Care Quality Commission

Fairburn Vale Health Care Limited

Fairburn Vale

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 was an unannounced inspection which took place on 17 March 2015.

Fairburn Vale provides nursing and social care to 20 people with an acquired brain injury, some people are supported to regain their independence and to move on from the service, and other people need longer term care. On the day of our inspection there were 20 people living at the home. The home is purpose built and all rooms have access to en suite facilities. There is level access to a secure garden and communal areas within the home.

There was a registered manager in post. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were aware of how to safeguard people who used the service. People's needs were assessed and risks were identified and managed, we saw detailed risk assessments were in place. The service had systems and processes in place to protect people from harm and to ensure care was delivered safely.

We found people were cared for by sufficient numbers of suitably qualified and experienced staff. Robust

Summary of findings

recruitment and selection procedures were in place. Staff received the training and support required to meet people's needs. Staff spoke positively about the amount and variety of training available to them.

Staff told us they were well supported, the service offered robust off site induction training. staff had access to regular supervision and everyone had received an annual appraisal. Staff told us the leadership team were supportive and they were confident any concerns raised would be investigated thoroughly.

We looked at the administration of medication and found people were being given their medication as prescribed. We found the recording of the medication administered was good. Staff told us they had received the training required to administer medication safely.We saw people had access to one to one activity, which was person centred. People were supported to maintain strong contact with their families and to develop links with the community.

Staff were trained in the principles of the Mental Capacity Act 2005. Deprivation of Liberty Safeguards (DoLS) were in place to protect the rights of people's whose freedom was restricted. People were referred to advocacy services where appropriate.

Suitable arrangements were in place and people were supported and provided with a choice of suitable healthy food and drink ensuring their nutritional needs were met.

Health, care and support needs were monitored, assessed and met by contact with health professionals as needed. In addition to this the home had good links with the neuro rehabilitation consultant and people had on site access to therapy support.

People's needs were assessed and care was planned and delivered in line with their individual care plans which described their needs, preferences and wishes well. We saw people and their loved ones had been involved in developing and reviewing these.

We saw positive relationships between staff and people who lived at the home, and staff communicated well with people who used non-verbal communication techniques. Staff knew how to respect people's privacy and dignity.

There were effective systems in place to manage, monitor and improve the quality of the service provided. The home had an open and honest culture; staff told us they would be confident to report concerns, and the registered manager told us they were continually striving to develop and improve the service. Staff told us there was a strong focus by the provider about supporting people who lived at the home to have choice.

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.

Staff understood how to safeguard people who lived at the home. They could describe the different types of abuse and had received training on safeguarding vulnerable adults.

Risk assessments were detailed and enabled staff to know what support a person needed to reduce and manage risk. Medication was managed safely.There were enough staff to meet the needs of the people who lived at the home. Recruitment processes were thorough.

Good

Is the service effective?
The service was effective.

Staff implemented the Mental Capacity Act (2005), relevant people were consulted when making best interest decisions and people were appropriately referred for an Independent Mental Capacity Advocate (IMCA) as needed. Deprivation of Liberty Safeguards (DoLS) were in place to protect the rights of people's whose freedom was restricted.

Staff told us they were well supported, they had a robust induction programme and access to ongoing training as well as regular supervision and an annual appraisal.

People had access to health care professionals as needed and the service had developed good links with the neuro rehabilitation consultant. The home also had on site physiotherapy and occupational therapy staff to support people. People enjoyed a balanced and nutritional diet.

Good

Is the service caring?
The service was caring.

Staff were kind and caring, and wherever possible, supported people to make their own choices.

People had detailed care plans which were individual. People and their loved ones were involved in the development and review of their care plans.

Good

Is the service responsive?
The service was responsive.

Activities were designed to meet the individual's needs. People were supported to maintain strong links with their families and the community.

We saw the home had a robust process for investigating complaints and responses to complaints.

Good

Is the service well-led?
The service was well led.

There were effective systems in place to assess and monitor the quality and safety of the service.

Staff were aware of their roles and responsibilities and knew what was expected of them. Staff told us they were well supported by the management team and the service recognised and rewarded good practice amongst the staff team.

Good

Fairburn Vale

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 17 March 2015 and was unannounced. The inspection team consisted of three inspectors, which included a pharmacy inspector, and a specialist advisor who was a nurse and an expert by experience; this is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience has experience of supporting younger people with physical and mental health needs.

