

Care In Style Limited

Fairmead

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 

Overall summary

This inspection took place on 14 October 2015 and 20 October 2015 which was unannounced. The inspection team consisted of one inspector on both days.

Fairmead is a residential care home registered to provide personal care for up to three the person with learning disabilities and on the autism spectrum, at the time of our inspection there was one person living at the service.

The service has a registered manager. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Suitable arrangements were in place to ensure that person received appropriate care and support to meet their needs. Staff knew the needs of the person they supported and they were treated with respect and dignity. The Person's healthcare needs were well managed and they had access to a range of healthcare professionals.

The person's needs were met by sufficient numbers of staff. Suitable arrangements were in place to ensure that

Summary of findings

staff had been recruited safely; they received opportunities for training and supervision. The person was safeguarded from harm; Staff had received training in Mental Capacity Act (MCA) 2005 and had knowledge of Deprivation of Liberty Safeguards (DoLS). The person had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were being met.

The person was provided with the opportunity to participate and engage in activities of their choice which

met their needs. Relatives and the person who used the service knew how to make a complaint and we felt reassured that all complaints would be dealt with and resolved efficiently and in a timely manner.

The service had a number of ways of gathering the person's views which included holding meetings with the person, staff, and relatives. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to help them make improvements.

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.

The person felt safe at the service. The provider's arrangements ensured that staff were recruited safely and the person was supported by sufficient staff to meet their needs and ensure person's safety and wellbeing.

Medication was managed safely.

Good



Is the service effective?

The service was effective.

Staff received an induction when they commenced employment with the service and attended various training courses to support them to deliver care safely and fulfil their role.

The dining experience for the person was suitable to meet their needs.

The person had access to healthcare professionals as and when needed to meet their needs.

Good



Is the service caring?

The service was caring.

Staff knew the person well and what their preferred routines were. Staff showed compassion towards the people they supported. Staff treated the person with dignity and respect.

Good



Is the service responsive?

The service was responsive.

Care was person centred and met the person's individual needs.

Care plans were individualised to meet the person's needs. There were varied activities to support the person's social care needs.

Complaints and concerns were responded to in a timely manner.

Good



Is the service well-led?

The service was well-led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and their relatives and used their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good



Fairmead

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 the 14 October 2015 and 20 October 2015 which was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service including previous reports and

notifications. We also reviewed safeguarding alerts and information received from a local authority and other Commissioners. Notifications are important events that the service has to let the Care Quality Commission know about by law.

We spoke with one person who used the service and one relative as there was only one person living in the service at the time of the inspection. We also spoke with the manager, two senior care co-ordinators and two support staff. We reviewed the person's care files. We also looked at quality monitoring, audit information and policies held at the service and the service's staff support records for two members of staff.

Is the service safe?

Our findings

A person living at the service informed us, “I feel safe, all the staff are like family.”

We found that the person using the service was well cared for in a safe and clean environment.

The service had recently arranged for all electrical equipment to be serviced and tested to ensure the safety people using the service. Risks to the person’s health and safety were well managed. Staff had received training in first aid and fire awareness. The telephone numbers for essential services were clearly displayed for staff to see and they knew to call the emergency services when needed. Fire drills had been regularly carried out and staff knew how to support the person in the event of an emergency. There were risk assessments together with management plans in place to help keep person safe. In addition staff carried out health and safety site checks on a daily basis to ensure the environment was safe.

Staff showed they had a good knowledge of how to keep people safe and protect them from any potential harm. Staff were able to indicate how the people may be at risk of harm or abuse and how they would go about protecting them and ensuring their safety. Staff told us that they would escalate their concerns to the manager or senior care coordinators. If the concerns were about the manager staff stated they would contact external agencies, such as, Social Services or CQC. Staff knew about the provider’s whistleblowing policy and procedures.

Staff had all the information they needed to support people safely. All staff were involved with ensuring that the person’s risk assessments were kept up to date to ensure their safety either when they accessed the community, used public transport or used the service’s

vehicle. In addition, people using the service had an allocated keyworker who was responsible for ensuring that each person’s risk assessments were kept up to date and any changes to the level of risk were communicated to all the staff working at the service.

The Senior Care Coordinator informed us that staffing levels at the service were based on the Local Authority’s funding arrangements for each person and the assessed level of risk present to the person. The Senior care Coordinator and staff told us that there was enough staff to meet person’s needs however; additional staff support could be deployed from the other sister services as and when required.

