

Fairplay

Fairplay - Home Based Support Service

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:

Fairplay – Home based support provides overnight respite care for up to two people and provides a domiciliary care service for these people. It also provides care and support for children and younger adults up to the age of twenty-five. The service is operated from a day care centre managed by Fairplay. The provider also operates a day care facility and support for siblings from this centre; CQC only inspects the service being received by people provided with 'personal care' when a domiciliary or residential service is being provided. At the time of our inspection 15 people were receiving personal care as part of their care package.

People's experience of using this service:

People received safe care from staff who knew them well. Potential risks to people's health, well-being or safety had been assessed to help keep people safe. Staff helped people to move safely using suitable equipment and understood the safe moving and handling techniques that were needed. Each person who had a small team of staff who provided their care. There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. There were systems in place to help promote infection control and lessons were learnt where things went wrong.

People 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 support this practice. Staff received training to support them to be able to care for people safely. People were supported to have their specialist diets and staff understood how to ensure they received the nutrition they needed. The overnight accommodation was part of a day care provision and people felt this met their needs.

People had regular staff who provided care and positive relationships had been developed. Where people received care in their home, the staff arrived on time and stayed for the duration of the call. People had not experienced any missed calls. Staff knew how to provide care in a way that met their needs, routines and preferences and this was reviewed with them and their family. Staff had received an induction, ongoing training and had regular opportunities to discuss their work, training and development needs with the registered manager.

People's diverse needs had been assessed and staff had guidance of how to meet people's needs and achieve positive outcomes. The registered manager had developed positive links with external professionals and strived to continually develop the service, based on best practice guidance.

Staff respected and promoted people's dignity and made sure they supported them in the way they wished, whilst encouraging them to remain as independent as possible.

The service was managed in a way that responded to people's changing needs. Regular meetings were held

for people and their family to share their opinions about the service and facilities provided. People participated in activities that interested them. The provider understood how any concerns and complaints raised by people needed to be investigated and resolved.

People and relatives knew the registered manager by name and felt that they were approachable with any problems. Staff felt the management team was approachable and that they could talk to them at any time. There were a range of checks undertaken routinely to help ensure that the service was safe. Satisfaction surveys were distributed to people who used the service, their friends and relatives, staff members and health professionals to gather feedback about how the service performed.

Rating at last inspection:

At the last inspection the service was rated good; there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why we inspected:

This is a scheduled inspection based on our last published inspection in May 2016.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Resonsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

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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 one inspector.

Service and service type:

Fairplay – Home based support is a residential respite service for two people and a domiciliary care service and provides personal care to children and younger people.

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:

We gave the service seven days' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 24 January 2019 and ended on 11 February 2019. We visited the office location on 24 January 2019 to see the registered manager and staff; and to review care records and policies and procedures.

What we did:

Before the inspection we asked the provider to send us their Provider Information Return (PIR). This is

information we require providers 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 also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about.

People who used the service had complex needs and were not able to share their views with us. However, we observed how staff provided support and we spoke with two relatives on our inspection and one relative by telephone following our inspection.

We spoke with the registered manager, two care staff and a community nurse who was based within the service. We reviewed the care records for four people who used the service.

We also looked at a range of other records relating to the running of the service such as policies and procedures, complaints, staff files and the staff training plan. We also spoke with the registered manager about the action they took to check on quality and safety.

Is the service safe?

Our findings

People were protected from harm as staff had received training and understood how to safeguard people. The staff were knowledgeable about the potential risks and signs of abuse and how to report any concerns through whistle blowing procedures and to the local authority safeguarding team. Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the service and staff knew where to access this information.

Where potential risks to people's well-being or safety had been identified, an assessment had been completed to identify how to mitigate risks. We saw there were assessments in place for moving around, use of mechanical hoists; this included information about the type of hoist and sling people used to transfer people safely. Staff understood these risks and were knowledgeable about how to reduce the risk of harm.

People and their relatives felt there were enough staff available to meet their needs. Where people received respite care, the dates were discussed with them and planned in advance to ensure staff who knew people were able to provide their support. Staff explained that each person had a small team of staff who provided their support during their respite care, at their home and at the day care provision. This meant staff knew people well and could provide continuity of care. Relatives told us that this meant their children knew staff well and they felt confident that each member of staff could provide safe care. One relative told us, "I never worry when they are away as I know the staff know them well. If there is ever an occasion where staff can no longer provide the care, they will ring us up and explain so we can re-arrange. It's very individual care."