Before our inspection, we reviewed all the information we held about the home. This included previous inspection reports and any statutory notifications that had been sent to us. We contacted health professionals, the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider had completed a provider information return. This is a document that provides relevant and up to date information about the home that was provided by the registered manager or owner of the home to the Care Quality Commission.

During the inspection we spoke with 10 people who lived at the home, three relatives and three friends of people who lived at there, and 11 members of staff which included the registered manager, clinical lead nurse, care assistants, therapist, nurses, maintenance manager and the chef. We also spoke to two visiting health professionals.

We observed how care and support was provided to people throughout the inspection and we observed lunch on both floors of the home. We looked at documents and records that related to people's care, and the management of the home such as staff recruitment and training records, policies and procedures, and quality audits. We looked in detail at three care plans and reviewed eight medication records.

Good

Is the service safe?

Our findings

Staff showed a good understanding of how to support vulnerable adults and protect them from avoidable harm. They told us they were aware of how to detect the signs of abuse, and gave examples of the behavioural and physical signs to look out for. Staff understood the reporting procedures and all of the staff we spoke with had received safeguarding training. We saw the service had safeguarding and whistle blowing policies in place, which, provided staff with detailed guidance.

Staff told us they would feel confident to raise any concerns they had with the manager and felt these would be taken seriously. We were aware of a whistleblowing incident which had been raised as a safeguarding alert to the local authority and the Care Quality Commission (CQC), by the registered manager of the service. Our records showed this had been well managed by the service. This showed staff were encouraged to apply the whistleblowing policy and were well supported.

People had been assessed for appropriate equipment to ensure they were supported to move safely, detailed risk assessments were in place for people at risk of falls and weight loss. We saw comprehensive individual risk assessments were in place for people who could cause harm to themselves or others. The risk assessments contained detailed guidance for staff about how to support the person to reduce the risk of avoidable harm; they identified triggers and signs to help staff spot when behaviours may be escalating and guidance about de-escalation techniques. The level of risk was assessed based on frequency and potential consequences and we saw these were reviewed monthly or more frequently as required.

We saw people had assistive technology in place to ensure a degree of freedom whilst recognising and safeguarding against risk, for example, one person had pressure mats on either side of their bed, and this was to ensure staff could provide one to one support as soon as the person was out of bed. Some people needed one to one support as a result of their needs and we saw this was delivered in a sensitive way, we saw these people had an authorised DoLS in place.

We saw people had personal emergency evacuation plans so staff were aware of the level of support people living at the service required should the building need to be evacuated in an emergency. All of the staff we spoke with were aware of these and told us where to find them.

We looked in detail at the processes in place in the home for ensuring that all obligations in respect of health and safety were in place and that a safe environment was maintained. We found the service had robust processes in place. We saw evidence that health and safety committee meetings took place every three months, this was a forum for issues to be raised and an opportunity to delegate action.

Accidents and incidents had been recorded in line with the service's policy and procedures. There were comments about any action which had been taken to manage the risk of the situation re-occurring.

We observed enough staff were on duty to keep people safe. We saw staff responded to people's needs quickly and had time to spend with people on a one to one basis to offer reassurance, all of the interactions we observed were unhurried. Every member of staff we spoke to said there were enough staff to meet people's needs. A member of the nursing staff explained the service had a bank of staff to provide additional cover, they explained this ensured people with complex needs were supported by a consistent team of staff who knew them and that the use of agency staff was avoided wherever possible.

The home operated a robust recruitment and selection process which ensured staff employed had the right skills and experience to support the people who used the service. We looked at recruitment records and found all staff had an application form, two references and a check with the Disclosure and Barring Service (DBS). The DBS checks help employers make safer recruitment decisions. Once recruited staff completed a three month probationary period, this enabled the service to ensure the member of staff was suitable for their role.

We looked at the storage and handling of medicines as well as a sample of medication administration records (MARs), stocks and other records for eight people. We found the arrangements for handling medicines were safe. All medicines were administered by qualified nurses. The MARs were completed by staff at the time of administration to each person, helping to ensure their accuracy. We saw

Good

Is the service safe?

that medicines were administered at the right times. The MARs were clearly presented to show the medicine people had received and where new medicines were prescribed these were promptly started.

