

# Green Light PBS Limited Fairfield House

## Inspection report

Bridge, Portreath, Redruth  
Cornwall, TR16 4QG  
Tel: 01209 200544  
Website: [www.switchedoncare.com](http://www.switchedoncare.com)

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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** 

### Overall summary

This was an unannounced inspection, carried out on 14 August 2015. There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. Fairfield House provides accommodation for up to four people with complex needs. The service uses a large detached house with extensive outside space. There was one person living at the service at the time of our inspection as well as an additional eight people who used the service for differing short periods of time for respite.

Due to people's communication needs we were unable to gain some people's views on the service and therefore we carried out observations of staff interactions with three people who lived there. We saw that people were relaxed, engaged in their own choice of activities and appeared to be happy and well supported by the service. One person told us they were happy and felt safe living at Fairfield House. Comments included; "I am happy here."

We walked around the service and saw it was comfortable and personalised to reflect people's individual tastes. People were treated with kindness, compassion and respect. Staff demonstrated they had an excellent knowledge of the people they supported and

# Summary of findings

were able to appropriately support people without limiting their independence. Staff consistently spent time speaking with the people they were supporting. We saw many positive interactions and people enjoyed talking to and interacting with staff. One staff member said, “I love working with [persons’ name]. I love supporting [person’s name] independence and getting out and doing what [person’s name] wants to do”. Staff were trained and competent to provide the support individuals required.

Staff were well supported through a system of induction and training. Staff told us the training was thorough and gave them confidence to carry out their role effectively. The staff team were supportive of each other and worked together to support people. Staffing levels met the present care needs of the people that lived at the service.

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.

People had a choice of meals, snacks and drinks chosen by themselves, which we saw they enjoyed. People had been included in planning their own menus and their feedback about the meals in the service had been listened to and acted on. Some people were actively involved in meal preparation.

Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors privately if they wanted to. Relatives of people who used the service commented, “It’s an absolutely brilliant service. We can always ring and there is lots of email contact. We are always welcomed at Fairfield”.

People knew how to complain and we saw people had regular opportunities to discuss how they felt about the service. Each person had a key-worker who checked regularly if people were happy or wanted to raise any concerns. One relative told us, “We have no concerns. The most basic need is [person’s name] happiness and we’d know straightaway if they weren’t happy”. Another relative said, “We are happy with the service. Issues are resolved quickly”.

From discussions with relatives and documents we looked at, we saw that families were included in planning and agreeing to the care provided at the service. People had individual support plans, detailing the support they needed and how they wanted this to be provided. Staff reviewed plans at least monthly with input from the person who was supported.

Staff demonstrated they knew the people they were supporting, the choices they had made about their support and how they wished to live their lives. For example, staff told us about one person they supported who loved swimming and how the service had made specific arrangements to enable this person to do this activity in a low-stimulus environment.

We saw evidence that comprehensive quality assurance processes were regularly undertaken to ensure the service was aware of people’s views of the service and could monitor auditing processes at the service. This ensured an open service culture that is both open to challenge and is learning from any issues affecting the quality of the service as they arise.

# 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.

Systems for the administration and recording of medicines helped to protect people from risk.

Staff were confident they could keep people safe whilst supporting them to take day to day risks.

Staffing levels met the present care needs of the people that lived at the service.

There were appropriate systems in place to deal with incidents and accidents.

Good



### Is the service effective?

The service was effective.

The service was providing staff with effective support both through, clear management roles, and supervision and appraisal in line with its own organisational policy. This meant people were cared for by staff with up to date information and knowledge.

The service met the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards. This helped to ensure people's rights were respected

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

Good



### Is the service caring?

The service was caring.

Support was person centred for each person who lived at Fairfield House. Particular attention was paid during recruitment and induction to finding the best match between new staff and the person they would support. This process resulted in strong relationships between staff and the people they supported.

People who lived at the service had comprehensive care and support plans which were up to date and reflected the daily lives of the people they were about. This ensured staff were aware of the needs of the people they supported.

Good



### Is the service responsive?

The service was responsive.

Concerns and complaints were consistently recorded and there were audits in place to monitor outcomes for people and trends.

People were supported to receive prompt and appropriate healthcare as required.

The service provided an extensive range of personalised activities for people to participate in.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

There was an open and relaxed atmosphere at the service. The culture of the service was transparent, clear and positive about supporting people to achieve the goals they set for themselves.

The staff team were very positive about how they were supported by the registered manager and the organisation generally.

There was a robust system of quality assurance checks in place. People and their relatives were regularly consulted about how the service was run.

