

Affinity Trust

Fairmount

Inspection report

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Fairlight
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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

Fairmount is a purpose built residential service for up to six people who have a learning disability and complex care needs including autism. Fairmount is in a residential area. There was open access to all areas of the home and garden to enable people using wheelchairs full access. There were six people living at the service at the time of the inspection although one person was currently in hospital.

People's experience of using this service:

Outcomes for people using the service reflected the principles and values of Registering the Right Support. People were supported on a daily basis to make choices in all areas of daily living from what they ate and drank to what clothes they chose to wear and activities they pursued. People were provided with opportunities that enabled them to gain independence and supported them to pursue new skills.

Risks to people's health and safety had been identified and actions were in place to ensure risk was minimised. Consideration had been given to ensure that any actions identified placed minimal restriction on the persons day to day life. Staff were aware of the actions to take if they thought anyone was at risk of harm or discrimination. Incidents and accidents were well managed. Medicine procedures and systems were robust.

Staffing numbers were reviewed and assessed dependant on people's needs. Care and support were delivered in line with current legislation and evidence based guidance. Regular reviews were completed to ensure peoples outcomes were being met and they were being supported in the least restrictive way to encourage their independence. People were encouraged to make choices and decisions.

Staff had access to appropriate training and support to ensure they could meet people's complex needs. New staff completed a full induction and all staff had access to regular one to one support by management.

People were supported to have a varied and nutritious diet. A relative told us they were impressed with the choice offered to people. People had the opportunity to participate in food preparation and cooking and some people enjoyed going out for meals.

Staff knew people well and demonstrated a clear understanding around equality and diversity. They were able to support people to do individual tasks and activities of their choice. Peoples individuality was explored and encouraged with activities and pastimes adapted to meet their needs. Respecting people's privacy and dignity was embedded into the culture of how care was provided at Fairmount. Staff communicated well with people in a way they could understand.

Care plans included detail which enabled all staff to provide consistent person centred care which had been tailored to ensure the maximum opportunities for people to explore activities and experiences of their choice. Activities varied from person to person and staff knew the things people liked to do and what they enjoyed.

The home had an open culture. A robust system was in place to report and investigate complaints. Feedback from visitors was positive.

People's end of life wishes had been discussed and documented. Fairmount was people's home and the emphasis would always be on people being able to stay at home until they died. However, if this was not appropriate then staff would work closely to ensure the transition to another health setting was as stress free as possible.

Regular checks and audits were carried out to ensure the quality and safety of care being provided. Rating at last inspection: At the last inspection in August 2016 the service was rated Good.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will review the service in line with our methodology for 'Good' services.

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

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	Good ●
Is the service effective? The service was effective	Good ●
Is the service caring? The service was caring	Good ●
Is the service responsive? The service was responsive	Good ●
Is the service well-led? The service was well-led	Good ●

Fairmount

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 two inspectors.

Service and service type:

Fairmount is a care home. People in a care home receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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 was an unannounced, comprehensive inspection. The inspection was carried out on 29 May 2019.

What we did:

We used information the registered manager sent us in the Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information from

other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

People were not able to tell us their views of living at Fairmount so we observed support being delivered in communal areas. This enabled us to see interactions between staff and people and observe support being provided.

We spoke to three staff including the registered manager and looked at a range of documentation. This included two people's care and support folders in full and one further care plan to look at specific areas of care. We reviewed documentation relating to the day to day running of the service, including staff recruitment records for a new member of staff, training and supervision records for two staff members, staff meeting minutes and feedback. We also looked at medicines documentation, quality assurance and maintenance.

Following the inspection, we spoke to one relative on the telephone and received further feedback from another. We contacted two healthcare professionals for feedback but did not receive a response.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of harm or abuse. Staff had received training and guidance and were aware of the actions to take if they thought anyone was at risk of harm or discrimination.
- Staff reported concerns to the registered manager and had access to a 24 hour on call manager to ensure they could report and raise any concerns. Staff were clear regarding their responsibility to report concerns and we saw examples when this had taken place.
- The provider used an electronic system to log any issues raised. This gave an accurate picture of all issues raised and actions taken including notifications to CQC and/or the local authority.