Individual written protocols were in place describing the use of 'when required' medicines and about any individual support people may need with taking their medicines. However, the home had not kept a copy of the written dose instruction for an anticoagulant whilst the results book, this is a book which records the doses taken and the blood test results, was at the clinic. This increases the risk of errors as the actual dose instruction cannot be confirmed at the time of administration.

Consideration was given to how people's medicines needs would be best met when away from the home.

Regular medicines audits were completed and should any incidents or errors occur, these were appropriately investigated and any learning shared to reduce the risk of reoccurrence. The registered manager worked with local GP's and Hospitals to support the safe transfer of information when people moved between services. We found that medicines, including controlled drugs, were stored safely.

The environment was safe and clean, we saw several weekly checks were carried out to ensure the prevention of infection these included; mattress audits and a general inspection of the environment.

Good

Is the service effective?

Our findings

During our inspection we observed people were supported by staff who knew them well and had the skills to communicate with people who used nonverbal communication. We saw one person who had one to one support had communication cards which staff used effectively to engage with the person.

Staff told us they felt they were well supported. One member of staff told us the induction training they received was, “fantastic”, and another person told us, “The training is draining at first, but then you realise how really interesting it all is.” The home had a robust induction period, staff had off site training;for care assistants this lasted seven days and was eight days for nurses. Staff told us they covered the following areas; safeguarding, privacy and dignity, moving and handling, food hygiene, holistic care, Mental Capacity Act, fire training and NAPPI (non-abusive psychological and physical intervention) training, level 1. Once this training was completed staff then worked for two weeks in addition to the core staff team, this was to enable staff to get to know people who used the service and to have time to observe staff and learn how best to support people. The registered manager told us that once the probationary period was completed all staff were expected to work towards the national vocational qualification (NVQ) in care level two and three.

Staff told us the leadership team were supportive and very responsive, and that if additional training was identified then this would be provided. We reviewed the training records and found these were up to date. We saw records which showed people had supervision on a regular basis and all staff received an appraisal in 2014. One member of staff told us, “I like working here. Everyone is working hard on behalf of the residents and management are very supportive.”

The Mental Capacity Act (2005) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. The registered manager and care staff demonstrated a good understanding of this legislation and what this meant on a day to day basis when seeking people’s consent, we observed staff supportedpeople to make choices throughout the day. Staff told us they understood the legislation and had received training.

We saw mental capacity assessments in people’s care plans and these were reviewed by care staff on a monthly basis. Where people were unable to make decisions for themselves, we saw documentation which showed the service had completed a detailed mental capacity assessment, and had consulted all the relevant people when making decisions in the person’s best interests. We found one person had been appropriately referred for an Independent Mental Capacity Advocate (IMCA) to support them with decisions around their care and welfare. The role of an IMCA is to provide support to people who lack capacity to make decisions and have no-one else (other than paid staff) to support or represent them. We saw best interest decisions recorded in relation to day to day care, medication, equipment and health care screening.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring that if restrictions are in place they are appropriate and the least restrictive.

The registered manager demonstrated a good awareness of the DoLS and how to implement this to ensure people who lived at the home had their rights protected. The registered manager told us 17 people who lived at the home were subject to an authorised DoLS. We reviewed the documentation for three people and we saw all the necessary paperwork was in place. The registered manager told us staff do not use physical restraint but are all trained to apply NAPI level 1, which is a technique to support people with behaviours which might harm themselves or others.

We observed lunch which was a calm and pleasant experience for people. There was a choice of two main courses and we saw one person was given an alternative to this. People were supported to have a balanced diet and told us they enjoyed the food. Desert was a choice of fresh fruit or a homemade cake. There were enough staff available to support people as needed. People had adapted cutlery and plate guards to support them to be as independent as possible. Where support was needed to eat this was done in a dignified way and care staff went at the pace of the individual.

We spoke with the chef and observed them spending time on the units, people who used the service had a positive rapport with them and they discussed what food was available that day. We saw one person enjoyed a milkshake

Good

Is the service effective?

which the chef had made for them. The chef was aware of individual's dietary needs and explained to us how this was managed. They told us about one person who was currently PEG fed, this means the person is fed through a tube which goes into their stomach, but who was being supported to eat a small amount of food, this was in line with advice from the appropriate health care professional. Another person had a pureed diet. The chef told us the unit had a winter and summer menu, feedback was sought from people who lived at the home and their loved ones about food choices and the quality of the food. A relative told us their family member, "Got an excellent diet", and they, "Wanted for nothing regarding food." They told us they could enjoy a meal with their family member if they wanted to.