# Fairfield House

## 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 14 August 2015 and was unannounced. The inspection was carried out by one inspector.

We requested and were provided with a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before

the inspection we reviewed information held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spent time with three people who lived at Fairfield House and spoke with one person who expressed their views of spending time at the service, we also received feedback from four relatives and four external professionals who had experience of the service. We looked around the premises and observed care practices on the day of our visit.

We also spoke with two support staff, the registered manager and deputy manager as well as the nominated individual for the service. We looked at two records relating to the care of individuals, two staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe at the service. Relatives told us they were happy with the care and support their family member received and believed it was a safe environment. One commented, “They keep me well informed with telephone calls, emails and always write a comprehensive report in [person’s name] weekend book. I am very satisfied with Fairfield and I trust that [person’s name] is safe when in the care of staff there”. The atmosphere was friendly and inclusive. People who used the service had their own room; two of the rooms were used as respite accommodation and people were encouraged to bring their personal effects with them to make them feel at home during their stay.

We looked at the arrangements for the management of people’s medicines. Medicines were stored securely in a locked cupboard. The Controlled Drugs (CD) requirements were being adhered to although there were no controlled drugs in use at the time of inspection. Recording requirements demonstrated both medicines room and medicine storage temperatures were consistently monitored. This ensured medicines were stored correctly and were safe and effective for the people they were prescribed for.

We observed one person being supported with their medicine during the inspection. Support provided was on a one to one basis, staff ensured the person knew what medicine they were taking and why. The person took the medicine themselves once it was dispensed into a container. Appropriate records were completed immediately following administration of medicines. Medicines records were accurately recorded. Any changes to people’s medicines were clearly recorded on charts.

Staff told us, and documentation evidenced, that staff had received updated medicines training. Staff demonstrated a sound knowledge of the service policy and procedure for managing medicines. The registered manager carried out medicine administration checks weekly and a comprehensive monthly medicines audit was in place to ensure safe practices were followed.

Staff said people were supported in a way that kept people safe. They said they would challenge their colleagues if they observed any poor practice and would also report their concerns to a senior person in the home. The service’s

safeguarding and whistle blowing policies were readily available to staff in the office. The policies were comprehensive and up to date. This meant staff were able to access relevant and recent information regarding safeguarding processes easily and quickly. Staff had received updated safeguarding training. Staff accurately described the correct sequence of actions to take and outlined the different types of abuse. Staff said they would have no hesitation in reporting abuse and were confident management would act on their concerns.

The registered person had introduced a clear procedure for making appropriate alerts regarding people’s safety to the local authority, if required. We followed the procedures for a safeguarding alert made for one person. We saw the service had been diligent in ensuring appropriate referrals to multi-disciplinary agencies were made, strategy meetings were attended and risk assessments for the person were updated to ensure appropriate support was in place.

There was a system in place to record accidents and incidents. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

People’s care records contained appropriate individualised risk assessments which were reviewed regularly and covered a wide range of areas. The risk assessment identified when and where the risk was higher and what actions could be taken to reduce the risk. Risk assessments were detailed and gave staff clear direction about what action to take to minimise risks. Assessments documented where alternative options had been considered and benefits and risks of actions were balanced against each other. This meant that people could take informed risks. For example, one person exhibited behaviour that challenged the service in particular public situations, which could impact on themselves and others. Staff had a behavioural support plan in place for the person. This supported the person to be independent and access the local community safely because the staff knew the person’s potential risks, triggers for behaviour and de-escalation methods that supported the person, and responded appropriately.

The service had environmental risk assessments in place for risks such as fire and electricity and these were assessed on an individual basis. It was noted during the inspection that two people were staying in first floor rooms

## Is the service safe?

with large sash windows without any form of window restrictor on them. No risk assessment had been conducted for this. The registered manager recognised the potential falls risk to the people who stayed in the rooms. We received confirmation soon after the inspection that risk assessments had been conducted and a decision had been made to fit window restrictors.

Care and support was adequately planned and reviewed. Routine reviews of people's risk assessments were taking place. Reviews took place when required if there was a change to a person's support plan or on a monthly basis.

Staff told us staffing levels were appropriate to support people who used the service and keep people safe. Staff commented, "We have a good staff team here and there are enough staff available to cover the rota". Relatives told us they felt there were enough staff to meet people's needs.

One person said, "I have always found the staff really friendly and helpful, always open to ideas and suggestion from me regarding [person's name] care". Staff were not rushed, were focused and spent time on an individual basis with people. There was a mix of staff skills and experience on each shift. Support staff who had been employed for longer periods worked together with staff that had joined the service more recently.

