

Mrs Elaine Kearney

Fair View

Inspection report

Fair View, Croft Mitchell
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced comprehensive inspection took place on 16 February 2016. We announced the inspection to ensure that the people would be at the service during the inspection. Fair View is a care home that provides personal care and support for up to two people with a learning disability. At the time of our inspection one person was living in the service.

The service is owned

The person who lived at the service was well cared for. They were comfortable in their home and their privacy and dignity was respected by the people who cared for them. We spoke with a relative and a healthcare professional who were both positive about the care provided at the service.

Care was provided by a small, consistent, motivated staff team who had a good knowledge of people's needs. The registered manager had attended recent first aid training. However, other areas of training had not been attended recently and needed updating. Skills for Care recommend areas such as fire and health and safety should be attended annually. Other areas such as safeguarding adults, infection control and moving and handling should be attended every three years. There was currently no moving and handling needs at the service. The registered manager explained that access to and the cost of attending such training was challenging. The staff appeared well informed and aware of changes to the legislation around the Mental Capacity Act 2005 and knew how to report any concerns they may have regarding any potential abuse.

Risk assessments were in place for a range of issues such as attending a day centre, spending time in the community, and personal care. People had access to a range of activities. They accessed the local community regularly. There had been no accidents or incidents which had taken place at the service. No medicines were being used at the service other than homely remedies such as an occasional Paracetamol. Staffing levels met the present care needs of the person that lived at the service. There were plans in place for the emergency care provision of the person should the registered manager and staff be unable to provide care for any reason.

Where people did not have the capacity to make certain decisions, the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff had a good understanding of the principles of the legislation. The service was in the process of applying for an authorisation from the local authority for a potentially restrictive care plan.

Care plans were informative and contained details of people's care needs and preferences. There was clear information about the person's healthcare needs and records of when they attended appointments. The care plan provided guidance which helped ensure their care was individualised and responsive to their needs. Details of how the person who was to be cared for were set out in a support plan which was presented in written and pictorial formats. This enabled them to read their own plan and be involved in any changes

or updates.

There was a complaint's policy in place. No complaints had been received by the service. The relative we spoke with confirmed they were very happy with the service provided and had never had any cause to raise a concern. The policy required updating with accurate contact numbers for the local authority. The registered manager assured us this would be addressed immediately. The person had been provided with advocacy support which provided them with the opportunity to raise any concerns.

The registered manager spoke regularly to the relatives and other professionals involved in the care of the person. This was to ask for any feedback on the service they provided and helped ensure it was meeting people's needs. Relatives confirmed they were contacted should there be any change in the person's needs.

Fair View was committed to meeting people's individual needs. There were clear lines of responsibility and accountability within the service. One staff member told us; "We are here for the person, we do whatever they need."

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. Staff were aware of how to raise any concerns they may have regarding abuse.

Risks were identified, assessed and reviewed as needed.

Staffing levels met the present needs of the people living at the service.

Is the service effective?

Good ●

The service was effective. Staff had attended some recent training. Some training required updating. However, staff were well informed and knew about any legislative changes.

People were supported to access a range of health services as necessary which meant their day to day health needs were met.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good ●

The service was caring. Staff spoke about people fondly and demonstrated a good knowledge of their needs and preferences.

Staff were kind and compassionate and treated people with dignity and respect. Staff respected people's wishes and provided care and support in line with those wishes.

Staff valued family relationships and helped ensure they were sustained.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People living at the service were actively encouraged and supported to engage with the local community and participate in

activities they enjoyed.

There was a complaints policy at the service. This needed updating with the current contact information for the local authority. The provider assured us this would be done immediately.

Is the service well-led?

Good ●

The service was well-led. There was a clear focus from the staff on ensuring people had fulfilling lives.

The service worked collaboratively with other professionals to help ensure people's healthcare and social needs were met.

The views and experiences of the service provided were sought from relatives and external professionals. This meant the service could continually review and improve the service it provided.

Fair View

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 16 February 2016. The provider was given two days notice of the inspection because people living at the service were often out during the day and we wanted to ensure we would be able to speak with people during the inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the home. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We met and spoke with one person who lived at the service, the provider and the manager were the staff team. In addition we reviewed a range of records. These included care plans, training records, policies and maintenance records. Following the inspection we spoke with a visiting healthcare professional and a relative.

The service currently provides support to one person. In order to protect this person's confidentiality this report will not make reference to any specific personal information.

Is the service safe?

Our findings

A relative told us; "We are very happy with everything at Fair View. We visit often enough to know (the person) is happy and relaxed with (the management's name). I would know if there was a problem. I would sense it." A visiting healthcare professional told us they felt people were safe at Fair View.

On the day of the inspection we saw the person moving around their home freely and they were clearly comfortable in their surroundings. They were relaxed and at ease in staff's company. The person received support from staff without any hesitation.

Staff were aware of how to raise any concerns they may have regarding any potential abuse. Staff had attended safeguarding training although this did require updating. The registered manager explained that access to and the cost of attending such training was challenging. However, the registered manager was well informed and had kept up to date by reading about good practice.

