CareTech Community Services Limited

Faycroft

Inspection report

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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

About the service: Faycroft is a residential care home providing personal and nursing care to seven people with a learning disability at the time of the inspection.

Registering the Right Support has values which include choice, promotion of independence and inclusion. This is to ensure people with learning disabilities and autism using the service can live as ordinary a life as any citizen. The home was meeting the principles of this policy.

People's experience of using this service:
People received safe and effective care. Staff were skilled to meet people's needs and preferences. People were supported to manage risk and were protected from the risk of abuse.

People were supported by kind and caring staff who knew them well and understood their preferences. People were supported to maintain their privacy and their dignity was respected. People were encouraged to make decisions and choices for themselves and live an independent life.

People could follow their interests and were involved in planning their care and support.
People were asked for their views about the care they received and they were listened to. There were systems in place to monitor the quality of care and these were effective in identifying improvements.

The interim manager encouraged a positive culture and understood their responsibilities. Learning and partnership were encouraged and promoted to improve people's quality of life.

The service met the characteristics of Good in all areas; more information is available in the full report below.

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

Rating at last inspection: At the last inspection the service was rated Good Improvement (report published 1 September 2016).

Why we inspected: This was a scheduled inspection based on previous rating.

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.

Details are in our Safe findings below

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Faycroft

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by one inspector.

Service and service type:
Faycroft is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
This inspection was unannounced.

What we did:
Before the inspection visit, we checked the information we held about the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service such as what the service does well and any improvements that they plan to make.

We reviewed other information we held about the service, such as notifications. A notification tells us information about important events that by law the provider is required to inform us about. For example; safeguarding concerns, serious injuries and deaths that had occurred at the service. We also considered information we had received from other sources including the public and commissioners of the service. We

used this information to help us plan our inspection.

During the inspection we spoke with five people who used the service. We did this to gain people's views about the care and to check that standards of care were being met. We also spoke with two staff, a team leader and the interim manager

We looked at the care records of two people who used the service, 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 training records, incident reports, medicines administration records and quality assurance records.

Good

Is the service safe?

Our findings

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

Good - People were safe and protected from avoidable harm. Legal requirements were met.

Supporting people to stay safe from harm and abuse, systems and processes:
• People were kept safe from the risk of harm and abuse. People told us they felt safe and were happy at the service. We saw people were relaxed and smiling in the presence of staff.
• Staff could describe where people had specific plans in place to minimise the risk of abuse, which were included in care plans.
• Staff understood how to recognise abuse and could describe the procedures for reporting any safeguarding incidents.
• The team leader and interim manager could describe how incidents had been investigated.
• Where concerns had been raised, these had been investigated and reported to the local safeguarding authority as required.

Assessing risk, safety monitoring and management:
• People were supported to manage risks to their safety. One person told us, "The staff come with me when I go out to the shop to help me."
• People's risks were assessed, monitored and there was clear guidance in place for staff on how to reduce the risks for people.
• One person was at risk of harm due behaviour that challenged. Staff understood the plans in place and were observed following these during the inspection.
• There were records in place to show how the person had received their support to manage the risk.
• Risks assessments and plans were reviewed and where needed other professionals had been involved in planning how to manage risks to people's safety.

Using medicines safely:
• People's needs had been assessed. Guidance was in place for staff including specific guidance on when to give medicines which had been prescribed on an 'as required' basis. Body maps were in place for topical medicines to guide staff on administration.
• People received their medicines as prescribed. We observed people receive their medicines in line with the guidance and their consent was sought.
• Medicines were stored safely in individual storage in people's bedrooms.
• Stock checks were carried to ensure people had an adequate supply of their medicines.

Staffing levels:
• There were enough, safely recruited staff to meet people's needs.
• People told us there were always staff around to support them. We saw there were staff available throughout the day to assist people when they needed it.
• People were supported to go into the community and staff were available to talk with people throughout

the day.
• The team leader told us they made sure there was enough staff to meet people's needs, for example, additional staff were made available to attend any appointments with people.

Preventing and controlling infection:
• The home was clean and fresh. Staff told us there were cleaning schedules in place.
• Staff had received training in preventing the risk of cross infection. We saw staff used protective clothing and followed the infection control procedures, such as hand washing, during the inspection.