We saw in people's records they had access to health care professionals such as the GP, nurses who came to monitor people who had specialist requirements regarding feeding, occupational therapists, opticians and dentists. In addition, the service had developed strong links with the consultant in neurological rehabilitation, they reviewed everyone who lived at the home and reviewed their medication every three months. This meant the registered manager had direct access to the consultant for advice as and when required.

The service employed a full time physiotherapist and occupational therapist, with therapy assistants who worked under their direction. This meant people had access to therapy on a regular basis and were supported to rehabilitate and achieve their potential. A relative told us they were pleased their family member had access to this. A visiting health professional told us, "The staff are friendly, they contact me appropriately and seem well trained."

Good

Is the service caring?

Our findings

We saw people were treated with kindness and compassion, and were encouraged by staff to make their own choices. During our inspection people told us staff were caring and they felt well cared for. We observed people to be relaxed and at ease in the company of staff, one person told us if they didn't understand something staff would spend time with them to explain it and support them to make a choice.

We saw one person with complex needs was frequently agitated throughout the day, they had one to one support and we observed each support worker had a good rapport with the person and the agitation was well managed to prevent avoidable distress. The support staff knew what the person needed and provided this, we observed them engage in various activities throughout the day and staff were patient and kind. It was evident the person knew and trusted the staff, they smiled at various staff including those who did not provide their direct support.

Relatives told us they were involved in developing the care plan for their family member and were informed of any changes quickly. One relative told us their family member was, "Well looked after", and they worked together with the service to make sure their relative received good care. They went on to say the service had a positive family and homely environment. They told us they had visited many care homes and they believed this was a good one.

The atmosphere within the home was relaxed and cheerful, there was music playing which was the choice of someone who lived there. In the afternoon a birthday celebration took place and this was a lively and enjoyable event for everyone. One person told us, "The home is excellent, Fairburn Vale is like being in your own home."

Staff we spoke with told us they were confident people received good care, all staff talked to us about how they supported people to make choices and there was a strong emphasis on person centre care. One member of staff said, "I love looking after people, it's such a friendly environment." Another told us, "I like working here. The home centres around strong staff support and giving people who live here as much choice as possible."

Staff spoke about the importance of ensuring privacy and dignity were respected, and the need to respect individual's personal space. They gave examples of how they did this. Throughout the inspection staff demonstrated to us they knew people well, they were aware of their likes and dislikes and the support people needed. We looked at three people's support plans and they all contained detailed information about their life before they moved to Fairburn Vale and their likes, and dislikes. This meant staff could get to know the person and their values to ensure the care they received matched this. We saw in one person's care plan about the value and importance they placed on their personal appearance, the care plan gave specific details about the support the person needed to achieve this and included information about dying the person's hair, down to the preferred brand and colour of hair dye the person would chose if they were able to.

Some people who lived at the home had minimal contact with anyone other than support staff or other professionals involved in their care and welfare. We saw two people had been referred for advocacy support to ensure their views were heard. In one person's care plan we saw their advocate visited them monthly. The home displayed information about advocacy in the main entrance.

Good

Is the service responsive?

Our findings

We looked at three people's care plans, they all contained a detailed pre admission assessment, and these were completed with extensive information about the individual's needs. This meant the service could be confident they could meet the person's needs prior to them moving in. Information was gathered from a variety of sources, for example, any information the person could provide, their families and friends, and any health and social care professional involved in their life. This helped to ensure the assessments were detailed and covered all elements of the person's life.

This information was then used to complete a more detailed care plan. People's care plans were person centred and contained information about their life before moving to Fairburn Vale. They included information about their personal preferences and had a strong focus on how staff should support the individual to meet their needs. In each care plan we saw a summary of identified needs which captured all of the basic information on one sheet.

Care plans contained detailed information about the support needed and how staff should identify this. For example, we looked at one care plan and noted they had a history of low mood. The care plan gave care staff detailed information about the signs staff should observe that could indicate the person was low in mood, and advice on what action to take.

