

CAS Learning Disabilities Midlands Limited

Fairways

Inspection report

Fullers Field
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Fairways is a residential home registered to provide accommodation, care and support for up to eight adults with a learning disability, autistic spectrum conditions and associated complex needs. There were eight people living in the service when we carried out an unannounced inspection on 1 August 2017.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection of 29 July 2015 we rated the service as overall requires improvement. We found there were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were needed regarding safe systems when recruiting staff, meeting people's nutritional and hydration needs and supporting people with activities appropriate to their needs. The provider submitted an action plan to us about the measures they were taking to address the concerns found at the last inspection.

At this inspection we found that the previous shortfalls in recruitment had been addressed. Appropriate checks on staff were carried out with sufficient numbers employed who had the knowledge and skills to meet people's needs. Retention of staff was good and supported continuity of care.

Progress had been made to ensure there were sufficient systems to ensure that people's nutritional and hydration needs were assessed and actions in place to mitigate risk to people identified as at risk of malnutrition.

Improvements had been made and were ongoing to protect people from the risks of social isolation and loneliness. People were encouraged to maintain relationships that mattered to them such as family, community and other social links. They were supported to pursue their hobbies, to participate in activities of their choice and to develop daily living skills.

The atmosphere in the service was friendly and welcoming. People received care and support that was personalised to them and met their individual needs and wishes. Staff respected people's privacy and dignity and interacted with them in a caring, compassionate and professional manner. They were knowledgeable about people's choices, views and preferences.

People were safe and staff knew what actions to take to protect them from abuse. The provider had processes in place to identify and manage risk. Regular assessments had been carried out and care records were in place which reflected individual needs and wishes.

Appropriate arrangements were in place to ensure people's medicines were obtained, stored and administered safely. People were supported to attend appointments with relevant professionals to maintain

their health and well-being. Where people required assistance with their dietary needs there were systems in place to provide this support safely.

We found that people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and or their representatives, where appropriate, were involved in making decisions about their care and support arrangements. As a result people received care and support which was planned and delivered to meet their specific needs. Staff listened to people and acted on what they said.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. People's feedback was valued and acted on. There was visible leadership within the service and a clear management structure.

Effective systems and procedures had been implemented to monitor and improve the quality and safety of the service provided. Identified shortfalls were addressed promptly which helped the service to continually improve.

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.

There were sufficient numbers of staff who had been recruited safely and who had the skills to meet people's needs.

Staff knew how to keep people safe from abuse. There were systems in place to protect people.

The likelihood of harm had been reduced because risks had been assessed and guidance and training provided to staff on how to manage risks and keep people safe.

People received their medicines safely.

Is the service effective?

Good ●

The service was effective.

People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Staff were trained and supported to meet people's individual needs. The Mental Capacity Act (MCA) 2005 was understood by staff and appropriately implemented.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good ●

The service was caring.

Feedback about the staff approach and relationships people had developed with staff were positive.

Staff knew people well, respected their preferences and treated them with dignity and respect. People's independence was promoted and respected.

People were listened to and their views valued when making

decisions which affected them.

Is the service responsive?

Good ●

The service was responsive.

Improvements had been made and were ongoing to support people to pursue their hobbies, participate in activities of their choice and to maintain links within their local community.

People's care and support needs were regularly assessed and reviewed. Where changes to their needs and preferences were identified these were respected and acted upon.

Feedback including comments, concerns and complaints were investigated and responded to and used to improve the quality of the service.

Is the service well-led?

Good ●

The service was well-led.

There was an open and transparent culture at the service. People, relatives and staff were encouraged to contribute to decisions to improve and develop the service.

Staff were encouraged and supported by the management team and were clear on their roles and responsibilities.

Effective systems and procedures had been implemented to monitor and improve the quality and safety of the service provided.

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.

This unannounced inspection took place on 1 August 2017 and was undertaken by one inspector.

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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

We reviewed information we held about the service including feedback sent to us from other stakeholders, for example the local authority and members of the public. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

We met with eight people who used the service. Two people spoke with us and shared their experiences. People had complex needs which meant they could not always verbally communicate with us about their experiences. When not verbalising their views they communicated with us in different ways, such as facial expressions, signs and gestures. We observed the way they interacted with the staff and registered manager in the service. We received feedback from one person's relative and two health and social care professionals.

