Fairmont Residential Limited

# Fairmont Residential Limited

**Inspection report**

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Date of inspection visit: 24 March 2015
Date of publication: 27/05/2015

## 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 |

## Overall summary

We inspected this service on 24 March 2015. This was an unannounced inspection. Our last inspection took place in July 2014 and at that time we found the home was meeting the regulations we looked at.

This service is registered to provide accommodation with personal care for up to seven people who require care and support due to severe learning disabilities and associated autistic spectrum disorder. At the time of our inspection this was an all male facility and seven people were using the service.

The service had a registered manager. 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.

People's safety risks were recognised, managed and reviewed and the staff understood how to keep people

# Summary of findings

safe. There were sufficient numbers of suitable staff to meet people's needs and keep people safe. Staff received regular training that provided them with the knowledge and skills to meet people's needs.

People's medicines were managed safely, which meant people received the medicines in the way they preferred and when they needed them.

People who used the service were unable to make certain specific decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed.

People were supported with their daily diet and nutritional requirements. Where concerns were identified support and guidance from health care professionals was sought. People were supported to access external health care services when it was required to ensure their health and wellbeing needs were met.

People were supported to make choices about their care and daily lives; staff respected the choices people made.

Staff understood and had a good knowledge of people's communication styles and behaviours and they knew how to respond to these behaviours to reduce the risk of people coming to harm.

Care was planned and personalised. People were involved in the assessment and review of their care. Discussions with staff, observations and records demonstrated that people using the service were at the centre of the care being delivered.

Staff supported and encouraged people to access the community and maintain relationships with their families and friends.

Staff analysed people's responses and behaviours to identify if they were happy with their care. If people showed they were unhappy, staff took action to make improvements to their care and well-being.

There was a progressive and lively atmosphere within the home, the registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained.

# Summary of findings

## 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 safe. People's individual levels of risk were assessed and reviewed and staff understood how to keep people safe.

Sufficient staff were available to support people safely and to meet their needs. People's medication was handled safely and securely, people had the medication in the way they preferred.

Good

**Is the service effective?**
The service was effective. People received good care and support because staff received suitable training. Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

People required support to enable them make decisions about their life, the provider acted in accordance with current legislation to ensure all decisions were made in the person's best interest.

Good

**Is the service caring?**
The service was caring. Staff were knowledgeable about the people they cared for and spoke about them in a respectful manner. Staff were kind and caring in their approach to people, people's privacy and dignity was respected.

Good

**Is the service responsive?**
The service was responsive. Innovative techniques were used that ensured care was delivered in accordance with people's preferences and needs.

People had comprehensive care plans that outlined people's needs in detail including people's likes and dislikes.

Good

**Is the service well-led?**
The service was well led. The registered manager and provider demonstrated they provided high quality care and people were at the heart of the service.

Effective systems were in place to regularly assess and monitor and improve the quality of care.

Good

# Fairmont Residential Limited

**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 inspection took place on 24 March 2015 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. The provider had completed a Provider Information Return (PIR) prior to the inspection. 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. We used this information to formulate our inspection plan.

People were unable to give us detailed information about their experiences of care. So we spent time observing care in communal areas and saw how the staff interacted with people who used the service.

We spoke with two relatives and a social care professional. We also spoke with the registered manager, the director of the service, two deputy managers, the clinical lead, and four care support workers. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at three people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, staff records and satisfaction questionnaires. These records helped us understand how the provider responded and acted on issues that related to the care and welfare of people and how the provider monitored the quality of the service.

Good

# Is the service safe?

## Our findings

Staff were very well-informed and knowledgeable about people's individual levels of risk and how to support people safely. We saw that the furniture in a communal area had been re arranged and adapted to support people with their safety. One member of staff told us: "We are continually reviewing the way we support people with their safety whilst maintaining their level of independence. We change working practices to support people with their changing needs. People had risk management plans in place. These had all been rated according to the level of risk identified. For example high risk levels were recorded in red with lower levels of risk recorded in green. In addition there were relevant action plans about how to mitigate these risks. Information recorded in the risk assessments, the conversations we had with staff and our observations all corresponded.

