Affinity Trust

Fairmount

Inspection report

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Fairlight
Hastings
East Sussex
TN35 4DB

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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

We inspected Fairmount on 9 and 11 August 2016. Fairmount provides accommodation and support for up to six people. Accommodation is provided from a building which was purpose built as a care facility for people with learning disabilities. The building is located within a residential area.

The age range of people living at the service is 48 – 59. The service provides care and support to people living with a range of learning disabilities and mental health needs and longer term complex healthcare needs such as epilepsy. Most people living at Fairmount were unable to communicate verbally. People had been living at the service for between 11 to 20 years. There were six people living at the service on the day of our inspection.

We last inspected Fairmount on 3 September 2013 where we found it to be compliant with all areas inspected.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People appeared happy and relaxed with staff. There were sufficient staff to support them. Checks were undertaken to ensure staff were suitable to work within the care sector. Staff were knowledgeable and trained in safeguarding and knew what action they should take if they suspected abuse was taking place. A wide range of specialist training was provided to ensure staff were confident to meet people's needs.

It was clear staff had spent considerable time with people, getting to know them, gaining an understanding of their personal history and building rapport with them. People were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

People's needs had been assessed and detailed care plans developed. Care plans contained risk assessments for a wide range of daily living needs. For example, seizures and falls. People consistently received the care they required, and staff members were clear on people's individual needs. Care was provided with kindness and compassion. Staff members were responsive to people's changing needs. People's health and wellbeing was continually monitored and the provider regularly liaised with healthcare professionals for advice and guidance.

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager understood when an application should be made and how to submit

one. Where people lacked the mental capacity to make specific decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

People were provided with opportunities to take part in a range of activities and hobbies and to regularly access the local and wider area. People were supported to take an active role in decision making regarding their own routines and the routines and flow of their home.

Staff had a clear understanding of the vision and philosophy of the home and they spoke enthusiastically about working at Fairmount and positively about senior staff. The registered manager and operations manager undertook regular quality assurance reviews to monitor the standard of the service and drive improvement.

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 trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Risks were well managed and incidents and accidents were well reported, investigated and managed.

Staffing levels were sufficient to ensure people received a safe level of care. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

Is the service effective?

Good

The service was effective.

Mental capacity assessments were undertaken for people if required and their freedom was not unlawfully restricted.

People were supported to have enough food and drink and to make healthy choices. They were encouraged to be involved in cooking meals when appropriate.

People had access and were supported to health care professional appointments for regular check-ups as needed.

Staff had undertaken essential training as well as additional training specific to the needs of people. They had regular supervisions with their manager.

Is the service caring?

Good

The service was caring.

The service was good in providing people with caring support. People were treated with kindness and compassion.

People were supported to make decisions about their care. People's needs were understood by staff and they were met in a caring way.

People's care records were maintained safely and people's information kept confidentially.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in a range of activities these were organised in line with their preferences.

People and their relatives were asked for their views about the service through questionnaires and surveys. There were systems in place to respond to comments and complaints.

Support plans detailed how people had chosen to receive care which was personalised to meet their needs, wishes and aspirations.

Is the service well-led?

Good

The service was well-led.

Staff felt supported by management, said they were supported and listened to, and understood what was expected of them.

There was a positive culture at the service and the registered manager was well regarded. The registered manager had a clear understanding of their role and responsibilities and ensured that staff understood what was expected of them.

Effective quality assurance systems enabled the registered manager to have clear oversight of the service.

Fairmount

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.

We inspected the service on the 9 and 11 August 2016. This was an unannounced inspection which was undertaken by one inspector.

We observed care delivery throughout our inspection. Most people living at Fairmount were unable to communicate verbally with us so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked in detail at care plans and examined records which related to the running of the service. We looked at three care plans and three staff files, staff training records and quality assurance documentation to support our findings. We looked at records that related to how the home was managed. We also 'pathway tracked' people living at Fairmount. This is when we look at care documentation in depth and obtain views on how people found living there. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at all areas of the service, including people's bedrooms, bathrooms, and lounge and dining area. During our inspection we spoke with three people who live at the service, six support staff, the registered manager, a team leader and an area operations manager.