When new staff started working in the service, recruitment checks were completed to ensure they were suitable to work. One member of staff told us, "The recruitment procedure is very thorough. You aren't able to start until all the checks have been completed." We saw these checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

Medicines were safely managed. Medicines were kept in a locked room and only staff who had received training were responsible for administering them. The medicines administration records were signed and up to date, which showed people's medicines were administered in accordance with how they were prescribed. People who used the service had complex needs and had their medicines through their feeding tubes, which were sited through a hole in their stomach. We saw staff understood the procedure to safely administer these medicines including using water to flush the tubes and ensure people received it as prescribed. We saw where people were in pain, staff knew the signs they displayed to show discomfort and administered pain relieving medicines.

There were systems in place to help promote infection control. We saw that staff used gloves and aprons and discarded them after use. The service was clean and fresh and staff took responsibility for ensuring the service remained clean and safe to use.

The registered manager had processes in place to share lessons learned from incidents, and accidents. The registered manager was committed to developing the service and maintaining high standards. They told us

any investigation they undertook, information was shared with the staff team and continually reviewed to ensure any actions had been effective and improvements continued to be made.

Is the service effective?

Our findings

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

People's care plans were written in their best interests and people and their relatives helped to develop this when they started to use the service. The registered manager acknowledged that where there were changes of people's capacity or where important decisions needed to be made, they understood that capacity assessments would need to be completed to demonstrate whether they were able to make the decision. Where it had been identified that restrictions may be in place, the registered manager had submitted DoLS applications to ensure this was assessed.

Assessment of people's needs included the protected characteristics under the Equality Act and these were considered in people's care plans. For example, people's needs in relation to their age, gender, religion and disability were identified. This helped to ensure people did not experience any discrimination. Staff told us this information supported their understanding of what was important to people.

When new staff started working in the service they worked alongside other staff who knew people well. Staff explained it was important to introduce new staff to people and enable them to develop a good relationship. Staff had the opportunity to complete the necessary training to gain the care certificate. The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Relatives were happy with how staff provided support and how they were trained. Staff received specific training around the individual support needs of each person who used the service. People had complex needs and had fluids and nutrition through a form of enteral feeding. This meant all nutrition was taken through the mouth or through a tube that goes directly to the stomach or small intestine. Staff explained that they had training each year to ensure they could safely support people with the feeding process and knew how to recognise concerns. Staff were also observed, and their practical skills were assessed to ensure they were safe. Care plans provided staff with guidance of how people needed to have their nutrition. We saw staff prepare the liquid nutrition and understood the feeding regime each person had and monitored this.

The staff were confident they had the skills they needed to provide people's care and one member of staff told us, "We recently had further training to give rescue medicines if people needed these after an epileptic seizure. This gave me the confidence to give this medicine. We would still call an ambulance, but this means there isn't a delay in getting the treatment they need."

The registered manager worked alongside community health and social care workers to assist people to receive effective care and treatment. As people only received respite or homecare, family members stayed in control of organising and maintaining health care. One relative told us, "We share information, so the staff know how well they are or if anything needs to be changed. They are very good at letting us know if they are worried about anything. They know we want to know and they don't hesitate to call us which is great."

When people received respite care, there were different beds that could be used according to people's assessed needs to keep them safe. Two rooms were made available for people to stay overnight and people had access to the day care centre including the sensory room and bathing facilities. The building had been designed for people with complex needs and all areas of the service were accessible.

Is the service caring?

Our findings

People and relatives were happy with the staff that provided their support and people were cared for by staff who were compassionate and caring. Relatives were positive about the approach of staff and told us they had developed good relationships with them. One relative told us, "The staff love them. It's all about [Name]; they look after them as if they were their own. They get so much attention there. The staff are fantastic people."

Staff were positive about their work and showed a good understanding of people's needs, routines and preferences. People's care plans contained information about their identified needs, preferred name, their history, hobbies, preferences and how they wished their care and support to be delivered. This showed people and their relatives had been involved in discussions about support and important information was available, so staff could provide personalised care.

People received care from staff that respected their privacy and dignity. The staff showed a good understanding of the importance of promoting people's independence. One relative told us, "The staff recognise their achievements, no matter how small, they pick up on everything." One member of staff said, "We are always looking at different ways we can include people and for them to do what they can for themselves or recognising how people are communicating so we can do what they want."

People had a small consistent team of staff who supported them which helped to ensure continuity and enabled people to form relationships. Relatives told us this was important to help maintain their dignity. Relatives recognised how important staff were to people and one relative told us, "[Name] recognises the staff and that's why it's important they only have a small team and they all know them. All the staffing is organised so they are with people they know. This helps because they can recognise if they are sad or happy or in pain. They always send information home so we know what they have been involved with so we can talk with them about it too."

People's confidentiality was protected. Records were stored securely. The registered manager told us they had the processes in place that ensured all records were managed in line the General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

The provider had received many compliments about the care provided both in response to quality assurance reviews and unsolicited compliments. We saw this showed that people were satisfied with the care provided.

Is the service responsive?