The provider had a robust recruitment process in place which showed that staff employed had the appropriate checks to ensure that they were suitable to work with vulnerable people and people who used the service were involved in the recruitment process.

The person received their medication as prescribed. We found all Medication Administration Records (MAR) were all up to date and there were no omissions or gaps. Where possible and deemed safe to do so, the service encouraged people to participate in the administration of their own medication, whereby the person was reminded of the time they had their medication and encouraged to visit the medication room at the prescribed time so they can take their medication.

Medication was safely and securely stored and the service had a procedure in place for the safe disposal of medication. Staff involved in the administration of medication had received appropriate training and competency checks had been completed in order for them to safely support the person with their medications.

Is the service effective?

Our findings

We found staff to have good knowledge and the skills they needed to provide good quality care to the people using the service.

Staff informed us at commencing employment they were required to complete an induction which helped them learn about their role. As part of their induction, staff were required to read the person's support plans as this ensured that staff had a good knowledge of the person they were supporting. As part of the induction process staff informed us there would be a period of being observed by an experienced member staff and by the manager who would regularly give them feedback to ensure the level of care they were delivering met the needs of the person they were supporting. Records we reviewed confirmed what staff had told us.

Staff attended mandatory training when they started employment and they attended yearly refresher courses and this would either be via, E-learning, distance learning, DVD or planned training dates at a local venue. We found staff to be positive about their training and they felt supported by the manager and the provider. Staff informed us, "We are supported by the service with our training and if we have any concerns or questions the management team are always at hand to help us." Staff had been trained in first aid and should there be a medical emergency, staff knew to contact the doctor or paramedic if required.

Staff were also encouraged to do additional training and development to continually develop their skills. The Senior care coordinator informed us, "I have recently completed my diploma in Health and Social care and currently the service is trying to ensure that team leaders across the company complete the same training and as for support staff they are all in the process of doing their care certificate training". Another member staff informed us that every month staff were given time to update their training and this was done via E-Learning.

Staff had regular supervision and meetings to discuss people's care and the running of the service. Staff were being encouraged to be open and transparent about any concerns they may have. Staff said, "We have formal and

informal supervision on a regular basis and we can talk to the management team about issues around work and our personal life as this often can impact on us delivering a good level of care to the person we are caring for."

The manager informed us that they also completed observations of staff's practices throughout their period of employment and acknowledged areas of good practice and improvement and this kept the staff motivated. The manager had a communication book in place for staff to use to jot down any information that maybe useful to delivering good care to the person using the service. One staff member informed us, "We have a good team here and work well together and we know each other's strengths and weaknesses and support each other." Staff added they had recent set up a social media network forum which allowed staff to support each other on areas in which they were finding difficult and also used the forum to acknowledge each other with achievements. Staff were able to demonstrate how they helped the person to make decisions on a day-to-day basis. We observed staff consulting with a person about how they wanted their support to be delivered. If the person was unable to make an informed decision staff would then make a decision within the person's best interests, taking into account the person's past and present wishes and feelings.

Where a person lacked capacity the staff had care plans in place to support the person and had consulted the person's family and all professionals involved with the person's care to ensure their wishes and feelings were being respected and their needs were being met in the best way possible .

The Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) governs decision-making on behalf of adults who may not be able to make particular decisions because they do not have capacity to do so. The registered manager confirmed that people were not subject to continuous care and supervision and did have capacity to consent to such arrangements. Subsequently there were not any current DoLS in place..

The person said they had enough food and choice about what they liked to eat. The person said they had plenty of choice over what they wanted to eat and if they did not like the choices on the menu they could have an alternative.

The person's healthcare needs were well managed. The person had access to a range of healthcare professionals

Is the service effective?

and services, such as, GP and Consultant Psychiatrist. The person informed us, “Since being in this service I have regular visits from district nurses and Counselling Psychologist who ensure my medication is managing my needs appropriately.”

Is the service caring?

Our findings

The service provided a caring environment to the person using the service and those visiting.

Staff listened to the person and acted accordingly to ensure that their needs were met in a caring manner. The person informed us, “Staff here are very caring and will always support me even when I am not having a good day they help cheer me up and take me out to get some fresh air, I find the staff to enjoy working here and supporting me, which makes me very happy.”

We reviewed the person’s care plan which detailed their preferences for care and life history. This gave staff an opportunity to know them and their individual support needs.

The person and their relatives were actively involved in making decisions about their care and support. The person informed us that staff had involved them and their family in the care planning so to ensure this placement did not breakdown and also this ensured staff knew how they would like to be supported. The Senior care co-ordinator

informed us that they regularly reviewed the person’s support plans along with the person, family and healthcare professionals and they are only signed off by the person. Records reviewed confirmed what we had been told.