Before our inspection we reviewed the information we held about the home, including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We considered information which had been shared with us by the local authority, members of the public, relatives and healthcare professionals. We reviewed notifications of incidents and safeguarding documentation that the provider had sent us since our last inspection. A notification is information about important events which the provider is required to tell us about by law.

Good

Is the service safe?

Our findings

People living at Fairmount were supported to remain safe and protected from avoidable harm.
Staff had a clear understanding of different types of abuse and knew what action they should take if they believed people were at risk. Risk assessments were updated regularly and, if appropriate, following an accident or incident. Staff told us when an incident occurred they informed senior staff who would report, where required, to the local safeguarding authority. Incident and accident forms had been completed thoroughly and carefully; they provided clear descriptors of actions taken at the time and the follow up actions implemented to reduce risk. The provider had established systems which ensured additional senior staff, other than the registered manager, had oversight of all accidents and incidents at the service. The home's staff initially rated the seriousness of each event however an area manager upon reviewing could escalate or deescalate. A member of senior staff told us, "Accidents and incidents are so often a significant source of learning; by understanding why an event has occurred you can look for ways to minimise risks."

Where people displayed behaviours that could challenge, staff were aware of potential anxieties and triggers. A staff member said, "By reading early signals and cues you can often step in and prevent issues." Another staff member said, "Some of our clients behaviours can change very quickly we do our best to manage this unpredictability. For example physical safety measures had been taken to reduce the risk of injury to a person who could choose to unexpectedly drop to the floor. People's support plans contained comprehensive risk assessments for a wide range of daily living, behavioural and health care needs. For example, seizures, aggression, choking, and falls. Risk assessments included clear measures to protect people such as the use of electronic technology fitted to a person's door to alert staff when they left their room.

Medicines were stored, administered, recorded and disposed of safely. People's medicines were stored in their rooms in locked, secure cabinets. There was clear advice on how to support people to take their medicines. Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain or agitated. PRN protocols were available to staff to support and guide them as to when it would be appropriate for them to be offered. One staff member said, "Before PRN is given for a behavioural concern we have to check with senior staff or 'on call' if out of hours." The temperature at which medicines were stored was checked and recorded daily. An up-to-date copy of sample staff signatures was available which provided clear accountability of which staff member administered medicines. People's creams and prescribed toothpastes were dated when opened to ensure expiry dates were monitored. People were supported to have their medicines routinely reviewed with the appropriate health care professional. We observed medicines being administered. Staff checked and double checked at each step of the administration process. We looked at a sample of medication administration records (MAR) and found them competently completed. Staff were knowledgeable about people's medicines and had information available to guide them. A senior staff member said, "Clients need to be on the right medication but making sure they are stopped when they don't need them anymore is also important."

There were enough skilled and experienced staff to ensure the safety of people who lived at the service.

People did not have to wait for support; staffing levels were sufficient to allow people to be assisted when needed. Staff were relaxed and unrushed and allowed people to move at their own pace. We saw staff giving people the time they needed throughout the inspection, for example when supporting people to board the services vehicle. All staff spoken with said that they felt the home was sufficiently staffed.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. A range of regular fire checks were completed and had been recorded; staff knew what action to take in the event of a fire. Health and safety checks were routinely undertaken and identified where actions were required to ensure a safe environment, such as clearing a patch of moss which had accumulated in the courtyard garden. Contracts had been established to safeguard equipment such as boilers and electrics. Maintenance and servicing of equipment such as fire alarm, portable appliance testing (PAT) had been routinely undertaken. Staff were clear on how to raise issues regarding maintenance. One member of staff told us, "Important things don't get left; if something is broken we report it and will get it sorted."

Risks related to emergency evacuation had been assessed and people had personal emergency evacuation plans (PEEP). Staff had been trained in fire safety and could identify their role within an emergency. The service had an 'emergency grab bag' available which contained information such as copies of people's PEEP for the emergency services, key contact numbers and copies of people's MAR. Records indicated that full 'mock evacuation' drills were routinely scheduled through the year. Contingency plans had been established should people be unable to return to the service in the event of an unplanned event.

Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and staff had undertaken Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Good

Is the service effective?