Staff confirmed they had received training in safeguarding and abuse awareness and were able to confidently tell us how they would recognise and report abuse. Procedures were in place that ensured concerns about people's safety were appropriately reported to the most senior person at the time, registered manager, and local safeguarding team. We saw that these procedures were effectively followed when required.

People had been individually assessed for their required staffing needs. People needed two to one staff support during the day with reduced levels of support at night. Relatives we spoke with all stated that with the two to one support provided they felt their relatives were safe and secure. Staff told us there was flexibility in the support people required and was dependent on the activity at the time. For example, some people were at high risk of self-harm and at times they liked to spend time alone. Staff told us they respected the person's need for time alone but they always made sure they were in 'earshot' if not in the line of sight. We saw that one person indicated they wanted time alone; staff responded to this request but were in the close vicinity to support the person should it have been needed. We saw that there were sufficient staff available to meet people's needs. We checked rosters and spoke with staff who confirmed that there were enough staff to meet people's needs safely.

People were supported to be as independent as they could be because the staff had a progressive approach to risk. A relative told us: "My son is progressing really well he has come on in leaps and bounds and doing lots of things that he previously didn't". One member of staff told us: "It's important that staff ensure that each day is meaningful to people here. If something doesn't work then we look at what we are doing and what we can do differently". The registered manager, deputies and provider monitored incidents to identify patterns and themes when people experienced and displayed periods of unease. From this information they were able to amend or adapt staff working practices to ensure the safety of people whilst recognising their everyday life choices.

All people had a medication support plan, which recorded people's preferences with medication. For example one person refused to take liquid medication so staff ensured that all medication was prescribed in tablet or capsule form. Medication was administered to people by the staff and a record was made each time medication was offered. Systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them. People's medication was stored in locked cabinets within the person's bedroom.

Good

# Is the service effective?

## Our findings

Staff told us they had received suitable training to give them the skills they needed to provide care and support. One staff member told us they had received training in autism and epilepsy and the training gave them a greater understanding of the needs of people who used the service. We saw staff were competent and knowledgeable when interacting and supporting people throughout the day.

Staff told us that sometimes, people presented with behaviours that challenged, which often required skilled interventions from staff. A clinical lead at the service told us of the very individual triggers to the behaviours and the unique solutions with supporting people through these challenging times. For example, offering people objects and items which had been found to help people when they felt anxious. Staff had worked very closely with people who used the service to identify when and how people would react in different circumstances. We were told by the clinical lead and staff that that the incidences of people self-harming had dramatically reduced. They said: "People like to think out of the box but here we like to think inside the box so we are able to obtain a unique insight of how people who use the service are feeling". We saw that the least restrictive techniques were used to support people when they presented with behaviours that challenged.

Staff told us they had received training in managing aggression and that further updates were planned. One staff member told us they had received training to a high level and was now training to be an emergency responder. Emergency responders were a team of staff who were highly trained in managing challenging behaviour, they were on an 'on call rota' and available to provide support at all times. They went on to say: "We need to be aware of how the person is feeling at all times. We don't hold people tightly, and only until the situation has relaxed, we can 'feel' when people are less tense and starting to relax". Records were completed following each intervention and recorded the type of hold used, the length of time and the person's reactions and wellbeing. Staff told us that they had a de-brief after each incident with gave them the time to review the situation. The registered manager told us that all incident forms were analysed and action was taken to identify the triggers that had caused the person to feel uneasy.

People who used the service had complex needs and required support to enable them to make decisions that mattered to them. Records showed that people's capacity had been assessed in regards to making specific decisions about their daily lifestyles. Where people were unable to verbally communicate this included information about what body languages, signs and expressions people used to make their needs known. Best interest meetings were held with various agencies when people were unable to make important specific decisions regarding their care and treatment. The manager told us they were aware of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty safeguards (DoLs). The MCA provides a statutory framework for people who lack capacity to make decisions for themselves.

