were stored safely and as required.

In the medicine policy under 'Storing medication', there was no information or guidance on the storage of medicines which require refrigeration. The medicine policy stated that medication should be stored in designated cabinets but did not give guidance on recording the temperature of the room the cabinets were in. None of the houses were recording the room temperature for products usually labelled 'do not store above 25 degrees Celsius'. The temperature of the room should be monitored on a daily basis to ensure that medicines stored in the room are stored within the recommended limit.

Where paracetamol is administered on a PRN basis (as and when required), a protocol should be in place regarding the reason for taking the medicine, dose taken and maximum permitted dose over a 24 hour period, frequency of the medicine, expected outcome and when to review. Staff recorded if people took a paracetamol and how many, however, a detailed procedure was not in place which may place people at risk through unsafe administration.

There was a lack of recording of how creams had been applied and if the instructions given had been adhered to. For one person, the label instructions on a gel stated 'apply to the entire affected area, after washing gently with a mild cleanser and fully drying. Wash hands after application, do not make contact with eyes or broken skin, do not use on sunburn skin'. The information on the MAR chart was 'apply cream'. Staff told us the person put the cream on themselves yet there were no instructions in an accessible format for this person to follow. Likewise, there was no recording either by staff or the person of where the cream was applied to each time, how thick the layer of cream was or if the person had washed their hands following the application. Staff could therefore not be assured that the medicine was being used according to the instructions given.

Each person had an individual risk assessment in place and this was stored on the electronic system so that both residential and college staff had access to these documents. There were some areas which had not been fully considered. For one person, there was no risk assessment in place and agreement for where they could smoke safely. Another area was potential injury from the inappropriate use of cleaning materials for which the risk assessment stated 'cleaning materials and other products with a hazardous substance symbol are not purchased'. We found in each of the homes there were bottles of bleach and other cleaners which were accessible to people. There were no risk assessments in place regarding inappropriate use of the bleach and potential harm should someone ingest them.

People told us they felt safe living in the college's residential accommodation. We observed that people and staff were at ease with each other and people asked staff for support when they required it. We asked people if there were enough staff available to support them and we received a mixed response. Some people responded "yes" and "yes I can always get help when I want it" and "there aren't enough staff to do the things we want to (activities)".

During the inspection we saw that people were appropriately supported and staff were available when required. The staffing rotas we looked at demonstrated that the minimum level of staff set for each house was being achieved. However, an issue identified by staff was the lack of additional cover for staff sickness, appointments or leave. The registered manager told us they were gradually building up a larger bank of staff including college staff for this purpose; however at this time they relied upon existing staff to cover the shortfall.

On the first day of the inspection we found that suitable provision for controlling the spread of infection was not in place. This related to each of the three houses. In the washing facilities (bathroom and shower rooms), people were sharing a hand towel which could lead to infection being passed on if the previous user had not thoroughly washed their hands. There were no paper hand towels available to ensure a single use. In addition, there was a lack of foot operated bins to ensure people's clean washed hands did not become contaminated with the lid of the bin. The toilet brushes were soiled. On the third day of our inspection, hand towels had been removed and paper towel holders with towels had been fitted. Foot operated bins were now in place and the toilet brushes had been replaced.

For two of the houses which had a ground and first floor, suitable adaptations had not been made to minimise potential risks regarding the windows and there was no risk assessment in place. The windows on the first floors had not been fitted with window restrictors and the opening measured 30 centimetres. This is wide enough to accommodate a smaller framed person should they wish to exit the house through the window and could potentially lead to injury. Following the inspection the provider sent us evidence they had fitted window restrictors to minimise the risk of injury.

In one of the houses, we found wires from the television set and other associated equipment were trailing on the floor in front of the television and were a potential trip hazard. During the inspection, the wires in the lounge were made secure and located behind the television in a safe place along the skirting board.