Learning lessons when things go wrong:
• There was a system in place to learn when things went wrong. The team leader told us when incidents occurred they were reviewed and plans were put in place to reduce the risk of reoccurrence.
• There were systems to ensure changes were considered when things had gone wrong. For example, there were changes to care plans following incidents of behaviours that challenged.

Good

Is the service effective?

Our findings

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

Good - People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• Peoples needs were assessed and there were clear plans in place to guide staff. Staff told us people were involved in their care plans through discussions with their keyworkers.
• People's diverse needs had been considered including consideration of the protected characteristics under the Equalities Act 2010 such as age, culture, religion, disability and sexuality.
• Staff could share examples of how people with protected characteristics were supported.
• Other health care professionals provided input into people's care plans for example where they had a specific health condition.

Staff skills, knowledge and experience:
• People were supported by staff who had the required skills and knowledge.
• Staff had an induction and regular updates to their training. We saw staff used the skills they had to support people effectively.
• Staff told us training was good and they felt confident in using the skills they had been shown. One staff member told us, "The training is really good, it is a mix of classroom and online training and we have specific training for people's conditions."
• Staff told us they received support from the team leader and had regular meetings and supervisions. Staff confirmed they were supported in their role.

Supporting people to eat and drink enough with choice in a balanced diet:
• People told us they enjoyed their food and could choose what they had to eat and drink. One person said, "I am going to have stuffed mushrooms for lunch, it's what I fancy." Another person told us, "I have just had a snack, I am putting my plate in the kitchen to be washed up."
• We saw people had a choice of meals and found care plans identified, for staff, people's needs and preferences for food and drinks.
• One person needed a specialist diet, this was detailed in their care plan and advice had been sought from a health professional. We saw the staff followed this guidance and there were clear records showing this had been followed.
• Staff could describe how people were supported with food and drinks in line with their risk assessments and care plans.
• The team leader told us they had worked with people to identify hidden sugars and salt in their diets and help them plan healthy menus. We saw people were eating healthy and maintaining a healthy weight.

Staff working with other agencies to provide consistent, effective, timely care;
• People had two allocated staff to work with them to develop and update their care plans. Staff told us they

had regular discussions with people and could ensure the care was delivered consistently.
• There was a handover system in place to ensure staff were told about any changes and updates to peoples care plans and how they had been during the day. Staff confirmed this helped to keep them up to date.

Adapting service, design, decoration to meet people's needs:
• The environment met people's needs and suitable adaptation had been made for people.
• Adjustments had been made, since our last inspection. This included additional lounge areas for people to spend time and wet rooms and adapted bathrooms.
• People could personalise their bedrooms as they wished and were involved in discussions about the homes environment.
• We saw people had personalised the home and were comfortable and relaxed in the communal areas, able to access the kitchen, garden and lounges as and when they wanted to.

Supporting people to live healthier lives, access healthcare services and support:
• People had access to support with their health and wellbeing. One person told us, "I have to go to the hospital with staff today for an appointment."
• We saw referrals were made to other professionals where needed and advice was used in peoples care plans.
• Guidance was in place for staff about people's individual health conditions. For example, where people had a specific condition there was an individual care plan to guide staff on supporting them. Staff understood the care plan and could explain how this kept people safe.
• We saw health professional's advice had been sought in developing the care plan and reviewing it.

Ensuring consent to care and treatment in line with law and guidance:
• The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
• People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
• We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
• Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
• Staff understood their responsibilities under the MCA and followed the principles of the MCA. Where needed, people had a MCA assessment and decisions were taken in their best interests.
• When a person was being deprived of their liberty, the service had applied for the appropriate authority to do so.

Good

Is the service caring?

Our findings

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

Good - People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:
• People told us the staff were nice and they were happy living at the home. One person said, "I am happy here I get on well with everyone."
• Staff told us they had good relationships with people and knew them well. One staff member said, "[Person's name] loves to chat to me, I am their keyworker, we have a good relationship and I know they get anxious and likes to discuss everything with me when I am on shift."
• We saw kind and caring interactions between people and staff. For example, staff told one person to get comfy and put their feet up on the sofa, and gave them a blanket. Where people needed reassurance, this was given and those people needing continuous observation had this discreetly.