Assessing risk, safety monitoring and management

- Risks to people's safety had been identified and associated risk assessments completed. For example, one person was at risk of choking. Relevant referrals had taken place to outside agencies and there was clear guidance in place for staff to follow to prevent the risk, including specific wording to use if the person was eating too quickly. Guidance was also in place for emergency actions to take should choking occur.
- When risks to people's health and safety had been identified actions were in place to ensure risk was minimised. Consideration had been given to ensure that any actions identified placed minimal restriction on the persons day to day life.
- Risk assessments were updated and reviewed regularly to ensure any new concerns were documented and appropriate guidance in place for staff. Staff told us they were always updated if any changes took place and felt they had the information they needed to be able to meet people's needs safely.
- Regular fire safety checks took place. People had personal emergency evacuation plans which included details on how to support them in the event of an emergency.
- Risks associated with the environment had been carried out by external professionals, including legionella for water safety and personal appliance testing for all electrical equipment.

Staffing and recruitment

- There was an established staffing group. Staffing numbers were reviewed and assessed dependant on people's needs. For example, one staff member was currently supporting a person in hospital and this had not significantly impacted on anyone living at the service.
- When agency staff were needed the registered manager was aware new faces in the home may cause people anxiety, therefore regular staff were used whenever possible. During the inspection we met an agency staff member on duty who had worked at Fairmount regularly. They demonstrated a good knowledge of people and their care needs.
- Some people required one to one or two to one support at specific times, for example, whilst in communal areas of the home, when going out or attending activities

- Safe recruitment and selection procedures were in place. All required safety checks including references and Disclosure and Barring Service (criminal record) checks took place before a person could start work at the service.

Using medicines safely

- People had their medicines provided safely, in line with national guidelines. There were robust systems in place for ordering, storing, administering and disposing of medicines. We looked at medicine administration records (MARs) including 'as required' (PRN) medicines and creams. PRN medicines are those taken when they are needed, for example when a person is in pain. MAR charts were colour coded. There were detailed protocols in use that clearly informed staff when to give PRN medicines and how people liked to take them.
- Staff received medicines training and had competencies assessed by the registered manager to ensure medicine practices continued to be safe and accurate.
- Stock checks were carried out daily when medicines were given, and any discrepancies reported and investigated. The pharmacy used by the home also carried out annual audits to ensure that high standards were maintained.

Preventing and controlling infection

- Suitable measures were in place to prevent and control the risk of infection. There was guidance in place for staff and they had received training in relation to good hygiene and safe food hygiene levels when preparing and storing food.
- All areas of the home were clean. Staff took overall responsibility for the day to day cleaning and shared the chores. People living at Fairmount participated in daily household chores when they chose. For example, hoovering, setting the table or general cleaning and tidying around the home. A six monthly deep clean also took place to ensure cleanliness standards were maintained.
- Staff had access to protective personal equipment, such as gloves and aprons, if needed and there were adequate handwashing facilities throughout the home.

Learning lessons when things go wrong

- Accidents and incidents were recorded, then reviewed and assessed as red, amber or green. Minor issues were reviewed and signed off by the registered manager, any amber or red issues although dealt with initially by the registered manager were then reviewed and signed off as completed by senior management.
- All accidents and incidents were responded to appropriately to ensure peoples safety was maintained. This included referrals to other agencies and notifications to CQC when required. The registered manager then completed a second review to ensure any actions or lessons learnt had been taken forward.
- Information regarding investigations and outcomes, was shared with staff. This included accidents, incidents and safeguarding concerns. Staff told us that they were kept informed when things happened and any outcomes to ensure learning was taken forward.
- We saw that staff were happy to raise concerns with the registered manager. During the inspection a medicines discrepancy was identified and reported. This was then explored and investigated by the registered manager.

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

- People had lived at Fairmount for a number of years, with a consistent long-term staffing group in place, people's needs, and preferences were well documented and understood by staff. It was evident that there was a close relationship between people and staff.
- Care and support was delivered in line with current legislation and evidence-based guidance with regular reviews being completed to ensure people's outcomes were being met and they were being supported in the least restrictive way to encourage their independence.

Staff support: induction, training, skills and experience

- The training programme showed that all staff had access to appropriate training and support. This included updates and refreshers when needed. Training included safeguarding, medicines, person centred awareness and communication, person centred planning and communication, diversity and equality, Mental Capacity Act and Deprivation of Liberty Safeguards.
- Specialist training was also provided, this included Positive Range of Options to Avoid Crisis Therapy – Strategies for Crisis Intervention and Prevention (PROACT-SCIP). This was person-centred training which underpinned the principles of positive behaviour support for people with learning disabilities and behaviours that can challenge. The registered manager was a designated trainer for the provider. Staff told us the training was good and ensured they had the skills needed to continually support people. One told us "Lots of training is given and more when needed, to meet people's changing needs."
- New staff completed an induction and worked alongside experienced staff for a number of shifts to get to know people and ensure they had the opportunity to read care documentation, policies and procedures.
- All staff new to care completed the Care Certificate. The Care Certificate ensures that staff new to care receive an introduction to the information, skills, knowledge and values to provide high quality, safe and appropriate care for people.
- Staff received regular one to one supervision and twice yearly appraisals. The registered manager carried out competency checks and observations to ensure that best practice was always being implemented. Staff felt supported in their roles, telling us, "The registered manager is really supportive" and, "We are a good close knit team, we support each other well."