People living at the service were supported to take day to day risks whilst keeping safe. People were encouraged to be as independent as possible. For example, people used the local shops to purchase items of their choice. They managed the financial transaction themselves with the shop keeper whilst staff were nearby to support if needed. This demonstrated that the service protected people from risk whilst supporting them to lead full lives. The service held money on behalf of people who were not able to manage larger amounts of money themselves. The service had kept records of the management of people's money. These records showed a negative balance. We asked the registered manager about this. We were told the service had provided money for the person to purchase clothing etc., as items had 'gone missing' when the person was out in the community. The cost of replacing such items was not always covered by their income. The registered manager confirmed they were happy with this arrangement and it was their choice to provide such support.

The provider told us there were times when people became anxious. The service knew people well and knew that if they were sat with and watched the television quietly for a period they became calmer. The care plan contained risk assessments for the environment such as loose rugs and hazardous products kept in the service. Risk assessments were regularly reviewed and updated as needed.

We were told by the registered manager that no incidents or accidents had occurred at the service. An incident had been reported by the day centre. The registered manager attended the day centre to discuss the event and how it could be avoided in the future. No further incidents had occurred.

The registered provider and a manager were the staff team at Fair View. The service did not provide any moving and handling support and were not called upon at night. Commissioners had assessed people living at the service to ensure their needs were met by the service and the current staffing provision. The service had made emergency plans to help ensure people would always have their care needs met in the event of the registered manager and support staff being unable to provide for those needs. An agency had been given details of people's care needs and were willing to provide care for people at the service in the event of

an emergency should the registered manager be unavailable for any reason.

The service was not storing any medicines other than homely remedies such as Paracetamol.

Is the service effective?

Our findings

People living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. Following the inspection we spoke with a relative and a visiting healthcare professional. The relative told us; "(the person) is happy and contented, and has done really well. They are fit and well and have no health conditions at all. Very good for their age." The visiting healthcare professional was positive about the care people have received at Fair View.

Premises were in good order. People had their own bedrooms, lounge and bathroom specifically for their use. People could move around their home as they chose. The service had extensive grounds surrounding the building. The grounds were secure and accessible by people independently.

The staff were well informed and knowledgeable. Training records showed that some training had taken place recently. However, some updates were needed. The management kept up to date by reading relevant information and meeting with external professionals. Staff demonstrated a depth of understanding about the person they supported and worked closely with them to help ensure they received consistent care and support.

Staff met regularly with external professionals who also provided support for people who lived at Fair View. This provided an opportunity to discuss and reviewed their aims and objective and help ensure people's needs were met.

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. Staff had a good understanding of people's needs and used this knowledge to help people make their own decisions about their daily lives wherever 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. We found that the service acted in accordance with legal requirements. The service was in the process of applying for an authorisation for a potentially restrictive care plan.

People were encouraged to be involved in the preparation of their own food. People were supported to prepare their packed lunch which they took with them to the day centre each day. They enjoyed their food. The provider told us; "I have never found anything that they don't like in all the years they have lived here." The person had a choice of what they ate and was supported to maintain a healthy diet. The person chose to eat their meals in their own lounge.

The care plan showed people had access to other healthcare professionals. For example, dentists, podiatry and GP. The records showed details of appointments that had been attended along with future planned reviews. Staff told us how the service dealt with people's changing health needs by consulting with other professionals where necessary. This meant that the person received consistent care from all the health and social care professionals involved in their care.

Is the service caring?

Our findings

A relative told us; "They are well cared for, always clean and tidy and appropriately dressed for the weather. We are more than happy with the care they receive."

People were relaxed and at ease with staff at their home. A caring relationship had been developed between staff and people living at the service. Staff spoke of people fondly and respectfully. Support was provided in a caring and relaxed manner.

Staff introduced us to the person when they arrived back at their home from the day centre. They smiled, and nodded when asked questions. The person was not able to easily communicate their views and experiences to us so we spoke with a visiting healthcare professionals and relatives to gain their views. A relative told us; "They make their happy sounds when we visit them at home and also when we take them out."

The person living at the service had been given the choice of which bedroom they wished to use. The person's lounge had pictures and art work made by them displayed. A visiting healthcare professional told us they felt the person was well cared for.

The service worked to provide care and support which was designed around the needs of the individual. The registered manager commented; "You know when there is anything that is concerning (the person) and we know how to try to alleviate that." Staff told us they had formed positive relationships with the person's family members as they appreciated how important family were to the person they supported.

A relative spoke regularly with the person on the phone. Although the person could not easily speak over the telephone they enjoyed listening to their relative and benefitted from their contact.

The service had a vacancy. The provider said; "We have not been asked to consider anyone who is appropriate for a while." The service was aware of the importance of balancing the needs of people already living at the service with any new person moving in.

Staff spoke of how they maintained people's privacy and dignity generally and when assisting with personal care. For example, ensuring the person indicated they were happy for the care to be provided before they provided it. The person had the choice of locking their own bedroom and bathroom door should they wish. This meant staff were aware and respected people's right to privacy and dignity at all times. Staff told us they felt it was important people were supported to retain their dignity and independence.

