

Empire Care Limited

Fairgate House

Inspection report

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Date of inspection visit:
16 October 2019

Date of publication:
22 November 2019

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Fairgate House is a supported living service providing support and personal care to people with learning disabilities and autism. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there was one person receiving the regulated activity, personal care.

People's experience of using this service and what we found

This was the services first inspection since registration. Systems in place to ensure robust oversight of the service were not always effective. Although the provider took action when we brought matters to their attention, their own systems had not identified these issues. Risk management was not always robust, risks were not always reviewed following an incident.

People were supported by a small group of staff who knew their needs. Staff were aware of the types of abuse people may be at risk of and their responsibility to raise concerns to the appropriate authorities.

Staff felt supported by the manager and provider and had received some training. Plans were in place for staff to receive some additional specialised training specific to the needs of the people that the service intended to provide a service too.

The service had applied some of the principles and values of Registering the Right Support and other best practice guidance. For example, People's support focused on them having opportunities for them to gain new skills and become more independent.

People were treated with dignity and respect by staff who knew their needs. Staff supported people to make decisions on how they spend their time. Care plans included people's likes, dislikes and preferences about their care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 26 October 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Fairgate House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type

This service provides care and support to people living in one 'supported living' setting so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it was a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We visited the office where the care was organised from and we also visited the supported living house. We spoke with one person, the manager and provider.

Following the inspection, We spoke with two care staff, two relatives and four health and social care professionals.

We looked at a person's care and medicine records, two staff recruitment records and records relating to the governance of the service. This included quality assurance audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Some risks to people's safety and wellbeing had not been assessed or some risks that had been assessed had not been reviewed following an incident.
- Staff that we spoke with were aware of the risks and what to do to support people and ensure their safety.
- Some environmental risk assessments had been completed, for example in relation to fire safety.
- People and staff told us they knew what to do in the event of the fire alarm sounding.
- People were supported to take some risks in line with the principles of 'building the right support' which states that people should be supported to take positive risks whilst ensuring they are protected from potential harm. For example, people were supported to be involved with cooking and domestic tasks.
- Following our inspection the registered provider told us that they had updated care plans and risk assessment so they contained all the information about people's known risks. We will review these updated plans at the next inspection.

Staffing and recruitment

- Staff recruitment records did not include details about specific dates of employment and gaps in employment. Following our inspection we received confirmation that this had been addressed.
- A very small team of staff were employed, and staff were mainly lone working. The manager and provider told us that additional staff were being recruited and the staffing ratio was currently under discussion with the local authority.
- Staff told us that all employments checks had been completed prior to their appointment. They told us that although they worked alone there was an on-call system and support from the manager and provider was available when needed.

Using medicines safely

- Medicines were stored in a lockable cabinet but were not secured. We discussed this with the provider who told us they would ensure this was dealt with.
- A recently prescribed medicine had not been added to the record of medicines. Records did not include what the medicines had been prescribed for although staff knew this information.
- Staff received medicine management training and additional more advanced training was planned. Staff competencies regarding the administration of medication were assessed.
- The manager carried out regular audits of medicine management and issues identified had been dealt with.
- Following our inspection the registered provider confirmed to us that all prescribed medicines were

recorded on the medication administration records and signed for. We will assess the medication records at the next inspection

Learning lessons when things go wrong

- There were some records of incidents. These included what happened before, during and after the incident. However, there was no action plan from this to include any learning.

Systems and processes to safeguard people from the risk of abuse

- There had been a safeguarding investigation and the matter was closed following an investigation by the local authority. The provider had not recorded this in their own safeguarding records. However, this was dealt with at the time of the inspection and a system put in place to show any learning from such incidents.
- Relative told us people are safe. A relative told us, "Yes [person's name] is safe. If I had any concerns at all about their care I would raise this as a concern."
- The provider had procedures regarding safeguarding and whistleblowing. The staff received training regarding these and this included both child and adult safeguarding procedures.
- Staff told us they would report any concerns to the manager and they were aware concerns would need to be reported to the local authority. A staff member told us, "Any concerns I have would be reported to the manager and yes I am confident these would be dealt with appropriately and reported."

Preventing and controlling infection

- Staff took appropriate steps to minimise the risk of infection. There were procedures in place and staff received training in infection control measures.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments had been completed in conjunction with other professionals prior to people moving to the service. The assessments included information about their health, care needs, social needs and how they liked to be cared for. We found the protected characteristics under the Equality Act had been considered when planning people's care, for example including who was important in their life.