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Applications for DoLS authorisations had been sent and it was clear in people's records whether the authorisation had been approved or was awaiting a decision. When a DoLS authorisation was nearing its expiry date, further referrals had been made if appropriate.
- The registered manager had ensured that decisions were made in the person's best interest. This included consulting relatives and health professionals involved in the person's care. All assessments demonstrated how the decision had been made, including best interest meetings which had been held to ensure the person's previous wishes and preferences were taken into account.
- Staff had received training to ensure they understood the principles of MCA and DoLS and were clear that people should be involved in decisions as much as possible about their care and how they spent their day.
- People were asked for their consent before any care was provided, we saw people being involved in decisions and making choices throughout the inspection, for example people were offered a choice of drinks and food and given choices regarding what activity they did or where they wished to go.

Adapting service, design, decoration to meet people's needs

- Fairmount was a purpose built home with accommodation provided over one floor. There was open access to all areas of the home and garden to enable people using wheelchairs full access.
- Communal areas were open and spacious. For some people personal space was important. The spacious communal areas meant they could spend time in them, without feeling that their personal space was being impacted by others.
- People's rooms were personalised with pictures and photographs. The registered manager told us each person had been involved in choosing designs, colours and textures for their own room. One person had sensory lighting.
- One person had an alarm on their bedroom door to alert staff if they left their room. The rationale behind this was clear. This person had one to one support in communal areas, but also liked to have their own space and privacy in their own room at times throughout the day. A decision had been made that the least restrictive manner of supporting this was to have an alarm that alerted staff when the person decided to leave their room. The closest staff member would then support the person whilst they accessed the rest of the house. We saw this being provided and the person seemed happy and content being supported by staff.
- People had sinks in their bedrooms. Communal bathrooms were large and had equipment in place to support people including shower chairs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff to have a healthy balanced diet.
- People were given choices at mealtimes and were able to assist with making their drinks and food if safe to do so. We saw people having choices at breakfast and being with staff in the kitchen whilst their breakfast was prepared. One person was enjoying helping a staff member make hot drinks for people.
- Weekly food shopping was done by care staff. People could choose to go shopping with staff and were involved in choices of meals.
- When people needed assistance, this was provided. We saw one staff member sitting with a person at lunchtime supporting and encouraging them to eat their meal. People had access to adaptive plates and cutlery if needed.
- When appropriate people had been referred to Speech and Language Therapy (SALT) and specialist guidance was in place regarding their nutritional needs.
- People identified as at risk of choking had their meal cut up into bite sized portions and were observed by

staff to ensure they were able to eat independently but safely.

- Staff encouraged people to try new foods and expand their diet to ensure it was nutritious. A relative told us their loved one previously had quite restrictive dietary likes and dislikes, with support and encouragement from staff they had tried new foods and now enjoyed going out for meals as they liked a variety of food.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care staff supported people to ensure they had coordinated care. One person was currently in hospital, care staff were continuing to provide one to one support for this person during their hospital admission. This meant the person had people they knew with them constantly to help alleviate their anxiety being in unusual surroundings. This meant the person received coordinated, person centred care as care staff knew this person very well they were able to ensure hospital staff were aware of how the person liked to have their care provided and support them through their treatment.

- We saw from care documentation that when needed referrals had been made for specialist advice and support. This included contacting GPs when people became unwell and referrals to other health professionals including SALT, occupational therapists, dentists and chiropodists.

- Each person had a health plan that provided detailed information regarding any specific health needs, appointments, screening and hospital admissions, including hospital passports which contained relevant information should a person be admitted to hospital.

- People were supported to attend appointments and where necessary monitored for signs of recurring issues, for example urinary tract infections.

- A relative told us that staff noticed if people became unwell, "If anything is wrong, they always contact the appropriate health person and also keep us well informed of what was going on."

