

## Fairwinds Health Care Limited

# Fairwinds

### Inspection report

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Date of inspection visit:  
14 January 2020

Date of publication:  
12 March 2020

### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Fairwinds is a residential care home providing personal and nursing care to 23 people living with mental health problems, at the time of the inspection. The service can support up to 24 people.

The service has two, 10 bedded units which are known as Darwin and Partridge Units. Both units provide personal and nursing care. The service also has two houses which support four people in becoming more independent. These are known as 'OneCare.'

### People's experience of using this service and what we found

People received exceptionally good support which assisted them to build confidence to develop independent living skills. Staff were committed in ensuring people lived as full a life as possible and went the extra mile to achieve this. Staff had an excellent understanding of people's culturally diverse needs and understood values and beliefs that may influence their decisions on how they wished to receive care and support.

We observed staff interacting with people and found they were supportive, friendly and caring. The atmosphere throughout the home was exceptionally positive. Staff were exemplary at helping people achieve positive outcomes, building confidence and independence to better manage their mental health. Staff were extremely dedicated in ensuring people consistently received a high standard of care in line with their needs and preferred choices. People we spoke with were complimentary about the staff and told us their privacy and dignity were maintained.

A range of activities and social stimulation was provided by a team of activity co-ordinators. Activities were innovative and met people's needs. The provider had a complaints procedure which was available and accessible. The service had received no complaints but dealt with everyday issues as they arose. The service responded appropriately when people were in receipt of end of life care

People were safeguarded from the risks of abuse. Risks associated with people's care and support were managed effectively to ensure people were safe. Medicines were administered as prescribed and stored safely. There was enough staff available to ensure people's needs were met and their preferences adhered to. Lessons were learned when things went wrong. We completed a tour of the service with the acting manager and found it was clean and well maintained. Staff wore PPE to minimise the spread of infection.

People's needs were assessed, and care and support provided to meet their needs. Staff training was provided, and staff confirmed they received supervision sessions and annual appraisals. Staff felt supported by the management team. We spoke with the cook regarding people's dietary needs and found they were knowledgeable about people's preferences. Food served looked appetising and people told us they enjoyed meals at the home. Healthcare professionals were involved in people's care when required.

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

The provider had a system in place to ensure the service was managed effectively. People who used the service, their relatives and staff were encouraged to feedback their opinions about the home and were part of the service development.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 26 June 2017).

#### 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?

Outstanding ☆

The service was extremely caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally 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.

# Fairwinds

## 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

This inspection was carried out by one inspector.

#### Service and service type

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

At the time of our inspection the service did not have a registered manager with the Care Quality Commission. Registered managers are legally responsible for how the service is run and for the quality and safety of the care provided. The service had a manager in place who was looking at applying to be registered with CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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 contacted the local authority and Healthwatch and visiting professionals for feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with eight members of staff including the acting manager, deputy manager, senior care workers, nurses, care workers and the cook. We spent time observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records, multiple medication records and a variety of records relating to the management of the service.

#### After the inspection

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

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were protected from the risk of abuse.
- Staff we spoke with understood their responsibility around safeguarding people from abuse. Staff confirmed they had received training in this area and knew what action to take if they felt someone was being abused. One staff member said, "We would recognise if someone was being abused. If we suspected abuse, we would not tolerate it for anyone of our service users."
- People we spoke with told us they felt safe using the service. One person said, "I feel safe here, it's a nice safe place."

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been identified and plans were in place to minimise risks occurring.
- People had personal emergency evacuation plans (PEEPS) in place. These gave information about how to evacuate people safely in an emergency.
- The maintenance and housekeeping team ensured the home was well maintained and safety checks of the building were carried out.

Staffing and recruitment

- The provider had a system in place to ensure staff were recruited safely.
- We observed staff interacting with people and found there were enough staff available to meet people's needs. Staff knew people well and were knowledgeable about how to support them.
- People we spoke with told us the staff responded quickly to their needs.

Using medicines safely

- The provider's policies and procedures ensured people received their medicines as prescribed.
- Medicines were stored, recorded, administered and disposed of safely.
- Staff received training in medicine management and had competency checks to ensure their knowledge was current.

Preventing and controlling infection

- We completed a tour of the home with the acting manager and found the premises to be clean and well maintained.
- Staff had access to and used personal protective equipment (PPE) such as gloves and aprons. This meant the spread of infections were kept to a minimum.

#### Learning lessons when things go wrong

- Staff completed accident and incident forms when people had accidents.
- The acting manager ensured any lessons learned were communicated to the staff team in order to minimise the risk of the accident or incident reoccurring.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and care and treatment was provided in line with people's preferences. People's strengths and relevant issues were also identified within the assessment process.
- Care records contained thorough assessments to enable the service to provide specific and individualised care.

