Mears Extra Care Limited

Fairview Court Extra Care Housing Scheme

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
Fairview Court is an extra care housing scheme. Personal care is provided to tenants by an on-site domiciliary care team managed by Mears Extra Care Limited. There were 24 people receiving the personal care service at the time of this inspection.

Not everyone who lived there received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
People were assisted by staff who were kind and helpful. People and relatives said the staff were "very nice", "very pleasant" and "always willing to do what I need done". Staff treated people with respect and encouraged them to be independent. Staff were familiar with people's individual needs and supported them in the way each person preferred.

People said the service was safe. It gave them security to know staff were in the building if they needed help. Staff understood how to keep people safe and how to report any concerns. The provider trained staff in safe working practices for assisting people with personal care and medicines.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible and in their best interests; the policies and systems in the service upheld this practice.

People's needs had been assessed. Staff used this information to develop personalised care plans. There were enough staff to assist people. People had a weekly rota, so they knew which staff was coming and when.

People said the service was well-run. They were asked for their views in surveys and the results were positive. People had information about how to raise issues and were comfortable about approaching the management team. Staff said the management team were open and supportive.

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

Rating at last inspection
The last rating for this service was good (published 13 September 2017). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Fairview Court Extra Care Housing Scheme

Detailed findings

Background to this inspection

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

Inspection team
The inspection was carried out by one inspector.

Service and service type
This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

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
We reviewed information we had received about the service since the last inspection. We had feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well,

and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, senior care worker and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

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

This is the first inspection of this service since the provider changed their name. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to minimise the risk of abuse. People and relatives said they felt safe in the service. Their comments included, "I feel very safe here - there is always someone about and I've got a call alarm bracelet if I fall" and "It's good security to know someone is there in an emergency. It makes us feel safe."
- Staff completed annual training in safeguarding adults. They understood their responsibility to report concerns and were confident that these would be acted upon.
- Information was available for people and staff about safeguarding people. There were no current safeguarding concerns.

Assessing risk, safety monitoring and management

- The service had systems in place to protect people from avoidable harm.
- Risk assessments identified the individual risks to each person and the strategies used to minimise these. People told us they were fully involved in their own risk assessments and these were regularly reviewed.

Staffing and recruitment

- There were enough staff to meet the needs of people using the service at the time of this inspection.
- People spoke positively about staffing and the weekly rota they were given. Their comments included, "There's enough time for the girls [staff] to do what they need to do" and "We get a timetable of who's coming and for how long which is helpful."
- Overall, the provider's recruitment process minimised the risk of unsuitable staff being employed. There was a gap in one staff member's employment history. The registered manager addressed this immediately and arranged for any gaps to be checked at future interviews.

Using medicines safely

- Medicines were managed in a safe way.
- Some people managed their own medicines. Staff who assisted other people with their medicines were trained and had regular checks of their competence.
- The recording codes for 'as required' medicines needed a consistent approach. The registered manager addressed this during the inspection.

Preventing and controlling infection

- System were in place to minimise the spread of infection.
- Staff used appropriate aprons and gloves, when appropriate, to support people in a hygienic way.

Learning lessons when things go wrong

● Systems were in place to reduce the risk of recurring errors. For example, medicines records were checked monthly and reflective discussions held with staff where errors were noted.

● The provider analysed incidents, accidents and complaints to make sure any trends were identified and improvements were made.

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.

This is the first inspection of this service since the provider changed their name. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's needs were assessed before they started to use the service. The assessment decided whether their care could be met.
- The assessment helped to design personalised plans of care for each person, so staff had guidance about how to support them.
- Care was delivered in line with best practice guidance and people's needs were kept under review.

Staff support: induction, training, skills and experience
- Staff had the relevant skills, training and support. This included a five-day induction and annual refresher training. People described the staff as "very capable" and "good at their jobs".
- Staff had recently benefitted from specialist training in supporting people with behavioural needs. They said this made them feel more competent in their role. They told us, "It was very helpful" and "It will help us support people in the right way."
- Staff said they felt supported by the management team. They received individual supervision and an annual appraisal to review their work performance. The management team also carried out spot checks of each staff member to make sure they met good standards of care practice.