We spoke with the registered manager and four members of staff. We reviewed the care records of three people to check they were receiving their care as planned. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

At our last inspection we rated this key question requires improvement because robust recruitment procedures were not in place. The provider submitted an action plan on how they would address these shortfalls. At this inspection we found improvements had been made and sustained and have changed the rating to good.

Safe recruitment procedures were followed. Appropriate checks on staff were carried out. Staff employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people and had completed a thorough induction programme once in post. This included working alongside experienced colleagues, reading information about people living in the service, such as how identified risks were safely managed. Records we looked at confirmed this.

People who used the service were relaxed and at ease in their surroundings and with the management and staff. When asked if they felt safe living in the service two people smiled, nodded their heads and indicated yes by putting their thumb up. One person told us, "I am very safe here. The staff keep an eye out without being in your face. They make sure no one is in danger of hurting themselves here and outside [in the community]." Another person said, "I like it here, I can leave my door unlocked to my bedroom as it's safe to do so." A relative told us they believed their relative was well protected living in the service. They said, "[Person] is very safe. They are well looked after by staff who are aware of risks and how to manage them; been no accidents. The building is very secure, no strangers can get in, staff are well aware of who comes and goes."

Systems were in place to reduce the risk of harm and potential abuse. Staff had received up to date safeguarding training. They were aware of the provider's safeguarding adults and whistleblowing (reporting concerns of poor practice) procedures and their responsibilities to ensure that people were protected from abuse. Staff knew how to recognise and report any suspicions of abuse to the appropriate professionals who were responsible for investigating concerns. Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training to staff when learning needs had been identified or following the provider's disciplinary procedures.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Staff, including the registered manager were knowledgeable about people's individual needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling, medicines and accessing the local community. Where people who were vulnerable as a result of specific medical conditions, such as epilepsy or behaviours that can challenge, there were clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. There was also information about people's identified behavioural triggers and how to manage associated risks. This included examples of where healthcare professionals had been involved in the development and review of risk assessments. These measures helped to ensure that people were enabled to live their lives

whilst being supported safely and consistently. Staff told us and records confirmed that the risk assessments were accurate and reflected people's needs.

Risks to people injuring themselves or others were limited because equipment, including portable electrical appliances and fire safety equipment, had been serviced and checked so they were fit for purpose and safe to use. Regular fire safety checks were undertaken and there were personal evacuation plans in place for each person to ensure that staff were aware of the support that people needed should the service require evacuating.

Staff provided people with care and support at their own pace and were able to give people the time they needed for assistance. The registered manager explained how the service was staffed each day and how this was determined by the needs of the people at the service. They told us this was regularly reviewed and staffing levels were flexible and could be increased to accommodate people's changing needs, for example if they needed extra care or support to attend appointments or activities. They shared with us recent examples of how staffing levels had been increased to support people when needed. Conversations with staff and records seen confirmed this. This showed that the provider took steps to ensure that there were sufficient staff available to meet people's assessed needs.

People received their medicines on time and in a safe manner. We saw how two members of staff administered people's medicines providing reassurance and explanation of what medication they were taking where required. One person said, "I get all my tablets here; regular as clock work."

Staff were provided with medicines training followed up by regular checks on their practice by the registered manager. People's records provided guidance to staff on the level of support each person required with their medicines and the prescribed medicines that each person took. People were provided with their medicines in a timely manner. Where people had medicines 'as required' protocols were in place to guide staff on when to offer these.

Medicines were stored safely for the protection of people who used the service. Records showed when medicines were received into the service and when they were disposed of. Regular audits on medicines were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required.

Is the service effective?

Our findings

At our last inspection we rated this key question requires improvement because people's nutritional and hydration needs were not consistently being met. The provider submitted an action plan on how they would address these shortfalls. At this inspection we found improvements had been made and sustained and have changed the rating to good.

People were supported to eat and drink enough to maintain a balanced diet. People's records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified action had been taken, for example making referrals to health professionals.