Staff support: induction, training, skills and experience

- Staff told us they felt supported and had the training and the induction they needed. A staff member told us, "The manager and provider are very good. I have completed training and I can speak to them about anything."
- Regular spot checks and staff supervisions took place to ensure staff practice was monitored.
- Staff confirmed regular staff meetings and handovers took place. A staff member told us, "Communication is good, we are kept up to date on things we need to know about."
- The manager told us they were exploring further training options included specialist training in relation to people's needs.

Supporting people to eat and drink enough to maintain a balanced diet.

- People were supported to plan, shop and prepare their meals. People's dietary needs were recorded in their care plan and staff encouraged people to make healthy choices. One person told us they enjoyed cooking and they liked to eat pasta.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The provider had worked with other professionals so that people could access healthcare services.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met. The manager told us they were working closely with the local authority and assessments in relation to MCA were currently taking place.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- From our observations we could see that people were comfortable in the company of staff. Staff spoke warmly of the people they supported.
- People were supported by a small consistent staff team.
- Relatives were complimentary about the care staff. A relative told us, "[staff members name] is very competent and understands [relative name] needs."

Supporting people to express their views and be involved in making decisions about their care

- We saw staff engage actively with people about their care. For example, people were asked about what food they wanted to prepare, activities and how they wanted to spend their time. One person wanted to go out to a specific shop and they were supported to do this.
- Conversations were inclusive and centred around people and their care.
- Staff used other forms of communication to help people express themselves and make choices. For example, picture cards and visual timetables were used.
- Staff told us plans were in place to develop people's care plans so these were in an easy read format. A staff member told us, "I discuss their care plan with them on a regularly basis."

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they ensured people were treated with dignity and respect.
- People had their own rooms which were personalised and contained their own personal possessions.
- People were encouraged to take control of their lives and were supported to complete household tasks and personal shopping.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff demonstrated a good understanding about people's individual needs and were able to tell us about these.
- Care records included information about people's likes, dislikes and what was important to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager understood their responsibility to ensure that important information would be given in accessible formats.
- People's care records include information about how they should be supported with meeting their communication needs. We saw that information was provided in different formats including easy read and pictorial.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us about the things they enjoyed doing. One person told us they enjoyed cooking and going to the gym.
- Staff were responsive to people's needs. Staff recognised that opportunities for people could be improved and developed further so that people were provided with a greater range of social inclusion.

Improving care quality in response to complaints or concerns

- People would need support to raise a complaint or concern. Relatives and professionals told us they knew how to raise a complaint if they needed to.
- The provider had a system in place for dealing with complaints.

End of life care and support

- The service was not currently supporting anyone with end of life care at the time of the inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Improvements were needed to ensure the systems in place for monitoring the service were fully effective and imbedded into day to day practice.
- There were systems in place to monitor care records. However, these had not identified that some records required improvement. For example, a risk assessment required additional information and following an incident risks to people had not always been reviewed.
- There were systems in place to monitor the safety and environmental risks to people. However, these records were not available for us to see during our inspection. Following our inspection the registered provider sent us copies of the environmental audits for September and October 2019. We will assess the effectiveness of these audits at the next inspection,
- There were systems in place to audit staff recruitment records, but they had not identified that a full employment history had not been provided.
- The manager and operations manager responded positively to the inspection process and took immediate action on feedback issues raised during the inspection. However, this was a reactive approach. An effective quality monitoring system would have identified these issues and addressed any shortfalls in a timely manner.
- There had been three changes of manager in a short space of time and elements of record keeping had not been well organised. However, the current manager had made improvements to the systems and had plans for further developments.
- There was no registered manager at this service and this was discussed with the provider at the time of the inspection. They told us the current manager had commenced the process to register with us.
- The provider had not always been clear about the regulatory requirements relating to events that the CQC should be notified about. For example, a safeguarding incident had been investigated by the local authority prior to the inspection but not notified to us. The manager submitted the notification retrospectively and ensured a system was in place so that going forward this requirement would be met.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibilities under the duty of candour and told us relatives would be informed of any concerns or issues.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people: engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had been consulted about the service, however plans were in place to improve this so their views and the views of other relevant people were gathered and used to improve the service.
- Staff told us the management team and manager were very helpful and approachable and that the service was continuing to be improved.
- Health and social care professionals told us that whilst they were generally satisfied with the service there had not always been a timely response to issues raised or they had raised some issues that should have been identified and addressed by the provider. For example, the garden area had not been accessible until very recently which meant people had not been able to enjoy the outside area of their home. They also told us that there had been a number of staff changes which had impacted on the consistency of care provided to people.
- Spot checks had been carried out on staff and covered a range of areas and ensured that staff were caring out their role correctly.

Working in partnership with others; continuous learning and improving care

- The provider was working with a range of health and social care professionals.
- Systems and checks in place needed to be developed and the provider needed to consider how information gained could be used to improve the service.