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

Good - 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 reacted positively to the care they received. People were seen to smile and respond when staff spoke to them. Staff were observed checking regularly that people were comfortable, and their needs were being met.
- Staff responded compassionately and in a timely manner when a person became upset. Staff used distraction techniques and involved the person in a task, they immediately appeared calm and responded positively to the staff member.
- It was clear that staff knew people's preferences and needs very well and were able to provide support in the appropriate way. For example, one person had specific phrases which staff used to ensure they were able to understand. A relative told us "Staff are fantastic, super professional it really puts your mind at rest knowing how well people are looked after."
- Staff appeared calm and relaxed and responded to people in a calm and supportive manner. Staff were able to tell us about people's health and emotional support needs and how specific behaviours may present themselves. The registered manager told us "All the staff are aware that this is people's home, we are the visitors." Staff told us when new faces come to Fairmount they were aware this may impact on people and cause anxiety. "Therefore, we do everything we can to make sure people are happy and feel comfortable."
- Staff demonstrated a clear understanding around equality and diversity. They were able to support people to do individual tasks and activities of their choice. People were supported to maintain relationships that were important to them. Relatives told us "Staff are so welcoming, they greet us like family when we visit, they always have time to chat to you."

Respecting and promoting people's privacy, dignity and independence

- Respecting people's privacy and dignity was embedded into the culture of how care was provided at Fairmount. Staff understood the importance of treating people with dignity and respect at all times. Staff told us they were aware of the importance of allowing people privacy in their rooms when they wished, or when they had visitors.
- Doors were always closed before personal care was provided and conversations regarding people's care and support needs took place discreetly.
- People's independence was supported and encouraged, for example staff always included people in tasks and activities to enable them to do as much for themselves as was possible. This included being involved in day to day household tasks, making decisions about how they spent their time and having time to pursue their own activities of choice.
- Care documentation had a clear emphasis on ensuring people were given ample time and opportunity to remain as independent as possible. An example of this was when a person received assistance with personal care and teeth brushing. Information was in place for staff to show exactly what the person was able to do

themselves and what areas they needed further support. When people declined to do things themselves guidance reminded staff to still ask the person each time if they wished to participate.

- To improve a person's independence staff were liaising with other professionals to investigate the possibility of purchasing a vehicle for their personal use. This would mean they could go out more frequently with the support of a staff member without having to use the group vehicle.

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

- Staff communicated well with people in a way they could understand. This included specific communication tools to interact with people. One person had specific words they used for items, staff knew these well and were able to provide the person with choices and ensure they were happy with the care they were receiving. Another used adapted Makaton with a list of words and meanings. This meant people were able to express their views and choices as far as possible.

- It was clear from observations that staff knew people really well, care was provided with warmth. People were given appropriate levels of emotional support tailored to their individual needs at the time. For example, when they became anxious or upset.

- People, relatives, key workers and appropriate health professionals were involved in the development and review of care plans. One relative told us "They always update us and keep us involved at every step."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service 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 had the opportunity to be involved in the writing and review of their care plans. Although people were unable to communicate their wishes verbally staff used communication tools to try and involve them as much as possible and although people often declined to be involved, attempts were always made. Relatives, healthcare professionals and people's key workers were also involved when appropriate and kept updated of any changes.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, one person had a full dictionary of words they used, these were clearly listed and the meanings of each word or phrase. We saw staff using these words confidently which meant they were able to communicate with the person easily.
- We observed staff supporting people in a person centred way, staff were seen to adapt their approach from person to person. For example, tailoring their speech tone, or using shorter sentences.
- Each care plan contained clear guidance to inform staff how people communicated their needs and how staff should engage with them and we saw this in practice throughout the inspection. There were detailed descriptions about each person's likes and dislikes and what constituted a good or bad day for them. For example, one person's good day included being listened to and being able to spend time on their own, a bad day included being given too much information at once and there being lots of mess.
- Staff demonstrated an attention to detail which showed that allowing people to express their personality and needs were of paramount importance. Care plans included detail which enabled all staff to provide consistent person centred care which had been tailored to ensure the maximum opportunities for people to explore activities and experiences of their choice.
- Activities varied from person to person and although some were planned each week, for example horse riding lessons and cookery, other activities including bowling, trampolining, swimming, trips to the pub, shopping and days out were more flexible and took place when people requested them. Those who chose to stay at home enjoyed watching television, helping with kitchen and household tasks, watching movies or listening to music. For one person textures and sensory input was extremely important and this had been included as a positive behaviour and was supported. Another person's care review explored opportunities to develop and identified that attending ten pin bowling was not only an activity they enjoyed but was also having a positive impact by improving their hand/eye co-ordination.
- People had access to the outside garden area and there was a vehicle which was available to take people out if they wished. A relative told us, "They have activity holidays, go to sporting events, out for meals and to shows. Its great they get so many opportunities to go out and do things."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and information regarding how to raise any worries or concerns were included in people's care documentation. The registered manager told us people may not be able to communicate their concerns or tell people they were unhappy, therefore staff looked out for non-verbal indicators that a person may be upset or concerned. Any issues would be reported and investigated immediately.
- There were no complaints at the time of the inspection. The registered manager was clear that any issues raised would be responded to and investigated. Complaints would be escalated as appropriate and senior management would have oversight including any outcomes and actions which were taken forward.
- The home had an open culture, relatives told us if they had any issues they would raise them with either the staff or manager and they were reassured these would be looked into with professionalism and any outcome fed back to them.