Feedback about the food in the service was positive. One person told us, "I like the food here. You can have pretty much whatever you want. I like the salads as that's healthy and I want to lose weight." Another person when asked if they liked the food nodded their head. A third person smiled and gave a thumbs up sign when asked if they liked the food provided. The support people received with their meals varied depending on their individual circumstances. Where people required assistance, such as prompting and offering encouragement this was provided sensitively and respectfully.

The lunch time meal we observed was at times task led and rushed. Staff whilst focused on ensuring people received their food on time, missed the opportunity to meaningfully engage with people when they gave them their meal, occasionally missing the signs when people were trying to interact with them. Members of staff walked up and down the small dining room whilst people were eating to reduce the risk of choking. However the confines of the small room made this practice intrusive. The registered manager advised us they had taken action to enhance the meal time experience for people. This included ordering new furniture that would create a more pleasant environment that took up less room and would enable staff to observe people at risk of choking more discreetly without having to pace up and down the room.

Systems were in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. Staff told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged. Discussions with staff and records seen showed that they were provided with the provider's mandatory training such as safe management of medicines, health and safety and moving handling that they needed to meet people's requirements and preferences effectively, including regular updates. Training was linked to the specific needs of people. For example autism spectrum conditions, managing behaviours that challenge, epilepsy, Makaton and other communication methods. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for. A healthcare professional shared with us their positive experience of working with the service stating, "The staff are supported to develop their knowledge and understanding of people's needs."

Feedback from staff about their experience of working for the service and the support arrangements in place were positive. They described how they felt supported in their role. One member of staff told us, "We have regular supervisions and team meetings. The manager or deputy are around if you need them." Another staff

member said, "Training is really good. There is updates all the time and we talk about changes to work practice in meetings and supervisions." Supervisions provided staff members with an opportunity to meet with their line manager to explore their practice and performance. Records seen confirmed that regular supervisions and team meetings were in place.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff understood the need to obtain consent when providing care. Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice

The registered manager and staff we spoke with demonstrated how they involved people that used the service as fully as possible in decisions about their care and support. They had a good understanding of the MCA and what this meant in the ways they cared for people. Records confirmed that staff had received this training. Guidance on best interest decisions in line with MCA was available to staff in the office. The registered manager understood when applications should be made and the requirements relating to MCA and DoLS to ensure that any restrictions on people were lawful. People's care plans contained information about the arrangements for decision making for those who lacked capacity, best interest decisions, and the decisions that they may be able to make independently.

We saw that staff consistently sought people's consent before they provided any support or care, such as if they needed assistance with their meals and where they wanted to spend their time in the service. Care records included documents which had been signed by people and/or their relatives where appropriate to consent to the care identified in their care plan. This included disclaimer records for photographs to be taken and sharing information with other professionals and for staff to assist them with their medicines.

People's care records contained health action plans and records of hospital and other health care appointments. One person told us how the staff helped them to maintain their health. They said, "I usually go to all my appointments with [member of staff] they remind me the day before. If I am sick they [staff] get the doctor in." Staff supported people to attend their appointments and the outcomes and actions were clearly documented within their records. This ensured that everyone involved in the person's care were aware of the professional guidance and advice given, so it could be followed to meet people's needs in a consistent manner.

Is the service caring?

Our findings

At our last inspection we rated this key question good. At this inspection we found that this rating remains good.

People were complimentary when asked about the staff approach and if they were caring. Two people smiled, and nodded their head. Another person gave a thumbs up sign. A third person told us, "I am very happy here; am in a good place. I feel settled and a lot calmer since I came here. I don't get so upset and let things get on top of me as if something is bothering me they [staff] listen. They [staff] are really nice; can have a laugh with them. I trust them." A fourth person said, "The staff are nice very kind to me. They are patient and take their time with me." A relative shared with us, "I have no concerns about [person] being at the home. The staff are caring and supportive."

We observed the way people interacted with the staff and the registered manager. This included how people responded to their environment and the staff who were supporting/communicating with them. People were relaxed and at ease in their environment and with the staff and management team. We saw one person smiling and laughing with a member of staff as they both left the service to go for a drive in the mini bus. In the afternoon we saw people positively engaging with the staff as they chose which activities they wanted to do. This included doing jigsaws, playing games and choosing which film they wanted to watch.