The person's care plan showed how they communicated. For example, showing a thumbs up to indicate a positive response. The service liaised with the day centre regularly about what they enjoyed doing and their response to different experiences.

Staff knew people who lived at Fair View well. Staff had a good understanding of the person's background and past life experiences. This was important as it helped staff to understand how the person's past had

impacted on them. People's preferences and dislikes were recorded in their care plan along with what was important to them.

Is the service responsive?

Our findings

A relative told us; "They (management) have a very good relationship with (the person). You can tell if there are any problems and there are none. They provide all they need."

The person's care plan had been recorded in an easy read version as well as a written format. This meant the person could access the plan in a more meaningful way. The care plan had been signed by the person indicating it had been shared with them. The plan contained information about their health and social care needs. It was individualised and relevant to the person. There was guidance for staff on how best to support the person. For example, the person liked to shave themselves. The person carried out their shave then staff ensured that places the person could not reach had been shaved effectively. This meant the service supported the person's independence.

The care plan included information about the person's past life, interests and preferences. The information contained in the records provided sufficient information and guidance for the person's needs to be met. Care records showed the service worked effectively with health professionals to help ensure the person's health needs were met. The person enjoyed their food and had put on some weight in the past. The service supported the person to enjoy a healthy diet and to take part in some physical activity where possible. Physical activity was limited by the person's choice. The provider told us; "We keep an eye on their weight, we did this by checking how the clothes are fitting and by the regular weight checks we do at the doctors." The person's weight had been stable over the past few months. The plan was regularly reviewed as needed.

The person was supported with their care needs and during activities at all times whilst encouraging as much independence as possible. The person spent weekdays at a local day centre doing things that interested them and they got enjoyment from. They had attended the day centre for many years and recently the activity which they had taken part in for years had been changed. This change in routine had distressed the person and an episode of behaviour that challenged the staff at the day centre had taken place. The day centre had worked with the provider of the service, the occupational therapist and speech and language specialists to help support the person through this period of change. The local authority who commissioned the person's care were working closely with the service and the day centre to ensure that the person's needs were met.

Staff actively encouraged the person to engage with their local community at weekends and holiday periods when they were not at the day centre. They visited the pub on a weekly basis as they enjoyed a pint of beer. The local shop knew them well as they did their own shopping for small items of their choice on a regular basis. They attended the weekly shopping trip to the supermarket, various horse shows and community events together with staff who supported them at all times. The provider told us that the person enjoyed bowling at the day centre. However, the day centre had recently stopped this activity. The service now supported the person to go bowling at weekends.

The service had extensive fields, animal paddocks, a kitchen garden area with raised beds and kept horses and chickens. These areas were accessible for the person and secure. There was also a grassed area for bar-

b-q's along with a patio accessed from a games room. The games room had puzzles, games, books and an exercise bike for the use by people living at the service. The person had their own TV in their lounge and was able to spend leisure time in a way that interested them. The registered manager told us; "They love the 'soaps'."

A copy of the complaints policy was available at the service. The service had not received any complaints.

Is the service well-led?

Our findings

Fair View is a family run service that supports up to two people. The staff team consists of the registered provider/manager and one other person who supports them. They therefore know the service and the person they support very well. The service was motivated to ensure the care needs of the person were always met. As the staff team was small, the service provided informal supervision to each other. The staff kept up to date through reading and meeting with other professionals involved in people's circle of support.

The staff were able to access short notice support from another person who worked elsewhere in the care profession. This person visited the service regularly and was qualified to provide care and support to people. The provider told us that in an emergency they could call upon this person, who was known to people living at the service, to meet their care and support needs. This meant people living at the service would not be anxious if they arrived to support them at short notice. The service had a contract with a care agency to step in and provide care and support to people at Fair View should the registered manager and staff be taken ill.

Some of the records we reviewed at this inspection required updating with accurate contact details of external agencies. For example, people's care plans contained some contact information relating to the Care Quality Commission which required updating. The complaints policy did not hold the current contact details for the local authority. The provider assured us this would be addressed immediately.

The staff were keen to ensure the social needs of the person they were supporting were met. They were keen to ensure the person maintained contact regularly with their relative. This relative took them out for meals and spoke with them regularly on the phone. They told us; "We know them (management) by their first names, they are always very welcoming, providing us with tea whenever we visit. They keep us up to date with everything that (the person) has been up to and if there are any concerns at all." The provider spoke regularly to other professionals, who were part of the support network for people living at the service. This was to gain their views and experiences of the service they provided and make any changes that may be needed. The local authority were actively working with the service to support them in meeting people's needs in to the future.

The staff completed a variety of checks of the premises. These included electrical appliances, fire alarms and smoke alarms. The chimney was regularly swept to reduce the risk of a chimney fire. The last fire service check of the premises was 2013. The provider told us they had been inspected since then but were unable to provide the evidence for this. The provider assured us the fire service would be contacted and asked to visit the service again and would provide the Care Quality Commission with the necessary inspection report. This meant the service was constantly monitored to help ensure it was run safely.