Supporting people to express their views and be involved in making decisions about their care:
• People could make their own decisions and choose for themselves. One person told us, "I can go outside when I want to." Another person told us, "I can choose what I want from the shops and when to go."
• People chose what time to get up, when to have their meals and were given choices about food, drinks and their clothing throughout the day. People also chose what they wanted to do during the day.
• Staff had clear guidance in place to know how people needed to be supported to make decisions. We saw people were supported by staff following this guidance.

Respecting and promoting people's privacy, dignity and independence:
• People's privacy and dignity were respected by staff. One person told us, "I go to my room whenever I want to."
• Staff were ensured people's privacy was maintained. Staff knocked doors, and checked with people if it was ok for me to speak with them and enter their rooms.
• People were supported to maintain their independence. People were encouraged to do things like make drinks for themselves and help with clearing tables after lunch. We saw people had their individual routines which staff supported and encouraged.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

Good - People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• People were involved in planning their care. People told us they had conversations with staff about their care and understood the plans in place. Care plans used images to describe what people liked and disliked.
• Care plans gave staff guidance on people's preferences and information about their life history. For example, information about likes, dislikes and what was important to people.
• Peoples assessments and care plans took account of their protected characteristics. Information about people's preferences relating to culture, religion and sexuality had been considered. For example, their religious needs and cultural needs were described.
• Staff could tell us about people and were observed having conversations with people about things which interested them.
• People told us about the things they enjoyed and how they could follow their interests. One person told us, "I have been out today, it is in my care plan about when I go out and I have staff support."
• People had their communication needs assessed. Plans included information about how people made themselves understood and staff were able to confirm their knowledge.
• We saw people were communicated with effectively. We found easy read documents were available to help people understand their care plans.

Improving care quality in response to complaints or concerns:
• People had information about how to complain about the service. There were regular discussions with staff and people they supported about the home and any areas they were unhappy about.
• There was a complaints policy in place. Where complaints had been received these had been managed in line with the policy.
• The team leader was able to describe how any informal complaints would be recorded, investigated and responded to in line with the procedure along with formal complaints.

End of life care and support:
• At the time of the inspection no-one was receiving end of life care.

Good

Is the service well-led?

Our findings

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

Good - The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
• The provider had systems in place to check the quality of the service. For example, checks on medicines being administered as prescribed were carried out weekly. We saw these checks were effective in driving improvement.
• We saw checks were carried out by the provider on other areas including health and safety, infection control and finances.
• Accidents and incidents were reviewed and actions needed to prevent reoccurrence were carried out.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:
• The provider told us in the PIR the service promoted a vision of person centre involvement, respect, compassion, equality, dignity, wellbeing and independence. Staff were aware of this and could describe how they achieved this for people. Our observations showed us the providers vision was followed.
• The interim manager and team leader understood their responsibilities and acted on the duty of candour.
• The provider understood their legal responsibility for notifying the Care Quality Commission about significant events that had occurred within the home.
• The rating from the last inspection was on display in the home and on the provider's website in line with our requirements.

Engaging and involving people using the service, the public and staff:
• People had regular opportunities to share their thoughts about the service were in place. For example, using picture format surveys and discussion with staff on a weekly basis.
• Staff were engaged in the service and felt able to make suggestions to the management team. One staff member told us, "I can raise anything with the team leader and they listen."
• We saw peoples feedback helped to shape how the service was delivered. For example, weekly feedback about meals was used to plan the shopping and menus for the coming week.

Continuous learning and improving care:
• The provider told us in the PIR there were systems in place to continuously learn and improve the quality of the care and the team had individually and collectively been nominated for and won awards relating to the quality of the care they provided. We spoke to staff about this and they were proud of the achievements.
• The team leader told us they looked for opportunities to extend staff knowledge and undertake training and always looked for additional guidance on how to support people using research.

Working in partnership with others:
• The provider told us in the PIR they worked in partnership with other agencies and sought advice about peoples care from health professionals.
• We found there were established links with the local community and people were able to access local facilities independently.