We looked at how the service recruited new staff. We saw safe recruitment practices were followed and there were detailed records for interviews, references and Disclosure and Barring Service (DBS) checks. The DBS holds records of those that should not work with vulnerable adults and enables organisations in the public, private and voluntary sectors to make safer recruitment decisions.

# Is the service effective?

## Our findings

The service assessed each person's needs before they used Fairfield House to ensure it would meet their needs and keep them safe. We looked at some of these assessments and saw they were detailed and provided a comprehensive report of the needs of each person. Management at Fairfield House told us, "We always conduct a thorough assessment for people before they move to the service. We work closely with each person and their family to ensure services are bespoke and person specific. Care is taken to ensure staff are selected for each person to ensure shared values and attributes as much as possible". Staff were chosen to work with each individual based on a 'fit' between them and the person they supported. For example, eight people came to Fairfield House on short stay respite breaks of various durations which enabled them to spend time taking part in active pursuits such as swimming and outdoor adventure sports. A relation of one person who received support from Fairfield House commented, "[person's name] has a very busy time when he's at Fairfield and has really clicked well with his support workers. He loves it so much he wants to come more often".

There was a mix of staff skills and experience on each shift. Support staff who had been employed for longer periods worked together with staff that had joined the service more recently. The service supported staff on induction and ensured newer staff had an extended period of shadowing more experienced staff until they were comfortable and competent in their role.

Staff told us the level of training and support provided was 'excellent'. New staff completed a thorough two week induction process in a classroom setting. Training covered understanding autism, safeguarding vulnerable adults, understanding and working with the Mental Capacity Act and associated Deprivation of Liberty Safeguards as well as other core training areas such as food safety and infection control. Once new staff had started working at the service they had a full service induction and a period of shadow shifts to ensure they were competent in their role.

New employees who were new to working in a caring role were supported to undertake the Care Certificate within the first 12 weeks of employment. Once successfully completed staff were encouraged and supported to enrol at a local college to undertake further Diploma level qualifications in Health and Social Care.

Staff attended regular meetings (called supervision) with their manager where they discussed how they provided support to help ensure they met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. The manager also held an annual appraisal to review their work performance over the year. Supervisions covered training needs, individual professional targets for the staff member, any concerns regarding working practices or individuals using the service and ideas for progressing the individual development of people using the service. Staff told us supervisions were useful for their personal development as well as helping ensure they were up to date with current working practices. This showed staff had the training and support they required to help ensure they were able to meet people's needs.

Staff were knowledgeable about the care people required and the things that were important to people in their lives. The service placed a particular emphasis on being familiar with all aspects of the lives of the people they supported. Staff accessed support plans and other relevant documentation using a computer based system which was only accessed after appropriate permissions had been given by senior management. Staff were able to describe how different individuals liked to spend their time and we saw people had their wishes respected. People and their relatives confirmed staff knew the support people needed and their preferences about their care. A relative described the staff team as, "competent and well trained, when a new member of staff comes, I can tell they have done their homework and have a good knowledge of [person's name] and his needs". During the inspection we saw one person was supported to attend football with their support worker. This was something they both loved to do and it was clear the person was excited to be able to spend time doing this.

People were supported to maintain good health, have access to healthcare services and received ongoing healthcare support. People saw their GP when they needed to and this was documented in records. Medical professionals told us they had no concerns about the care and support they saw at the service and appropriate healthcare referrals were made.

People were supported to eat and drink enough and maintain a balanced diet. People who were prepared



## Is the service effective?

specialist meals when necessary, such as gluten free alternatives. Menu planning was done in a way which combined healthy eating with the choices people made about their food.

We discussed the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS) with the management team. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The manager was aware of changes to the legislation following a court ruling in 2014. This ruling widened the criteria for where someone may be considered to be deprived of their liberty. Mental

capacity assessments and 'best interest' meetings had taken place when decisions needed to be taken on behalf of someone who was deemed to lack capacity to make the decisions themselves. We saw that applications for Deprivation of Liberty Safeguards authorisations had subsequently been made. Management were familiar with, and were able to carry out, their responsibilities under the Mental Capacity Act 2005 legislation.

Staff demonstrated an understanding of the importance of upholding people's human rights including the right to make decisions for themselves. People were asked for their consent to the support being offered. People said staff always offered suggestions and made sure people were happy before undertaking any support actions.