Our findings

People chose how to spend their time and were involved in a range of activities according to their interests. Relatives told us that respite care was organised, so they had an opportunity to spend time with people they knew and would go out in the evenings. One relative told us, "It's important that they are involved in all aspects of life. Although [Name] can't have any food or drink, they still enjoy going out to restaurants and seeing everything that happens. The staff don't exclude them from any activity." Another relative told us, "They get the opportunity for a great social life there. They go shopping and have been to Chatsworth House. They get involved with everything." Another relative told us, "The staff are always looking at where they can go. We always talk about the respite as 'a girl's sleep over'. They get involved with girls' activities and staff make sure they feel really special." When receiving care in their home, relatives told us staff supported people to continue to be involved with activities they enjoyed. One relative told us, "This isn't an ordinary service, they spend a lot of time together and have enough time to support them, it's never a quick visit."

Support was also provided in people's homes to pursue activities and interests that were important to them. For example, going shopping and visiting places of interest. The provider also organised social events for siblings within the centre and told us this provided valuable support to spend time with other children who had a sibling with complex needs. One relative told us, "This is a really valuable service and it means siblings get together and go on outings and have a chance to talk." During these sessions, personal care was not provided and therefore this support is not regulated by us, although relatives spoke positively about the support they received from staff.

People had a support plan which they kept in their home and there was a copy in the service. Relatives told us they had been involved in how this was developed and they were personalised and contained information to assist staff to provide support. We saw that the care records were reviewed regularly or when people's needs changed. One relative told us, "We meet regularly, and we always go through the plan and tweak this, so it fits. We have more formal reviews too, but I am confident it always reflects the care and support [Name] needs."

Relatives knew how to raise issues or make a complaint and felt confident that any issues raised would be listened to and addressed. One relative told us, "I can't imagine I would need to complain but I am certain that if something was wrong they would put it right." The provider had a complaints procedure and staff understood the need to investigate any complaints. There had been no complaints made.

Care plans provided staff with guidance of people's needs, routines and what was important to them in how they received their care. This included people's diverse needs to ensure care was provided sensitively and was individual to the person.

The Accessible Information Standard was being met. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. Staff had guidance about people's communication and sensory needs. The registered manager told us they would

provide information in alternative formats such as large print or in pictorial format. Staff understood how people communicated and one member of staff explained, "Some people communicate through 'eye gaze'. This means they will look left or right to let us know if the answer is yes or no. Because we are a small team of staff and work alongside the same people, we know people really well and understand this." People were supported by regular care staff and relatives told us this was important to them.

The registered manager was aware of the importance of developing end of life care plans with people, when they were requiring end of life care. Where people had life limiting conditions, a health plan had been developed with health care professionals to ensure staff knew how to respond.

Is the service well-led?

Our findings

The service had a registered manager who provided leadership, guidance and the support staff needed to provide good care to people who used the service. The staff felt the registered manager was approachable and provided support when they needed it. The registered manager assessed and monitored the staffs learning and development needs through regular meetings with the staff and appraisals. Staff competency checks were also completed that ensured staff were providing care and support effectively and safely. We saw their values were based on respect for each other and putting people at the heart of the service. The staff told us that the registered manager was approachable and provided the support they needed to provide good care to people who used the service. Relatives told us that they felt the registered manager was supportive and available when needed.

People who used the service and their family and professionals were regularly involved with the service in a meaningful way, helping to drive continuous improvement and were consulted about the quality of the service. There were opportunities to meet with families to share their views and feedback on the quality of the care provision. The registered manager used staff meetings and one to one meetings with staff to share information and keep staff involved in how the service developed. They encouraged staff to share ideas and staff told us they felt motivated.

The registered manager had a positive approach to continually develop the service and showed a commitment to providing care that was person centred and delivered good outcomes for people. They had high standards and sought ways to further develop their knowledge in best practice guidance and meeting with others to explore different methods of working and reviewing how the service was managed. The registered manager included staff with how the service could be developed and recognising their achievements. We saw at a recent staff development meeting, staff were asked to comment on their own work and projects and those completed by other colleagues in a different part of the service. Staff explained this was useful and one member of staff told us, "It was an opportunity to learn from each other and recognise positive qualities from other staff in different teams."

The registered manager had developed positive links with external health and social care professionals. They worked in partnership with community health professionals and one community nurse was based in the service and worked alongside the staff. This helped to ensure people received the care they needed, care records reflected how to support them and to observe how staff worked to ensure they were competent. We saw where recommendations had been made, this was incorporated in the plans of how to support people to achieve positive outcomes.

There were systems in place to monitor the quality of the service and audits were undertaken by the registered manager. The registered manager completed checks on support plans, medicines management and health and safety. Where concerns with quality were identified, action was taken to improve quality and the action plan and improvements were monitored and reviewed.