There was a warm and friendly atmosphere in the service. People had complex needs and some had limited verbal communication. Staff were caring and respectful in their interactions and we saw people laughing and smiling with them. Staff used effective communication skills to offer people choices. This included sensitivity to the language used and the amount of information given, to enable people to understand and process information. Staff were seen to give people time and space to express their needs and choices. This included picking up on non-verbal communication such as body language and gestures to understand what people were communicating.

People's independence, dignity and privacy was promoted and respected. This included closing curtains and shutting doors before supporting them with personal care. When staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet manner. In addition we saw people were given a choice beforehand where they would like to take their medicines either where they were in the service or in their bedroom. This showed due regard for people's dignity and privacy. One person said, "I am happy to have my tablets here [communal room] as I am talking to my friend." People's records provided guidance to staff on the areas of care that they could attend to independently and how this should be promoted and respected. One person said, "I like to do as much as I can for myself, they [staff] know that."

People's care records had been devised according to the assessed needs of the individual. Their care records showed that people, and where appropriate their representatives had been involved in their care planning. Reviews were undertaken and where people's needs or preferences had changed, these were reflected in their records. This told us that people's comments were listened to and respected.

People were supported to maintain friendships with others and their relatives confirmed they were able to visit at times of their choosing and were made welcome. One relative said, "I am always made welcome when I visit."

Is the service responsive?

Our findings

At our last inspection we rated this key question requires improvement because there were limited opportunities for people to be supported with activities appropriate to their needs. The provider submitted an action plan on how they would address these shortfalls. At this inspection we found improvements had been made and were ongoing and have changed the rating to good.

A weekly activities list for each person was in place and reflected a range of interests and hobbies they were supported to undertake. This included assisting people with daily life skills to improve their independence such as laundry management, cleaning their bedrooms and food preparation. One person said, "I wipe the tables at lunchtime and do my washing [laundry]. I keep my [bed] room tidy and help with mopping the lounge." Another person had watering the plants included in their weekly activities and staff told us this was something they enjoyed doing.

Throughout the inspection we observed people participating in activities and hobbies that interested them, both on an individual and group basis. For example, jigsaws, arts and crafts and using building bricks to create large objects, as well as watching television, reading and chatting with each other and staff. Several people went out in the morning and afternoon on pre-arranged trips including shopping, going to the pub and walking within the local community. One person said, "There is plenty to do I like to go on walks and to the beach. The aromatherapy, and beauty sessions are fun. I like going to see my friends at the disco at [social club]." Another person said, "There is movie night, arts and crafts. I like doing crosswords and puzzles. Sometimes I watch telly in here [lounge] with [another person who uses the service]. They are my friend."

We saw a positive and enabling interaction from a member of staff who encouraged a person to join them completing a jigsaw. With support the person helped finish the jigsaw and looked pleased to have been involved. Staff moved around the service to make sure that people were not left without any interaction for long periods of time. This resulted in people showing positive signs of wellbeing.

Whilst we saw that people were supported to engage in meaningful activities during our inspection, we received mixed feedback from professionals regarding the activities provided. One professional commented that there was, "Lots to do in regards to activities." However another professional fed back that on several visits to the service they did not see, "Activities on at the home or evidence of stimulation being provided... Residents on these days were sitting in the lounge with nothing in front of them, the radio was on once."

People had support plans and risk assessments that were person centred and identified their individual aspirations. Records showed that people had set personal goals with the staff and these were regularly reviewed. This included supporting people with activities they wanted to try such as swimming and horse riding and with going on holiday in the future. People's interests were incorporated into the planning; paying attention to things people had indicated they wanted to do. Throughout the service there were photographs of people undertaking a variety of activities that they had wanted to do as well as enjoying events in the service and out in the community.

People's records reflected the individual level of care and support they required and preferred to meet their assessed needs. Staff told us that these records were accurate and provided them with the information that they needed to support people in the way that respected their choices. This included details about people's specific needs and conditions and the areas of their care that they could attend to independently. Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. These included feedback from family members, staff, health and social care professionals and wherever possible the person who used the service. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders. Records of shift change/ handover meetings identified that where there were issues in people's wellbeing or changes in their care this was discussed and appropriate actions planned. This showed that people received personalised support that was responsive to their needs.