The design, layout and decoration of the premises met people's individual needs. For example,

Each person had their own separate living areas and this allowed them to personalise their own space as much or as little as they were comfortable with.

# Is the service caring?

## Our findings

There was a relaxed and friendly atmosphere at the service. We saw people felt at ease to move about freely and engage in a relaxed but confident way with staff. Each person has their own support worker(s) and appeared happy going about their daily activities with support that suited their needs.

People made many positive comments about the care provided at the service. One person told us, "It's good living here. I get on well with the staff". None of the people who lived at the service or the staff we spoke with raised any concerns about the quality of the care.

People who lived at Fairfield House were treated with great care and dignity. They lived as independently as possible with the support of highly focused, well trained staff. We saw many positive interactions between staff and people which were respectful, warm and encouraging of people's autonomy. A relative of a person who stayed at the service provided an example of how well Fairfield understood and met the needs of her relative. We were told, "They are always open to new ideas and suggestions, and, in fact come up with great ideas themselves. For example, they have got [persons' name] doing 'jobs for tokens', which involved [persons' name] signing a contract, cleaning cars for tokens, shopping for a relative, including ringing up for the list. [persons' name] does his jobs a few days a week, collects the tokens and gives them to me on a Wednesday evening. I then put wages in a proper wage envelope which X then has on a Thursday. I can't tell you how this has benefited [persons' name], great for [persons' name] self-esteem, gives [persons' name] something in common with mates who come for tea and they can be heard all discussing their jobs and how tired they all are...just lovely... the sense of purpose and achievement have done wonders for [persons' name] confidence".

Throughout our inspection staff gave people the time they needed to communicate their wishes.

People told us that the staff employed at the service knew the support they needed and provided this as they required. People were treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when providing support to people. All the staff took the time to speak with people as they supported them. We observed many positive interactions which supported people's

wellbeing. Throughout our inspection we saw that the staff in the service protected people's privacy. They knocked on the doors to private areas before entering and requested people's consent to enter their personal living space.

Relatives and external professionals such as doctors and social workers were positive about the level of care offered to people. Relatives were positive about the standard of care they felt their relatives received from the service. Comments included, "Service is brilliant. The staff are friendly and you can talk to them about anything", I feel really confident that my (relative) has a good quality of life here."

We looked at people's support plans. Plans were clear, detailed and written entirely from the perspective of the person they were about. It was noticeable that there were no limits to the expectations of what people who lived at Fairfield House could achieve. People were encouraged to attend college, choose exciting holidays and live busy active lives like any other young person their age.

The service supported people to express their views and be actively involved in making decisions about their care and support. People at Fairfield House had small core teams of support staff as well as a key worker, who was responsible for ensuring their support plan was updated and kept current. People had an opportunity to complete, with support, a quality feedback form each month to check they were happy with different aspects of service provision such as activities and food choices. We saw those that needed it used Picture Exchange Communication System (PECS) boards to communicate their needs to staff. Staff were trained and supported to understand the communication patterns for each person and to use these. Relatives of people who lived at the service told us, "All the staff communicate really well, and we consider the service to be both safe and extremely caring and consistent in approach".

People and their relatives told us they were actively aware of, and were supported to, have access to advocacy services that are able to speak up on their behalf. We looked at the minutes from best interest meetings for one person and saw advocacy support had been used.

Support plans had recorded end of life care planning clearly. People and/or their relatives had recorded their preferences and choices about their end of life care. There were clear policies and guidance about how to make

## Is the service caring?

advance decisions to refuse treatment or appoint someone with lasting powers of attorney to support people if they chose to do so. People told us they were adequately supported to make important decision about their lives if they required it. We saw the service had put together comprehensive, picture led support plans and information

for people about their lives at Fairfield House. Each person's plan was full of personalised photographs, making the plan very clear about the person's wishes. It was then laminated and given to the person so they could be familiar with it.

# Is the service responsive?

## Our findings

The service had a policy and procedure in place for dealing with complaints. People told us they were aware of how to make a complaint and would feel comfortable doing so. One person commented, “I am happy to speak to the manager if I have any complaints and I have done so in the past.” We spoke with the manager about the complaints procedure and were reassured the service took complaints seriously and acted promptly to address concerns.

We found people were assured of consistent, co-ordinated and person-centred care when they moved between services. For example, relatives of a person currently transitioning from respite to permanent support told us how supportive the Fairfield team had been in ensuring the move was well planned and as easy as possible for the individual. The person had been staying at the service more frequently and for longer periods, helping them to become familiar and comfortable with the new routines of living away from home. This meant care was properly planned in a way that met the person’s individual preferences and needs.