Staff support: induction, training, skills and experience

- We spoke with people who used the service and they felt staff were knowledgeable about their role.
- Staff told us they received the training they required. Staff also informed us they received supervision sessions and annual appraisals which they valued.
- New starters received an induction to their role which included shadowing staff and training. One staff member said, "I had an induction and shadowed experienced care staff until I felt comfortable to work as part of the team."

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

- People received a balanced diet which met their needs and catered for their preferences.
- We spoke with the catering team who were knowledgeable about people's dietary requirements. The cook said, "People's preferences are identified to ensure they don't get offered anything they dislike."
- Menus were available and gave two choices at each meal with additional healthy options as a separate menu and a café menu with alternative dishes on. People could choose anything they preferred to eat.
- People we spoke with told us they enjoyed the food provided at the home. One person said, "Choice of food and the food is alright here. Meals are filling."

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

- Care records contained information about the support people received from other professionals. For example, opticians, chiropody, community nurse learning disability team, GP and diabetic eye screening service.
- Staff referred people to healthcare professionals as and when required and followed their advice when supporting people.
- An oral health assessment tool was in place to assist staff in supporting people with their oral health care.
- Hospital passports were in place in case people were admitted to hospital. These showed the people's current needs and what was most important to them. For example, one passport informed the reader that

the person could become fixed on the television and feel that things are real. They also liked listening to music, cooking and making things.

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

- The service was suitable for purpose and decorated to meet people's needs.
- People had access to outside space and garden areas which they could freely use.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the guidelines of the MCA.
- Where people lacked capacity, decisions had been made in their best interests.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence

- During our inspection we observed staff interacting with people. We found they were highly motivated and offered care and support that was exceptionally compassionate and kind.
- The service strived to help people live independent and fulfilling lives. For example, one person's wish was to cook safely. After two months living at the service, they had been supported to complete an awareness of food safety certificate after completing a course facilitated by the catering manager at Fairwinds. This person now cooks in the home's kitchenette facility and the whole process had increased their independence, confidence and daily living skills. Staff told us, "[name] is doing amazing." Staff were happy to celebrate the persons success with them.
- Respect for people's privacy and dignity was at the heart of the culture and values of the home.
- Staff were extremely knowledgeable about people they supported and provided exceptional person-centred care. Staff anticipated people's needs and recognised potential triggers of distress. For example, one person responded well to quiet environments and became anxious if there was a lot of noise. Staff respected this and kept the environment as quiet as possible around the person to prevent any unnecessary distress.
- Staff assisted people to promote their independence, gave choices and respected people's decisions. The service offered creative ways to ensure individual needs were met.
- Dignity champions were in place and dignity was discussed in all staff and residents' meetings.

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

- Staff knew people extremely well and were able to support people in a way which respected their preferences. Staff valued people's individual backgrounds and life experiences. For example, people were supported to engage in religious practices where this was a preference. One person was supported to attend a local church and had built up a friendship group as a result of this.
- Exemplar Health Care collaborated with Leeds University and commissioned a research project around relationships and sexuality. As a result of this Fairwinds had provided opportunities for people to spend private time together to enjoy each other's company. For example, one service user had been supported to achieve a food hygiene certificate as it was their wish to be able to prepare meals for their partner when they visited Fairwinds, and on visits to the family home. Staff worked with another person to support them in arranging a suitable venue to meet someone and agreeing how they could feel supported without too much intrusion from staff to maintain their privacy and dignity, whilst also ensuring their safety was maintained.
- Staff were aware that people's likes, and dislikes were important to them and if people were offered things they didn't like this could have an impact on their day.