The general cleanliness of the houses was lacking in some areas and cleanliness was not being maintained. As part of learning life skills and independence, people were encouraged to keep the home clean and a designated rota was in place. However, the rota was general, did not stipulate how items should be cleaned or cover all areas that required cleaning. Across the three houses we found standards of cleanliness were not being maintained. There was dirt around the base of the shower units, a shower cubicle had mould on the tiles, skirting boards were dusty and a hand rail was not clean, there was food debris in one home's kitchen cupboards and there were cobwebs behind a toilet and a floor pot plant. We asked to see a cleaning schedule at the start of the inspection and were told they did not have one in place. At the end of the inspection a cleaning schedule for each home had been devised which covered all of the areas to be cleaned and the frequency.

In two of the homes we found the fridge temperatures were not within a safe level to ensure that food stored was safe to eat. In two of the homes we found the fridge temperatures were not within a safe level of between 0 to 5 degree Celsius. In one house the fridge temperatures were recorded as 9, 7, 10 and 10 degrees Celsius on different days. In another house they were recorded as 9, 10 and 10 degrees Celsius on different days. There was no evidence on the recording sheets that monitoring or action had been taken to

remedy this.

Safe recruitment processes were in place. Appropriate checks were undertaken. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS ensured that people barred from working with certain groups such as vulnerable adults would be identified. During the interview process, prospective candidates were questioned around their knowledge of safeguarding people and candidates were given an observed task that consisted of working with young people. Staff we spoke with and the staff files that we viewed confirmed this.

Staff received training in safeguarding adults and a clear policy was in place for staff to follow. Staff we spoke with had a good understanding of what constituted abuse and who to report concerns to. Staff understood what whistleblowing meant and the provider had a policy in place to support staff who wished to raise concerns in this way. Whistleblowing is a route staff can use to raise concerns they may have with staff behaviour or practice concerns. We spoke with the safeguarding lead at the college who confirmed there was a low level of incidents which occurred within the residential homes. People undertook training in keeping themselves safe such as in using the internet, relationships, stranger danger and road safety.

The provider had appropriate arrangements for reporting and reviewing incidents and accidents. The registered manager audited all incidents to identify any particular trends or lessons to be learnt. Records showed these were clearly audited and any actions were followed up and support plans adjusted accordingly. Where people may exhibit behaviours which may challenge, appropriate risk assessments were in place and agreement with the person on behaviour management.

Is the service effective?

Our findings

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 legally authorised under the MCA.

At the time of this inspection there were no people aged 18 or over who were under a deprivation of liberty safeguarding order. During the admission process to the college, people gave their consent to stay in the residential provision. People also agreed to abide by the terms of admission regarding finances, health and medication, nutrition, behaviour and personal safety.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. Staff told us they always encouraged people to make decisions and to give their consent. We observed this was the case when staff supported people to make choices. People told us that staff always explained the choices they had and asked how much support they required if at all. A member of staff commented "in keeping with the ethos of the service, support workers tend to take the 'Dad' or 'Mum' role with people, seeking to encourage them to make good choices, but still respecting the individual's choice". Feedback from staff was that people had the capacity to consent to make specific decisions. Where unsafe or unwise decisions were being considered by people, a best interest meeting would be held to discuss and decide the best way forward.

With regard to the Mental Capacity Act 2005 and DoLS, staff demonstrated a good understanding of the Act, the process to follow and their role in supporting people to be as independent as possible and to make safe choices.

A member of staff explained, "we have a house meeting where meal choices are made from a menu by consensus. But, if one person doesn't like something there will always be an alternative. People are encouraged to eat healthily and people support the staff to help with the cooking". In one house we observed a person making their evening meal with the support of the member of staff. The staff member was very patient and calm in talking through each of the steps involved in the process of making the meal. They praised the person throughout saying "yes, that's right, good" and then "well done" when the cooking was completed.

One person showed us the pictorial step by step menu cards for lots of different recipes. They told us "I like using these because they are easy to follow". Staff told us the menu cards meant that people felt in control of what they were doing and enabled more independence in the process. A member of staff told us they tried to ensure that when people were choosing the menu's they kept a balance between what was known to be healthy and not opting only for the fast food which some people preferred.