There was a key worker system in which meant that the person had a named care worker who took care of their support needs and was responsible for reviewing the person’s care needs; this also ensured that the person’s diverse needs were being met and respected. Staff respected the person’s privacy for example by only accessing their room after consulting the person.

The person’s dignity and independence was promoted by all the staff team. We noted that the person was smartly dressed. The person was not restricted to how often they changed their clothes and we observed staff supporting the person with ensuring they had clean clothes on before accessing the community. Staff informed us that the person’s well-being and dignity was very important to them and ensured that the person was well-presented was an important part of their supporting role. The person was supported to undertake everyday tasks such as doing their laundry. This gave them a sense of involvement and engagement in their care and support.

Is the service responsive?

Our findings

The service was responsive to the person's needs. The person and their relatives were involved in planning and reviewing their care needs. The person was supported as an individual, including looking after their social interests and well-being. The person's room was decorated to the person's interests and likes which showed the service gave the person choice and respected them. The senior care coordinator informed us, "The service always ensured that people living at the service or visiting on respite were encourage to maintain their likes and interests as this ensured a person centred approach.

The manager informed us that, before the person came to live at the service they had assessed their needs to ascertain how they would be best met. The person's care plans clearly identified how they were to be supported to maintain their independence and how their needs would be best met in a safe manner. The person's care plans covered nutritional, personal care, medication and how to support the person's emotional wellbeing. Staff explained how they supported the person to remain content and sometimes focus on different tasks to stay emotionally healthy. Clear detailed guidelines were available for staff, on how to best to support the person's emotional

wellbeing. The care plans we reviewed had a person centred approach; each of the person's care plans clearly identified their individual needs and how they would be best met.

The person in the service had an individualised activity plan and the service ensured that the person was supported to participate in their preferred choice of activities. We also found that the service regularly took the person into the community to do activities such as shopping, day centre and recently the person had started doing some office work such shredding and filing in one of the other sister service and the staff always ask the person what they wished to do. The person informed us, "I really enjoyed working in the office and every morning I look forward to going to help the staff in the office, this gives me stuff to do during the day, some days I help out with the food shopping for the other homes."

The service had a good complaints process in place that was easily accessible to all and all complaints were dealt with in a timely and effective manner. The manager informed us that the service used a local advocacy service to support the person and their relative should they have a concern or complaint; information of the advocacy service was readily available to all. Advocacy services help those who are most vulnerable in society to access information and services, be involved in decisions about their lives and to explore choices and options.

Is the service well-led?

Our findings

The registered manager was visible within the service and informed us that in her absence there were two care coordinators that looked after the service and kept them up-to-date of all the changes and concerns. The registered manager had a very good knowledge of the person living there and their relatives.

The person and their relatives felt at ease discussing any issues with the manager and the staff. The person said, “The manager was very good and would always do what they can for me.”

Staff had regular supervision and team meetings. One member of staff told us, “I feel very supported by the management team; the care coordinators are always to hand when we need them and when I have supervision I am able to express myself and I feel relaxed talking to them.” Staff also had handover meetings between each shift and used a communication book to ensure important information was shared between staff. This demonstrated that people were being cared for by staff that were well supported in performing their role.

The person benefited from a staff team that felt supported by the registered manager. Staff added, “If we ask for anything the management team always do their best to provide it, for example, if we felt that the person’s needs had changed and we needed more support to meet their needs then the management team would do their best to review the person’s care taking into account changes we

have raised and involve us in the decision making. The management team always put the person’s needs at the forefront of their decision making.” Staff said this helped them to assist the person and helped to maintain their independence and also showed that the person were being well cared for by staff who were well supported in undertaking their role.

The person and their relatives were involved in the continual improvement of the service. The manager told us that their aim was to support both the person and their family to ensure they felt at home and happy living at the service. Relatives told us the service always involved them in the growth and improvement of the home and on a regular basis they were invited to meetings, which gave them an opportunity to be involved in the running of the service. The manager informed us that they held meetings with relatives and the person using the service as this gave the service an opportunity to identify areas of improvement and also gave relatives an opportunity to feedback to staff, be it good or bad. Records reviewed confirmed what we had been told.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example, they carried out regular audits on care plans, medication management and the environment. The manager was very keen to deliver a high standard of care to people and they used the quality monitoring processes to keep the service under review and to drive any improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.