People who used the service were at risk of harm and for their safety, at times their liberty and freedom was restricted. The registered manager explained that DoLs referrals had been sent to the local authority for authorisation. The DoLs protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. One person had a DoLs authorisation in place and we saw that the instructions for the restrictions were adhered to. Staff told us of the restriction and how they provided care and support to the person in the least restrictive way. The correct guidance had been followed to ensure this restriction was lawful and in the person's best interests.

People were supported to choose the food they wished to have by the use of pictures and word communication. Staff told us the menu was agreed for a four week period and people were involved in choosing the options. One person preferred to eat alone; staff were vigilant to facilitate this request. Some people were at risk of not eating or drinking sufficiently. Risk assessments had been completed with instructions for monitoring their nutritional intake each day. Each person who used the service had daily food and fluid charts. We saw these charts had been completed to ensure that people were eating and drinking adequate amounts to meet their needs. The kitchens within the home were well equipped and staff told us that some people were supported to help prepare their meals. We saw that when people required support in maintaining a balanced diet, referrals to dieticians and speech and language therapists were made. Staff had clear guidance and knew how to meet people's individual dietary needs.

Good

# Is the service effective?

People who used the service had limited verbal communication and as such were unable to tell staff verbally how they were feeling. A relative told us: “My son is prone to infections, staff are on top of noticing when my son is not feeling well and they can get the care he needs quickly”. Staff told us they were able to identify how a person was feeling by observation of their body language and facial expressions. Each person had a health action plan file. This contained information regarding people’s health care needs. For example, visits to and from the doctor, appointments to the ‘well man’ clinics, dentists and hospital visits. Well man clinics offer a range of tests and health checks for men. Individual arrangements were made for sufficient staff to support people with their healthcare when levels of anxiety may be high. Staff told us of an occasion when they supported a person to access other health care services when concerns with their physical health had been identified.

Good

# Is the service caring?

## Our findings

One person responded by smiling when we said hello and asked how they were. Relatives we spoke with told us they felt the staff cared well for their relatives. One relative commented: "It is very reassuring to know that the staff care for my son as much as I do. It was hard at first but we know that we can rely on the staff to provide the care and support my son needs".

We observed positive relationships had been developed and people were comfortable in each other's presence. Staff were aware of the individual needs of people and we saw staff supported people with their daily lives in a meaningful way and with dignity and respect. People's privacy and preference was respected when they indicated they wished to have some private time. Staff took action to ensure they were safe during these times alone.

Each person was allocated a co-worker. A co-worker told us this role gave them the added opportunity to work more closely with people and to 'really get to know them'. They said: "People are much better with staff they know and are familiar with". A relative told us that their son's co-worker was 'absolutely brilliant' and had worked very closely with their son to gain an in-depth knowledge of his pattern of behaviour and what different mannerisms, gestures and movements meant. This depth of knowledge meant that staff were quick to identify and respond to behaviours that may be risky for the person and others. We saw this person in the presence of their co-worker, smiled and gestured with a 'thumbs up' that they were pleased to see them.

Staff told us they knew how people were feeling by the behaviours they displayed. They knew when people were happy and the actions they could take to prevent people from becoming sad. People's support plans were person centred and corresponded with the information staff had relayed to us. People were able to be involved with planning their care and support by the use of pictorial prompts; they made their needs known by selecting the pictures that related to the topic being discussed. Relatives said they were kept involved and staff were always available to speak with them if they felt it necessary to do so.

People were supported to maintain links with their family and friends. A relative told us they visited the service on a regular basis, they said: "Whenever we visit my son always looks immaculate, clean and well cared for. His appearance was always very important to us and we are so pleased that staff support him to maintain his hygiene and appearance". Another relative told us that their son's preference was to meet with them outside of the service and because they lived quite a distance from the home, they met 'half way'. They told us: "This arrangement works very well and it is what my son prefers".