We saw that routine care planning reviews took place consistently. Records demonstrated that people and their relatives did routinely discuss their support plans. Each person or a family representative had signed their support plans to indicate they were aware and gave consent to their support. Care records contained comprehensive information about each person’s health and social care needs. Plans were individualised and relevant to the person.

There were many individualised activities available for people to take part in if they chose. For example, one person enjoyed swimming and football. People were encouraged to go into the community as much as possible and take advantage of eating out and attending community activities. People were encouraged to take holidays and were supported to budget their finances in order to do this.

The service used the regular resident meetings as a way of learning from people’s experiences and concerns. This feedback resulted in improvements to the quality of the service. For example, people reported that they enjoyed going out on trips into the local community. As a result staff made sure the service was kept informed of activities, such as craft fairs, that were going on in the community and then made taking part in these available to people. People told us they could express their views about what was important to them and about their health and wellbeing. People said they normally communicated this by talking to staff rather than by any formalised, written process. One person told us, “I would tell them if I wasn’t happy”.

Relatives of people who used the service told us they were kept informed of changes to people’s needs and said they found the staff “excellent at communicating”. Relatives told us they often spoke to representatives of the service. Any request for information or clarification was always met openly and encouraged because the service was keen to ensure relatives were involved and felt part of the service at Fairfield. If a situation arose where a person made it clear they did not want their information shared this would be handled sensitively and with the consent of the individual as the most important factor.

# Is the service well-led?

## Our findings

Greenlight, the organisation which runs Fairfield House have a number of management layers which support the service. As well as a Registered Manager, who has day to day management responsibility for the service, there is also an Operations Manager. This role provides background support and acts as a link between the service manager and administrative staff supporting the service. In addition each Greenlight service is strategically managed by the Managing Director, Jo Pyrah, who is trained in Operational Leadership and Management as well as Positive Behavioural Support. Both additional layers of management make regular visits to each Greenlight service to ensure appropriate support for services.

The culture of the service was one of transparency and openness. Management and staff were professional and friendly. People told us they were happy living at the service and had no complaints or concerns about staff. One relative said, “The manager at Fairfield and his amazing team run the service to a very high standard; he is well organised and approachable, and brings a great sense of fun to his care of [person’s name]. All the staff respond well to [persons’ name] sense of humour and [person’s name] loves going out and spending time with them all, especially (registered manager) and (key worker), with whom [person’s name] has a fantastic relationship”. Professionals who spent time at the service told us, “There is a warm atmosphere at Fairfield. People do genuinely seem happy there.”

The registered manager told us, “As an organisation we pride ourselves on transparency and we share and discuss any events that take place as a staff group. I feel it is important to be open about our vision for the service and of the importance of the involvement of the residents”.

Management recognised how important it was to have a competent skilled staff group. New staff were provided with a range of training, much of it classroom based as well as computer based e-learning. The service had embraced the requirements of the new Care Certificate and encouraged staff to professionally develop themselves within their career.

The registered manager said, “We have an organisational overview to keep track of what training we do, when completed and (when it) needs renewing. This is one way we ensure staff are up to date and feel competent in their jobs”.

One staff member told us, “I feel Greenlight listens to staff and supports us to be in the best place to support individuals. There is a good team work ethic in this service”.

Management were receptive to changing areas of the service which would improve how it operated. For example, minutes of staff meetings demonstrated that staff inputted their ideas and suggestions about the service and these were listened to and acted on as appropriate.

Staff meetings were held regularly and minutes were made available for all those who were unable to attend. Minutes demonstrated the regular frequency of meetings. The staff team discussed issues about the running of the service and communicated well with each other. Staff said they felt well supported by management at the service. The service manager told us, “It is a good team. We work well together”.

People and their relatives told us that they were asked for their views about the service in resident surveys which were completed monthly. Relatives and other professionals were asked to complete monthly surveys to give their feedback about the service. We saw that most of the comments in the completed surveys were very positive. Where people had suggested areas which could be improved their suggestions had been listened to and acted on.

The service had robust quality assurance processes in place including monthly audits for the service’s medicines management processes and the monitoring of complaints. This audit system was used to drive continuous improvement.

There was a clear management structure at the service. Staff we spoke with told us the management was supportive and helpful. Documentation relating to the management of the service was clear and regularly updated. For example, peoples’ care and support records and care planning were kept up to date and relevant to the person and their day to day life. This ensured people’s care needs were identified and planned comprehensively and met people’s individual needs.