Staff supported people to maintain a healthy weight and one person had lost weight after following a weight management plan devised by themselves and staff. They told us "I try to eat healthy and I have lost some

weight, I am really happy about that". Other people told us "I like my food and I am never hungry", "we eat in the café in the college if we want to", "we cook things like 'Italian' and have a special night in" and "sometimes we have a take away which I like". When we viewed people's care records there was little information about people's likes and dislikes regarding food, however we found staff were knowledgeable about people's preferences. The nominated individual informed us that the document called 'My Plan' would have more personalised information about people's preferences for their care and this would be regularly reviewed.

New staff are recruited to the service following the 'safer recruitment' policy, which sets out how to select the most suitable people for the role. A six month induction programme was followed for new members of staff who are given initial training, mentoring and supervision by their line manager. A learning programme had been devised to incorporate all aspects of supporting people in a residential setting.

People were supported by staff who have access to a range of training to develop the skills and knowledge which are required to meet people's needs. Staff told us they received the training they needed when they started working at the service, and were supported to refresh their training. Comments included: "we have really good training and we discuss in our supervision the training we need to update and any other training we would like to do" and "a record is kept of our training and we are reminded when training is due". Staff completed mandatory training as set by the provider which included safeguarding, fire safety, medicines, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). In addition staff undertook training which was specific to people's needs such as Makaton [sign language], Fragile X syndrome awareness, positive behaviour management and epilepsy management.

Staff had qualifications which were appropriate to their role and were encouraged to work towards industry standard qualifications, such as the Diploma in Health and Social Care. Support workers held a minimum of a level three qualification in health and social care. Senior care workers were working towards or had achieved a level five. Other qualifications gained by staff were 'Preparing to teach in the Lifelong Learning Sector' and 'Working with young People with an Autistic Spectrum Disorder'. Developing the skill base and knowledge of staff was seen as an integral and important part of the provision in ensuring people's changing needs were met.

People were supported by staff who had supervision (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Senior staff undertook observations of staff practice as part of their staff development. A more recent development had been the introduction of peer observations. A staff member told us "it does help to get another person's point of view and to be able to talk about how we can improve, it's about maintaining standards". Annually staff undertook an appraisal to reflect on the past year's achievements and to consider future professional development in their role. Staff told us they felt supported by the registered manager, other staff and the principal of the college. Comments included "the registered manager has really helped me, always willing to listen" and "the staff are brilliant, we really get on together as a team".

All of the people we spoke with were positive about the skills and caring nature of staff. Comments included: "Yes they [the staff] know what they are doing", "they are very good at their job" and "X looks after me really well, I am happy to be here". A recent survey carried out by the provider showed that parents/carers felt staff treated their loved one with kindness, compassion, dignity and respect.

The service had a proactive approach to respecting people's human rights and diversity to help avoid discrimination that may lead to psychological harm. There were clear processes in place to ensure bullying of any type was not accepted towards people or staff. During their college time, people joined in meetings

and discussions around respecting each other and celebrating that each person is different, how to recognise bullying and what to do about it. Staff told us they completed training in equality and diversity. We observed that staff were respectful towards people. A staff member told us "usually people are very respectful towards the staff, but if they are not we remind them that everyone should be given respect".

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People had a health action plan which described the support they needed to stay healthy. One person told us "X went to the opticians, but I don't need to go yet". Staff confirmed they would support people to attend appointments if required although most people attended check-ups when they went back to their family home during term time.

Is the service caring?

Our findings

We visited people in each of the three houses where they went about their daily routines such as getting ready for college, cooking, going to the shops, helping to tidy the house, relaxing or going out for the day. People told us they liked the staff and felt they were treated with respect and kindness. A recent survey carried out by the provider demonstrated that families/carers felt their loved one was happy and their emotional wellbeing was prioritised. We observed within each of the houses that all staff were caring, friendly and respectful in their interactions with people.