Good

# Is the service responsive?

## Our findings

People's care records contained information about their individual likes, dislikes and care preferences. People could not confirm that they had been involved in the care planning process, but we saw that care plans contained pictorial prompts to help people understand their care.

Some people had limited or non-verbal communication and to support them with daily living, making choices and options staff told us they utilised the word and picture exchange communication system. The Picture Exchange Communication System, (PECS), is a system for adults who have a wide range of communicative, cognitive and physical disabilities and is a means of communicating non-verbally. Words and pictures are used to support people to express preferences. We saw the PECS was adapted to meet the needs of individuals and used at varying times during the day.

People's activity plan was structured around their daily choices. Staff told us people had set routines and patterns each day that provided them with the structure they required. However, the daily routines were sufficiently flexible to support people with activities should they wish to change from the planned activities. For example, one person decided that they did not want to participate in an activity but wanted to do something else. We saw that staff supported them with this and adjusted the planned activity schedule to meet the changing needs of the person. People were in a variety of activity, some people were attending to household chores with staff support, others were out in the community and others were preparing to go out.

People's preferences were considered when staffing rotas were planned. At a recent care plan review one person expressed that they preferred to be supported by male care workers. Staff confirmed that this occurred where possible. We saw that the service employed both male and female carers to support people with their preferences.

We saw that people regularly accessed the community. Risk assessments and individual arrangements were clearly set out to reduce people's levels of anxiety and to ensure the activity was enjoyable. A relative told us that their son 'really enjoys going out' and he was regularly supported to do so.

Regular reviews and meetings were held with people where they were asked if they had any concerns or complaints. To support people with communicating their needs and feelings information was in pictorial form. This directed people to indicate whether they felt happy or sad. A relative said: "If I have any issues I will bring it to the attention of the manager and they deal with it". The registered manager told us they and the provider dealt with any complaints received. The complaints were logged, contact made with the complainant and any action needed for resolution were recorded.

Good

# Is the service well-led?

## Our findings

There was a lively and positive atmosphere at the home. People were interacting and smiling with the staff. The staff were busy supporting people in a friendly and professional way; they told us they enjoyed working at the service. Two of four staff members we spoke with told us they had been working at the service for a considerable period of time. One staff told us: "There has been a recent turnover of staff but we have all pulled together to ensure people remain safe and happy. I love working here, the people are great, the management are very approachable and listen". Another member of staff commented: "I have a good rapport with the managers, if the clinical lead doesn't know the answers to our questions she will find out and tell us. They are all very supportive".

Two relatives we spoke with both confirmed their satisfaction with the management of the service. One person said: "The home is pretty well managed I have no concerns". The other person commented: "I can rely on the management, I have no concerns and if I did I can speak with the registered manager or one of the deputies".

People, family members and advocates were asked for feedback about the management and running of the service. The returned responses were analysed and a report produced. Comments included - 'The quality of person centred care planning is excellent, people lead full and meaningful lives'. 'The culture within Fairmont is caring, realistic and sympathetic. Leadership throughout the management team is cohesive and effective'. The results of survey were positive and no action was required in response to the feedback.

The management team had areas of responsibility and completed checks and audits of their areas at regular intervals. The registered manager and provider also assessed and monitored the quality to ensure the effectiveness of the audits by the management team. Reports were produced for the general overview of the service each month. Where issues were raised action was taken to make improvements, for example the recent turnover of staff and the recruitment of new personnel. Staff told us that they were currently interviewing people for various positions within this service.

The completed provider information return (PIR) logged the registered manager and provider's plans to continually improve the service. We saw that many of the actions in the PIR had already been completed. For example the management team has been expanded and now included deputy managers and senior care support workers. Staff told us they were being supported with additional training in relation to these new roles.