People were encouraged to maintain their independence. We observed that staff were patient and respectful of the need for people to take their time to achieve things for themselves. One person said, "I sit with my key worker and we talk about what is important to me, what I want to do. They help me [set goals] so I can do things for myself."

Systems were in place for people and their relatives and or representatives to feedback their experiences of the care provided and raise any issues or concerns they may have. There had been several compliments received about the service within the last 12 months. Themes included caring staff approach, promoting independence and improved communication.

The provider's complaints policy and procedure was made freely available, in an accessible format and copies were given to people who used the service. It explained how people could make a complaint or raise a concern about the service they received. Two people told us they knew who to speak to if they had any concerns. One person said, "You can speak up here. I would speak to the manager or [name of key worker] if I wasn't happy, being messed about. They [staff] treat me nice here. They look after me."

People's views were valued and used to improve the service. Records seen identified how the service acted on people's feedback including their informal comments. For example, incorporating changes to the menu and the planning and provision of activities and events. Records of complaints showed that they were responded to and addressed in a timely manner with actions taken to prevent similar issues happening, for example providing additional training and improving communications where required. The registered manager advised us they were developing their systems for capturing information from comments and complaints so they could reflect the actions taken to further improve the service.

Is the service well-led?

Our findings

At our last inspection we rated this key question good. At this inspection we found that this rating remains good.

Feedback from people about the staff and management team was complimentary. One person said, "No worries here. If I did I would speak to them [staff and management] and it will get fixed." Another person said, "I have no problems with anyone here. The manager is about if you need to talk to them but I usually speak to [named member of staff] and will they take care of things for me."

The registered manager demonstrated a comprehensive knowledge of the people living in the service. They were active and visible within the service and people and relatives were complimentary about their approach and caring manner. One relative said, "The manager is readily available if you need them, always willing to talk to you about any problems you may have. They know [person] inside and out."

People, their relatives and or representatives were regularly asked for their views about the service and this was used to drive improvement. This included regular care reviews, daily interactions and communications and quality satisfaction questionnaires. We reviewed the results from last year's relative's survey undertaken by an independent advocacy service. The return rate was high and showed that relative's felt they were listened to, that staff were friendly and caring and spent enough time with people. The registered manager advised us that this year's survey was due to be carried out later this year and the findings would be shared with people and relatives.

The registered manager had instilled an open and inclusive culture within the service. The management team and staff were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. Staff said they felt that people were involved in the service and that their opinion counted. They said the service was well-led and that the registered manager was approachable and listened to them. One member of staff said, "I love my job. There is a great team of people here. Who all work hard and support one another."

People received care and support from a competent and committed staff team because the management team encouraged them to learn and develop new skills and ideas. For example, staff told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged. Staff were motivated to ensuring people received the appropriate level of support and were enabled to be as independent as they wished to be.

Meeting minutes showed that staff were encouraged to feedback and their comments were valued, acted on and used to improve the service. For example, they contributed their views about issues affecting people's daily lives. This included how best to support people with personal care and to be independent. Staff told us they felt comfortable voicing their opinions with one another to ensure best practice was followed. One member of staff said, "We have daily handovers, team meetings and good communication to keep informed of what is going on."

The service worked in partnership with various organisations, including the local authority, district nurses, local GP services and mental health services to ensure they were following good practice and providing a high quality service. Feedback from health and social care professionals about their experience of working with the service was positive. With one comment stating, "We have a good working relationship with the staff at Fairways. Good communication with the manager."

Systems and processes to assess and monitor the service were in place. This included regular checks and audits on health and safety, medicines management, risk assessments, care plans and the environment. These highlighted shortfalls and the actions taken to resolve this. For example where the audits on medicines identified inconsistencies in records, internal communications to staff on best practice, competency checks and further training where required were carried out to address this.

The provider's quality assurance systems were currently being further developed to identify and address shortfalls and to ensure the service continued to improve. The registered manager showed us their action plan which identified the areas that had been prioritised to ensure people received a safe quality service. This included improvements to medicines management, ongoing recruitment and staff development. In addition there were plans to develop people's documentation to ensure consistency and fully embed a person centred approach in line with the provider's vision and values.