Our findings

People received effective care from staff who were appropriately trained and supported. The provider had ensured appropriate training; supervision and appraisals were up to date. All staff told us a key strength to the service was the established and stable staff team. One said, "Most staff have been working at the service along time and their knowledge and experience is impressive." Staff undertook training in areas such as safeguarding, health and safety and fire. Additional training was completed to enable staff to support specific needs of people living at the service. These included learning disability awareness, autism and mental health. Staff told us they felt confident supporting a person with their seizures due to the training they had undergone. A senior staff member told us the provider's management software package provided timely prompts which assisted in ensuring staff were kept up-to-date. Staff received regular supervision which was booked in advance; staff told us they were able to request extra supervision if they required further support. All staff spoke positively of the registered manager. A staff member told us "I am really well supported and never hesitate seeing the team leader or manager if I have a problem." A support worker had recently been promoted and records identified they had been provided with additional training to support them with this transition. For example they were not able to conduct supervision until they had completed this supervisory training. One staff member said, "Our training is mostly face to face which I find really helpful." The registered manager at Fairmount also delivered some training for the provider which staff told us was positive. One said, "The fact that they know all our clients so well means they can specifically tailor the training."

Staff understood the principles of the Mental Capacity Act (MCA) and gave us examples of how they would follow these in their daily care routines. Clear and comprehensive mental capacity assessments had been completed and these were regularly reviewed. Decisions taken in people's best interests in relation to daily living routines had a clear rationale; for more significant decisions such as health interventions evidence of a multidisciplinary approach were evident. Staff asked people for their consent and agreement to care. For example we heard staff say, "Are you ready to take your medication?" and, "Can I help freshen you up?" All care staff had attended MCA and Deprivation of Liberty Safeguards (DoLS) training, one told us, "What's key is to involve people as much as possible and always to consider the least restrictive options first."

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The registered manager had made referrals for three people that required DoLS with the appropriate managing authorities. Staff demonstrated they were clear on the limits of each individual DoLS application.

People were supported to maintain good health. Each person had a separate 'health care plan' folder which provided detailed information on people's individual health care history and support needs. It was evident a wide range of health care professionals were regularly involved to support people to maintain good health such as occupational therapists and physiotherapists. Routine appointments were scheduled with, podiatrists, opticians and dentists. On the day of our inspection one person was visited by a physiotherapist. Staff had requested they visit as clear guidance could be provided on how best to support a person whose mobility needs had recently changed. One staff member told us, "Knowing clients as well as we do we notice very quickly if something isn't quite right." One person who had a history of seizure had these recorded in a

diary within their health care plan. This captured specific information on each seizure such as 'what was the person doing prior'. This meant staff were tracking and recording information to better understand patterns and triggers. If an adjustment was made to a person's support in light of a change to their health a copy was placed in a staff 'read and sign' folder which staff checked when they came on to shift. For example a person's medicines had changed following a visit to their GP and the updated copy of their medicine care plan was available.

Meals were planned and alternated in line with people's choices and preferences. The kitchen was clean and organised and systems were in place to ensure regular checks such as food probe testing and fridge temperatures were recorded. People were supported to eat and drink a balanced and appetising diet. Staff sat at eye level and engaged positively and offered encouragement to people. Most people living at the service had been assessed as at risk of swallow difficulties and had clear guidelines from speech and language therapists (SALT). Staff were seen to follow these recommendations such as using specialist adapted plates. Where the SALT assessments identified people required observation due to difficulties regulating their eating pace staff supported people in a careful and respectful manner. Meals times were relaxed and calm and people sat in their preferred positions. Staff clearly communicated at handovers how people had eaten at meal times and whilst out of the service. People's body weight was routinely recorded; staff told us this was used as an indicator of potential changes in health and well-being.

Good

Is the service caring?

Our findings

People were supported by caring and friendly staff. There was a welcoming atmosphere in the service and people appeared happy and relaxed in their surroundings. Staffs interaction with people was kind and caring, however we identified on several occasions one staff member's choice of language and phraseology toward people did not always respect their dignity. We spoke to the registered manager regarding this observation who committed to immediately address this with the staff member.

It was evident staff had established strong bonds and had good rapport with people which was under pinned by their comprehensive understanding of people's needs. One staff member said, "To build the trust required to work well with clients you need to genuinely want to be here to support them; this is the best job I have ever had." Staff spoke about people with genuine affection and used a range of non-verbal strategies to engage with people who were unable to communicate verbally such as objects of reference. People were encouraged to engage with the general flow and daily routines of the service such as assist with laundry and meal preparation. The culture amongst staff was to put people's feelings and wants first. For example an agency support worker arrived for their shift and several staff separately acknowledged how nice it was they were working as they knew one person would be very pleased to see them back at the service.