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

- People who lived at Fairwinds were truly respected and valued as individuals and were empowered as partners in their care. People were supported to express their views and be actively involved in making decisions about their care, treatment and support. People were respected, listened to, and had an influence on how care was provided. For example, Fairwinds had a service user ambassador role which demonstrated one way people were supported and encouraged to express their views to have a direct impact on the care and support they received.
- Staff were highly skilled in supporting people to be partners in their care. People were empowered to make decisions which impacted on their well-being and lifestyles. For example, people expressed a need to care for animals as pets. Staff assisted people in facilitating their wish to own a pet. This was done in a way which promoted the well-being of people but also provided a safe environment for the pet.
- People had a named nurse and a key worker to ensure people's needs were met appropriately.
- Key workers and named nurses had built up excellent relationships with people and their relatives and had involved them as partners in their care.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People received extremely high quality, person centred support which ensured their personal preferences and diverse needs were met.
- Staff used innovative and person-centred ways of involving people and their families in their care and support. Support plans were reviewed whenever necessary to ensure people received appropriate support.
- Staff worked with people to develop skills to lead to an independent life which achieved excellent outcomes. The home had a service known as 'OneCare' which supported people who wanted to gain more daily living skills, with a view to moving independently in the community. This service was provided in community homes which were situated adjacent to the home and were designed for people who were ready for a more independent style of living but still required some specialist support.
- When staff saw a potential that the OneCare service would benefit someone they approached them about it and decided if this was something they would like to consider. After careful planning and thoughtful preparation, people could then try the service to see if it met their needs. This was always used as a transition to live more independently. One person tried this service but had moved back in to the main home as they said, "It wasn't for me, I like to know people are around all the time." For other people this had given them the opportunity to live a fulfilling live.
- When one person moved in to the service they didn't engage in social situations however due to dedicated care and support the person now lives in the OneCare Pathway service. This has encouraged independent living and they are now able to go out in to the community without feeling anxious.
- Visiting professionals gave overwhelmingly positive comments about the service. They told us the service was focused on providing person-centred care and support which achieved exceptional results. One professional said, "It's friendly, welcoming, well run, and that is apparent in interactions with all members of staff." Another professional commented, "I have witnessed skilled and effective person-centred communication and care."
- People we spoke with told us staff totally understood their needs. One person said, "Staff totally understand me. They know what I need."

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

- Arrangements for social activities and education exceeded people's expectations and fully met their individual needs. The service followed best practice guidance to ensure people lived as full a life as possible.
- The service employed an activity co-ordinator who was committed to providing a wide range of social activities that people chose to do.

- The activity co-ordinator told us activities were discussed at residents' meetings. Each person also had a well-being and social support plan which was devised to assist staff in promoting social interaction which met people's needs and gave them a purpose.
- Staff extremely committed to promoting and fulfilling people's potential to achieve positive outcomes. For example, one person had a desire to go to the pantomime but didn't like crowded places. Staff worked with the person to develop skills and confidence which had a positive impact on the person's health and well-being.
- The activity co-ordinator had joined a group called 'golden carers' this was a group of activity co-ordinators around the world, who shared ideas with each other. This gave opportunities to share best practice and learn from other care workers.
- People had access to activities in the wider community and experienced holidays. One person was supported to go on a hot tub holiday which they had longed to do. Another person was supported to engage in a car show. This empowered the person to re-engage in a past interest and hobby.

#### 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.

- The service took innovative steps to meet people's communication needs and to comply with the AIS.
- The service supported people to communicate their needs and preferences. For example, when one person first moved in to the service they would not engage with staff. Over time staff had engaged with this person on a one to one basis which built up a relationship of trust. This person now initiates conversation and communicates their view.

#### End of life care and support

- The service had an excellent understanding of people's culturally diverse needs. Staff understood how people's values and beliefs may influence their decisions on how they wanted to receive end of life care.
- The staff team at Fairwinds had been extremely responsive in enabling one person engage with their religious beliefs and preferences at the end of life. This support had rekindled a relationship with the person's family and their faith
- The manager told us they asked people for their views and opinions and recorded any details about end of life care within their care documents.
- The manager gave an example of when they provided this support. Staff attended appropriate training to be able to support the person and worked with district nurses and the local hospice.

#### Improving care quality in response to complaints or concerns

- The service had a complaints procedure and people we spoke with felt able to raise concerns about the home.
- The home had not received any complaints since our last inspection. People were encouraged to voice any problems about the service in residents' meetings. The registered manager also operated an open-door policy, where people felt at ease to approach them.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was managed in a way that promoted person-centred care and where values such as independence, respect and equality were maintained.
- The management team and staff we spoke with were committed to meeting people's needs, respecting their choices, and offering meaningful support.
- There was a strong recognition that people were at the centre of their care and support, led fulfilling lives and interacted as part of the community.

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

- The manager and the management team understood their responsibilities to be open and honest when things went wrong.
- The registered manager and the staff team were clear about their roles and responsibilities.

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

- The service had a service user ambassador, who attended service user forums held by the company. This promoted people's involvement in the home.
- An annual quality survey was sent out to people and their relatives to give opportunity for them to feedback their views.

Continuous learning and improving care

- The management team completed a series of audits to ensure the service was meeting the standards expected by the provider.
- Where issues were identified, action plans were devised to assist the management team in addressing them.

Working in partnership with others

- The provider worked in partnership with other professionals, learned from them and took their advice on board.
- Professionals we spoke with were extremely complimentary about the service.

- When people required the support of other professionals and specialist support this was sought in a timely way.