Supporting people to eat and drink enough to maintain a balanced diet
- People were supported with meal preparation if this formed part of their individual care package.
- Some people had specialist nutritional equipment. Staff had training and competency checks in this equipment.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- People were supported to access health services when necessary. They told us, "They take me out to the doctors when I need to go" and "They were very good at getting an ambulance (in an emergency)."
- The service had links with local health and social care professionals. Care records showed people had input and advice from a range of services including GPs, speech and language therapists and occupational therapists.
- Staff had information about key signs of declining health to check for when visiting people. These were reported to management or directly to out-of-hours health services.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service followed the principles of MCA. People were fully involved in decisions about their care, where they had capacity to do so. Where people lacked capacity, best interest processes had been followed.
- If relatives had Lasting Power of Attorneys (LPA), the service retained copies of these documents. These made it clear who would have the legal right to make decisions in the future on behalf of people.

Good

Is the service caring?

Our findings

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

This is the first inspection of this service since the provider changed their name. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives said they were well-treated at the service. They gave many positive comments about the kind, friendly attitude of all staff. They commented, "Staff are very caring. They genuinely seem to care about my (family member)" and "They are all very nice and very pleasant."
- People said staff went beyond their duties to support them. One relative told us, "If I'm starting to struggle (with family member) I ring down and the girls come and take them off for a little walk to give me a break."
- Staff displayed caring values. They greeted people they were going to assist with smiles and showed genuine interest in their well-being.
- People had a range of physical and mental health needs. Staff embraced people's individuality and their diversity was fully respected.

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

- Staff encouraged people to make their own choices and decisions about their support. Staff knew people's needs well and how they liked things done.
- One person described how they worked in partnership with staff to support their relative. They said, "The staff are very good. They respect me as my [family member's] main carer, and we work together (to assist the person)."
- The service provided each person with detailed information, including decision-making and access to advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity by staff. Care records were written in a respectful and sensitive way.
- Staff spoke with people in a valuing, complimentary way which promoted people's self-esteem.
- People's independence was upheld at whatever level was still achievable. Staff said, "We encourage people's independence so we're not taking away their skills" and "We try to build up their confidence."

Good

Is the service responsive?

Our findings

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

This is the first inspection of this service since the provider changed their name. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received support from the service that met their individual needs and preferences. One person commented, "(Staff member) is brilliant – I never have to tell them what to do because they see what needs to be done."
- Care records were personalised and detailed. These set out people's preferred way of being supported and what they want staff to do for them. Staff carried electronic tablets which provided a summary of how to support each person with specific tasks.
- Staff said the service was personalised and responsive to people's needs. Their comments included, "We get enough information in the care plan to support people" and "We visit everyone over time so get to know them and can spot any changes in their health."

Meeting people's communication needs

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

- Staff respected each person's individual ways of communicating.
- Some people had limited verbal skills, but staff understood their communication styles. One person used a lightwriter (text to speech aid) and another person used visual clues to make their choices.

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

- Staff supported people to take part in social events in the scheme, including weekly coffee mornings and fish and chip nights. This helped people to develop social relationships.
- Staff supported people to access the local community if this was part of their care agreement.

Improving care quality in response to complaints or concerns

- The service provided people with clear information about how to make a complaint. This was in an information pack in their apartments, so they could refer to it at any time.
- People and relatives said they would feel very comfortable about raising any issues with the senior staff or management team.
- The provider reviewed complaints monthly to look for any trends. There had been no complaints from people who used the service in the past year.

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.

This is the first inspection of this service since the provider changed their name. This key question has been rated good. This meant the service was consistently managed and well-led.

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

- The service had a positive culture which was person-centred, welcoming and empowered people to make decisions about their own care.
- People and relatives said the management team and staff were "really approachable". Staff said there was a caring culture in the service and the management team were "very supportive".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought the views of people who used the service. This included discussions during spot checks and annual surveys. The latest survey results showed people were satisfied with the service they received.
- Staff had regular meetings to discuss organisational standards and to give their views and suggestions.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had systems to monitor the quality and safety of service and acted where improvements could be made.
- The registered manager carried out monthly audits of the service and reported their findings to the provider. Staff said the management team were good at "getting things done".
- The provider and registered manager understood their responsibilities to be open and transparent if anything went wrong.

Continuous learning and improving care; Working in partnership with others

- The provider was committed to improving the service.
- The service had been through a quality improvement process with the local authority. The registered manager had been receptive to advice from other agencies and had made a number of practical improvements as a result. These had included specific training for staff and a review of all support plans.
- The service networked with local community services which reflected people's social and cultural needs.