Staff took time and were patient when explaining routine tasks or planned events for the day. Staff were proactive in ensuring people's privacy was respected. For example knocking on people's doors before entering and ensuring doors were closed whilst people were being supported with daily aspects of personal care. We saw multiple examples of staff protecting and promoting people's dignity within the service, such as by discreetly reminding and supporting people to use the toilet facilities. Care documentation acknowledged dignity remained important whilst people were out of the service. For example, for one person it clearly identified they should not 'hold their hand' unless there became a specific behavioural support need.

People's likes and preferences were clearly documented throughout care plans. For example, types of music, clothing and favourite foods. One person enjoyed a particular popular music group and staff ensured this was playing for them whilst they were getting ready in the morning. Another person enjoyed watching a specific sport and staff found that sport on the television coverage of the Olympics for them to watch. A section within people's care documentation identified what a 'good day' would look like for them and how they could appear on a 'bad day'. Staff told us this information was helpful when planning goals and activities with people.

Care documentation demonstrated clearly that staff made significant effort to involve people in the design and review of their support plans. Support plans contained a section which indicated how much involvement people had within a particular session, for example one stated, "X sat with me for a short time whilst plans developed, they dipped in and out of the session as they chose." Staff told us when routine larger reviews were planned a wider invite was extended to social care professionals and family and advocates.

Staff had a good understanding of the importance of confidentiality. Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's confidentiality. Staff were seen to ensure all support plans and documentation was return to a designated locked area once they have finished updating paperwork. Safeguards had been put in place by the provider to ensure the electronic software package had different levels of permissions to protect staff and people's confidential data.

Good

Is the service responsive?

Our findings

Several people living at Fairmount had been assessed as having high sensory needs. Appropriate guidance had been sought from specialist health care professionals to guide staff as how to meet these needs. We saw these people fulfilled their sensory needs, in part, by being very tactile with objects in specific communal locations. Steps had been taken to install sensory equipment in people's rooms and there were some activity equipment held in communal areas however there was no sensory area in a communal area. The registered manager told us this was something which had been previously considered but available space had been a limiter. Staff told us the people with higher sensory needs enjoyed being in communal areas. The registered manager committed to further explore the possibility of a dedicated sensory space within the home's communal area and we saw they had already established plans to create a sensory area in the service's garden.

People's care plans clearly identified assessed support needs and reflected individual preferences for all aspects of daily living. Care documentation contained a personal profile and where available family history. One staff member told us, "I find the support plans helpful, good reference when something has changed." Areas included in support plans included mobility, personal hygiene, choice, sleep and communication. Support plans provided clear detailed prompts for staff on all aspects of daily living, for example one stated that a person, 'likes their duvet tucked in tight both sides.' People living at the service had a range of communication difficulties; one person had created their own key word vocabulary. These words and phrases were accessible via their support plan and we heard staff using a range of these during the inspection. We saw staff using objects of reference to support people, for example staff used a specific object when encouraging a person to use the toilet. Support plans were reviewed monthly, followed by a more comprehensive six monthly review involving family and/or advocates, social workers and the person's facilitator. A facilitator is like a 'key worker', a named member of staff with additional responsibilities for making sure a person receives the care they need.

One person had recently returned from an extended stay in hospital. Whilst they were there the provider had ensured they were supported by staff 24 hours a day for the duration of their stay. The registered manager said, "Although logistically it caused some disruption to us all with arranging staff cover it made their stay in hospital so much more settled." A staff member said, "It was clear their visit was so less stressful having a familiar face with them, the hospital staff told us it was excellent our staff were there to support and help with communication."

People were supported to do the things they enjoyed and were important to them. People's participation in their individual interests, activities and education were well promoted by staff. One staff told us about a recent trip where they had supported a person to London to watch a theatre performance. "We all stayed overnight and it was a fantastic trip for them, they loved the music and the whole experience." We saw people's support plans contained personalised goals which covered a predefined time period. Two people enjoyed horse riding and their goals were focused around their involvement in this activity. Throughout our inspection we saw staff were proactive in encouraging people to leave the service and be involved in a range of outings. For example shopping trips and walks in the local area. One staff member said, "They enjoy being

out and about so that's what we will continue to do." The provider had a dedicated minibus for people living at Fairmount. All staff were able to drive the vehicle and we saw it was used regularly to transport people to different events and activities.