Staff respected people's dignity and privacy. Staff knocked on people's door and waited until they were invited in by the person before entering. We observed that people sought permission before entering another person's room. This was a practice seen in each of the houses. When staff entered a room they acknowledged people and asked how they were. People were treated equally and we saw that staff were aware of people's personalities and respected their right to do things in a particular way, change their mind or do things differently.

People told us they kept in touch with their family either by telephone, texting or emailing. One person told us "I speak to mum on my mobile most days as she likes to know what I have been doing". Families also visited people at weekends for a day out.

The accommodation in each of the houses meant people could retire to their own room if they wished to have privacy. People had personalised their rooms with photographs, soft toys, CD's of their favourite music and hobby items. There were communal areas where people congregated to socialise such as the lounge and kitchen. Outside there were gardens which linked across two of the houses. The registered manager and staff told us people from the three houses all knew each other well and would spend time together in the garden, maybe for a barbeque in the nice weather.

In the STEPS house it was a hub of activity when we visited around tea time. One person had just returned from work and came into the lounge to say hello to us. A friend had come to visit and was invited to stay for dinner. Another person was preparing the evening meal which was salad and a pasta dish. They told us how they had made the salad, the different ingredients and how they had prepared and chopped them. One person had set the table for dinner. It was clear to see that people had formed positive relationships with each other and the staff. People looked happy and content. People told us they knew each other well and we saw this through the jokes and banter they had with each other and staff. A member of staff told us "I love this job, it's so rewarding seeing young people develop and become independent".

In another of the houses, people were getting ready for college and there was a flurry of activity as the breakfast table was cleared, college bags readied and staff politely asking if people had everything they needed. In the third house, it was the weekend and people were deciding what they wanted to do as an activity. A member of staff told us "the houses give students a very good experience and staff are more than willing to go the extra mile, but we do have to accept democracy in decision making such as when choosing meals, although we will always have an alternative. We treat students as people with disabilities not

disabled people and we look for what they can achieve rather than what they can't achieve".

Staff supported and empowered people to voice their opinions. There was a student union which was organised by students who attended the college. In June, people took a trip to London to join in the campaign for disabled people's rights. People wanted to speak up about their right to education and to continue at college until they were ready to leave. In a newspaper article, one person explained how much an additional year at college had meant to him and for his future.

Is the service responsive?

Our findings

Before young people start at the college and move into residential accommodation, there is a clear process of pre-admission planning and transition from school to college. The transition and review co-ordinator linked with schools and local authorities which ensured the placement was right for the young person. People attended the college and residential provision for a week where their educational, health, social and independence needs are assessed.

We looked at the assessments for five people and found they were comprehensive and focused upon what the person could do. At the end of an assessment week one person reported that they had 'definitely' enjoyed the week and wanted to attend the college when they finished school. They also wanted to be a residential student to learn to be more independent.

When people moved into the residential accommodation a document called 'My Plan' was devised with the person themselves. "My Plan" considered all areas in which the young person wished to gain independence skills such as personal hygiene, managing laundry, health and safety, household tasks, managing money, relationships and making friends. Underpinning each learning area there was a strong focus on safety. People also wrote a one page summary of how best to support them, things that are important to them, good things people say about me. The summary was colourful with pictures and would helped other people to find out more about the person.

The "My Plan" set objectives and goals which were individual to the person and the focus was on teaching people to do things for themselves. Each goal was broken down into manageable steps for that person based upon their personal preferences such as, preferring a shower rather than a bath. Regular reviews took place to look at progress and to establish new goals once previous targets had been achieved. Staff worked with the person to update information from the my plan to their daily care plan to reflect changes in their needs.

Staff across the college and the residential provision worked alongside each other in supporting people to achieve positive outcomes. People told us they had learnt lots of different skills such as, understanding about eating healthy food and making healthy meals, going to the shop on their own after passing their road safety and stranger danger awareness and being able to set the washing machine to the correct cycle. People told us they enjoyed their time at college and where they lived, especially making new friends.