End of life care and support

- People had detailed end of life care plans in place. This included important information collated with input from relatives and health professionals to ensure people would have a comfortable dignified death. Details included religious preferences, who to contact, funeral plans and how had been involved in the decision.
- The registered manager was clear that Fairmount was people's home and the emphasis would always be on people being able to stay at home until they died. However, if this was not appropriate then plans would be made and the staff would work closely to ensure the transition was as stress free as possible.
- As people's needs changed and became more complex this would lead to further specific training and equipment being accessed if needed to ensure people continued to receive high quality care.

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.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- The provider placed emphasis on person centred high quality care. There was an open culture at Fairmount and staff displayed the provider's values to ensure people received appropriate care at all times. The emphasis at Fairmount was that it was people's home and relatives reiterated this. Telling us, "It's like a house share for six people with a variety of needs, it doesn't feel like a service as such, it's their home."
- The provider was aware of the statutory Duty of Candour. This aims to ensure providers are open, honest and transparent when incidents occur. Information provided in the PIR included how the provider responded to incidents and concerns in line with their legal obligations. All issues raised were investigated and reported to the relevant agencies with outcomes recorded.
- The service had a comprehensive system of key quality audits to monitor care documentation, safety and quality of the service.
- Quality assurance audits were accessible on the electronic system used by the home to enable the registered manager to view results and detail actions taken forward. The provider had oversight of all results and these fed into six weekly visits by the operations manager. All outcomes were fed back to staff and actions taken forward for future development.
- The registered manager had an ethos of ensuring the service grew and improved. They had reviewed peoples care and positive behaviour support plans. This had enabled them to remove all physical interventions, staff had learnt positive strategies to work with people to ensure that physical intervention was only ever considered as a final option should someone be in danger.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality and compliance was monitored by the registered manager each month and improvements were actioned and documented. Medicines were also audited by the pharmacy annually. We saw that any areas of growth and improvement identified were taken forward. For example, improvements to paperwork and new documentation implemented.
- Staff demonstrated a clear understanding of their roles and responsibilities. Staff felt part of the team and told us "Everyone worked together."
- Staff described management as 'open' and 'approachable'. One said, "The manager is always there for you." Relatives told us "The consistent management and staff group means you see the same faces and we know staff really well. Everyone there is super professional."

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

- Staff told us there was a positive culture within the staff team. Staff meetings took place regularly and staff received regular support from management. Meeting minutes showed meetings included general agenda items, updates and feedback. When needed meetings took place to discuss a specific issue or any changes being implemented. Staff told us they had opportunity to discuss and feedback on any issues and felt that they were listened to.
- Staff representatives attended a staff forum which met quarterly. A staff satisfaction survey had recently been completed, results were being collated and would be fed back to staff throughout the organisation. Staff at Fairmount told us they were very happy working at the home.
- The management team regularly observed practice at Fairmount and provides feedback to staff to recognise good practice.
- Family members were liaised with as appropriate and feedback on the service being provided was encouraged. Relatives told us they had regular opportunity to feedback but had no current concerns.
- Compliments received by the home were uploaded to the electronic system. These were then fed back to staff to ensure they were aware of what had been received. The registered manager told us the latest positive feedback had been from the hospital regarding the support provided by staff during a hospital admission for one person living at Fairmount.

Working in partnership with others

- Staff had a close working relationship with the local learning disability team and other community health professionals, including consultant psychiatrist, community physiotherapists, SALT and GPs.
- The registered manager had access to management development courses and on-going training provided by Affinity Trust. They accessed up to date provider based information to ensure high standards were being met and maintained and were aware of local provider forums.