Staff had a good understanding of people's individual needs and said they were given time to ensure care documentation was up-to-date. All care staff were scheduled to work night shifts. This meant support staff were familiar with people's care needs and routines at all times of the day and night. We saw daily care records provided clear detailed descriptors of people's activities, moods and behaviours. Staff told us these were useful for reference if they had been off duty. Staff handovers between shifts were comprehensive and provided an opportunity for staff to make suggestions and ask questions and for duties to be allocated.

People, their relatives and stakeholders had been canvassed for their opinions to determine satisfaction levels with the service provided. We saw people were involved in making choices which impacted on the daily running of the service, for example planning meals.

The PIR identified a complaints policy was available to people within the home. People's support plans identified how and when staff had covered the key information contained within the policy to ensure accessibility. At the time of our inspection there were no open or recent complaints.

Good

Is the service well-led?

Our findings

Staff spoke highly of the registered manager; comments included they were approachable, calm, positive and knowledgeable. The registered manager was supported by an area operations manager who visited the service to complete quality assurance reviews on a wide range of areas such as people's finances and support and health care documentation. We saw these audits identified actions for the registered manager and staff to complete for example a person's support plan had been identified as requiring more person centred goals. This had been actioned and signed off once completed.

Overall maintenance of the building was the responsibility of the local authority. As part of this arrangement a detailed fire risk assessment had been completed. The assessment had made a time bound recommendation regarding the replacement of several internal door's intumescent strips. Although the predefined timescale had not passed the date set within the assessment, the provider was unable to rectify this identified shortfall sooner due to the facilities agreement it had with the local authority. The registered manager told us the local authority were aware these minor works required fixing but were beholden to the local authority maintenance team as to when this would be completed.

The provider had clear vision and values; these ran through the homes policies and procedures which staff had signed as read. The registered manager told us their one of the key strengths was the open and transparent culture within the service. We saw positive examples of this within incident reporting at the service, for example when there had been a medicine error. A staff member said, "Everything is out in the open, we support each other but if something doesn't go right, we find out why and how we will get it right next time."

Staff meetings were held regularly. These meetings provided an opportunity for staff to raise and discuss issues and for senior staff to remind colleagues about key operational issues. Meetings were held 'offsite' at the providers head office. Staff told us this was helpful, one said, "The meetings are formal and being away from the home allows you to focus and not get distracted." Staff told us they found these meetings useful and provided an opportunity to share ideas and provide each other with updates on individual people. Staff who were unable to attend were provided with minutes of these meetings. One staff member said, "Our communication here is really good, I feel fully involved." The provider was responsive to staff's comments for example more senior support workers known as team leaders had identified they did not feel part of a team. As a result additional team leader meetings had been established where this level of senior staff could meet to discuss their issues and set priorities. The provider also wider staff forums for areas such as health and safety, each service sent a staff representative to discuss key issues related to the area. We reviewed meeting minutes and noted clear action points and time scales had been set. Staff told us these forums provided them with the opportunity to be included in the running of the service.

The provider had additional quality assurance systems to monitor the running and effectiveness of the service. Areas which underwent checks included medicines, infection control and health and safety. Senior staff were clear on who was responsible for undertaking audits. These provided the registered manager were clear oversight of the service and prompted where requirements were necessary. Outcomes were

colour coded to provide a visual prompt for priority level. The provider operated an 'out of hours' spot check system where by senior staff would arrive unannounced to make checks on night staff. We saw that the findings from these audits were shared with the registered manager.

The registered manager told us they felt well supported by the provider and their direct line manager and that communication between themselves and the head office was effective. The registered manager said, "It is reassuring that support for a whole host of areas is at the end of the phone." They described the training and support events they had attended such as internal and external manager forums and workshops. Staff were positive about their roles, clear on their responsibilities and the lines of accountability. One staff member said, "I am responsible for my actions but knowing there is such a strong team gives me that feeling of extra security."