We saw evidence of care plans being reviewed regularly and the reviews included all of the relevant people, in one care review it was noted the person's mood had improved. Following the review we saw the person had been seen by their consultant and their medication had been reduced. Another person had made significant progress during their time at the home and the home had referred the person back to their care team to review whether their needs would be best met elsewhere.

Activity sessions were planned and delivered by the occupational therapist. The home had one full time member of staff and a part time member of staff, who worked 30 hours available to support people with daily activity. Activities were available which helped people re-learn life skills they may have lost as a result of their brain injury. There was a focus on how to plan and sequence tasks such as getting ready in the morning to planning and spending money. The registered manager told us the home supported people to be as independent as possible and gave us an example of support to someone to re-learn how to manage their money; they told us about activities which were in the home, such as a maths game using money and then how the person could be supported to apply this in a shop.

In addition to this we saw group activities and one to one activities taking place throughout the day. People had access to one to one therapy support, sensory activity and trips out of the home. People told us they went on holidays once or twice a year, with the last trip being three days away at Centre Parcs. One person told us they had been supported to go to a football match with staff as this was something they wanted to do. We saw the home provided support to people to maintain strong links with their families; one person visited their family every other week. They were supported to do this with access to a one to one care staff member and use of the minibus. We saw relatives could visit anytime, one relative told us they came every day and it was, "An extension of their home."

We saw the home had a robust process for investigating complaints and responses to complaints. The information related to the investigation of a complaint along with letters communicating outcomes to complainants was accessible via the computer system which enabled them to be evaluated by area managers. All of the staff we spoke with said they would feel confident to resolve any minor complaints people may have but would raise any other concerns with a more senior member of staff. A relative told us they had not needed to make a complaint but felt they would be taken seriously should they have any concerns, they told us they worked through things together with the home manager and staff team.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a clinical lead and senior nursing staff. Staff spoke positively about the leadership team and the provider, a member of staff said, "The company are really good if the service users need something they get it no issues and it is the same when things need doing." Staff told us they were clear on their roles and responsibilities and demonstrated a good understanding of the ethos of the home, we were consistently told by staff they enjoyed working at the service, with their main focus was the people who lived their received good care and were given choices.

The home carried out staff surveys, we looked at the results from 2014 and noted a high proportion of staff had worked there for longer than three years, large numbers reported a high level of enthusiasm for their role and felt managers promoted a work life balance. People who lived at the home and their relatives were also asked to complete an annual survey. The results from 2014 found relatives universally scored the service at a very high level. None of the people who lived at the home had completed their survey; we thought this was an area where the home needed to develop to ensure they received the views of people who used the service directly.

The home had a system of audits which meant they were reviewing the quality of the service and could make changes if required. Monthly audits were carried out into all aspects of care such as people's weight, health, medication, care plan documentation and risk assessments. This data was collated and was accessible on the computer system, a colour coded system was used to identify the risk and we could see evidence recorded of the action taken. In addition to this the system enabled the registered manager to capture information on clinical issues for people who used the service such as health surveillance and weight. It also enabled the registered manager to integrate information from incident reports, safeguarding alerts, complaints and compliments, staff training and supervision, maintenance requests. We saw a quality assurance calendar which was informed by the monthly data stats; heads of department meetings and health and safety committee, all actions were completed up until the end of March 2015. We concluded the home had robust systems in place to ensure good governance, we found data was collected, analysed and actioned which ensured good outcomes for people who used the service.

Team meetings were held regularly to ensure staff had the opportunity to give their views and to hear about changes to the home. Staff told us they have a 'policy of the month' which they used to revisit policies and learn about any changes.

The registered manager told us, "If we are not getting it right we need to know," and they were introducing 360 degree appraisals for the senior leadership team; this would enable staff at all levels within the organisation the opportunity to provide anonymous open and honest feedback. The registered manager told us they want to develop the service to enable people to have access to more of a supported living environment for people who would benefit from this.

We found the home operated a culture of recognising good practice and supporting staff to achieve their potential. The provider held special achievement awards for staff every month based entirely on peer nomination. The registered manager told us that staff were supported to develop their skills and to move on into different roles within the organisation. Both the clinical lead and the registered manager spoke of respect for each other and of a shared value base; they demonstrated a strong commitment and enthusiasm to the home, which clearly had a positive effect on both the team and the people who used the service and their families.