From the start of their time at college, people were encouraged to take a long term view of where they would like to live and what type of work they wanted to do when they left college. The transition team at the college were very proactive in working with local authorities, health workers, accommodation providers and employers in order to support the person to realise their wishes.

The STEPS house forms an integral part of the residential provision by enabling people to move forward in their independence. Two people had expressed a wish to share accommodation in a nearby town where both of their families lived. The college transitions team were now working with a supported living and

employment coach towards this goal.

People told us they took part in a range of activities such as horse riding, working on the farm or in the café. One person was interested in kick boxing and another in swimming. There was a youth club which was run at the college. During the evenings after college, people told us they watched television, listened to music, played their guitar and sometimes they had movie nights. Some people said they wanted to do more activities. A mini bus was available for outings such as shopping trips and on the first day of our inspection, people were deciding where to go for a day out.

People told us if they were not happy or were worried about something they would talk to one of their support workers. They were confident their concerns would be listened to. The Residential programme guidance 2016 gave details about who to speak to if there was a complaint and explained the process of the complaints procedure. We viewed records relating to concerns and found they had been followed according to the policy in place and had been responded to within the agreed timescale.

Is the service well-led?

Our findings

The systems in place to monitor the quality and safety of the service provided were not fully effective as they either did not identify the concerns we found during the inspection or issues had been identified and were not addressed in a timely manner. Each of the three homes underwent in-depth cleaning, maintenance and redecoration during certain times of the year. However, in the interim, required works had not taken place, such as the removal of mould in the bathroom/shower room(s), replacement of cracked shower tiles and flaking paint and mould directly above a shower. People continued to use these facilities which could pose a health risk. The arrangements in place did not enable the provider to maintain the required standards on an on-going basis.

Audits in place had not identified safety issues, poor infection control practices and some aspects of medicines management.

The monitoring system in place was not specific or measurable and lacked sufficient detail, for example the 'Monthly Quality Monitoring' report for residential care services states 'Cleanliness and infection control' as an item to be checked, however there was no information on what should be included in this check. The registered manager told us they would address this immediately.

Additional audits were carried out by the registered manager and the relevant college staff regarding safeguarding, incidents, staff training and supervision, learning outcomes for people, health and safety and staff performance. Medicine stocks were monitored and checked. Where appropriate, action plans were in place to address required improvements.

There was a registered manager in post at Fairfield Farm College residential provision and they were available throughout the inspection. In addition, the principal of the college who was also the nominated individual was available. An additional manager had been recruited to manage the STEPS house and they were in the process of registering with the CQC to become a registered manager.

The registered manager and principal had clear values about the way care should be provided and the service people should receive. These values were based on providing a person centred service in a way that maintained people's dignity and maximised independence.

Staff valued the people they supported and were motivated to provide them with a high quality service. Staff told us the registered manager had worked to create an open culture in the home that was respectful to people who use the service and staff. Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. Staff told us the registered manager gave them good support and direction.

For each of the three homes, staff reported they worked well together as a team and supported each other. We observed during the day that staff communicated well with each other to ensure that people's needs were met. For example by ensuring there was someone present to ensure people's safety when they had to

leave a particular area.

People and those important to them had opportunities to feedback their views about the quality of the service they received and their experience of care. A survey carried out in June 2016 found that people felt protected from harm, staff had the required skills, people's health needs were met and people were treated with kindness and respect. However, the survey did not ask people and their families about staffing levels, access to activities or the environment of the home.

We spoke with the nominated individual who explained the vision of the Fairfield Farm Trust was for the residential provision to open up the service to meet a wider range of needs, including people with higher physical needs, flexible respite care, part and full time provision for people in education, people who are employed and those working towards independent living.

The service worked in partnership with local authorities regarding transitions between services, health professionals, with local employers, and other schools.

We recommend that the service seek advice and guidance from a reputable source about how to develop a more robust auditing system.