

Fairmont Residential Limited

# Fairmont Residential Ltd

## Inspection report

28 Sandringham Way  
Withymor Village  
Brierley Hill  
West Midlands  
DY5 3JR

Date of inspection visit:  
06 December 2018

Date of publication:  
31 January 2019

Tel: 07775697799

Website: [www.fairmont-residential.com](http://www.fairmont-residential.com)

## 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

Fairmont, Sandringham Way 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. Fairmont, Sandringham Way is a care home without nursing, which can accommodate two people. At the time of our inspection two people with learning difficulties were using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going 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.

The inspection visit took place on 06 December 2018 and was unannounced. Calls to relatives were made on 14 December 2018.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen."

There was not 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. A new manager had been appointed and they were currently in the process of registering with CQC, however this was delayed as they were currently away from work.

People continued to receive care that made them feel safe and staff understood how to protect people from abuse and harm. Risks to people were assessed and guidance about how to manage these was available for staff to refer to/follow. Safe recruitment of staff was carried out and adequate numbers of staff were available to people to meet their needs. People received medicines as required.

People continued to receive support from staff with a sufficient level of skills and knowledge to meet their specific needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were assisted to access appropriate healthcare support and received an adequate diet and hydration.

The care people received was provided with kindness, compassion and dignity. People were supported to express their views and be involved as much as possible in making decisions. Staff supported people to have choices and independence, wherever possible. Staff enabled people to access activities should they so wish.

The provider had effective systems in place to regularly review people's care provision, with their involvement. People's care was personalised and care plans contained information about the person, their needs and choices. Care staff knew people's needs and respected them. End of life wishes were considered.

The service continued to be well-led, including making checks and monitoring of the quality of the service. Relatives and staff were positive about the leadership skills of the management team.

## 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.

### Is the service effective?

Good ●

The service was effective.

### Is the service caring?

Good ●

The service was caring.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Good ●

The service was now well led.

# Fairmont Residential Ltd

## 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 checked 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 unannounced comprehensive inspection was completed by one inspector on 06 December 2018. Telephone calls to relatives were made on 14 December 2018.

We used information the provider sent us in the Provider Information Return. 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 reviewed other information that we held about the service, such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

We were unable to speak with people using the service, so we carried out a Short Observational Framework for Inspection (SOFI) to observe the interactions of people unable to speak with us. We spoke with three relatives, two members of care staff and the deputy manager. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received.

We looked at two people's care records, two medicine administration records and two staff recruitment files. We also looked at records relating to the management of the service including quality checks and audits.

# Is the service safe?

## Our findings

We observed people being safely cared for and one relative told us, "People are 100% safe here, there is a plan in place for every eventuality". A staff member told us, "Care here is risk assessed, people are protected by staff who know them and whom they have trust in".

We saw that staff understood safeguarding and the process to take should a concern arise. Staff discussed with us their understanding of how people may encounter abuse and told us how they would notify the relevant authorities. Staff were clear on the actions to take in the event of an emergency and one staff member told us, "I would call the emergency services if required and keep the person safe and reassured until they arrived." We saw that any accidents and incidents were recorded appropriately and action taken where needed.

We found that any risks were managed well and that detailed risk assessments were in place. Risk assessments included, but were not limited to, personal care, health, diet and fluids, medicines and mobility. Behaviour and any possible triggers were risk assessed as were any concerns within the environment both inside and outside the home.

Relatives felt that enough staff were available to people and one told us, "There are always enough staff, mostly 2-1 staffing". A staff member said, "There are definitely enough staff on every shift, people receive the support that is expected". We saw staff spending time with people and some positive interactions between them. The staff rota reflected the amount of staff available to people during the inspection.

We found that checks included identity checks, references from previous employers and a check with the Disclosure and Barring Service (DBS) had been carried out. The DBS check would show if a person had a criminal record or had been barred from working with vulnerable adults.

A relative told us, "[Person] receives their medicines on time every time". We saw that people were supported effectively to receive their medicines and that records tallied with medications available. Medicines were stored and disposed of safely. Staff told us that they felt confident to administer medicines and had been trained in preparation.

A relative told us, "It is a very clean and tidy home and it is extremely hygienic". A staff member said, "This place is very clean, there is a cleaning procedure that staff stick to. We only use COSHH products [controlled substance] in our cleaning and clean regularly". I have done [persons] bathroom already today. We found the environment was clean and odour free and was clear from hazards. People were protected by the systems in place for prevention and control of infection. Checks to evidence the environment was safe were completed.

# Is the service effective?

## Our findings

Pre-admission assessment information was in place, and this provided information on the person's needs such as personal care, mobility and eating and drinking. It gave a past medical history and information about the person's health and any diagnosis.

Staff members told us that they received training that helped maintain their skills. One staff member told us, "They are a supportive company and our training is good". Our observations were that staff knew how to support people and had the skills and knowledge required to meet their needs. A staff member told us, "We know people and their needs so well". They gave us examples of the care required by people they supported.

Staff had completed the Care Certificate as part of their induction. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the care sector. One staff member told us, "I worked with a brilliant mentor who taught me everything I needed to know. I was well prepared for the role". Staff told us they received regular supervisions and one staff member said, "I have supervision every couple of months, the management ensure that I am supported.". We saw supervisions were recorded.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met and found they were.

At the time of our inspection we found that applications for DoLS had been submitted to the appropriate authorities and approved. Staff confirmed they had received the appropriate level of training and demonstrated they supported people in line with the principles of the MCA. Staff understood why people may need to have their liberty restricted and one staff member told us, "If people have the inability to make safe decisions and they may go outside and step into the road for instance, then we apply for a DoLS so we can protect them".

Staff gained people's consent prior to any action being implemented and we saw this being carried out. Where people did not communicate verbally we saw staff judging body language and gestures and only supporting people when they were sure they were happy. A staff member told us, "No always means no, if somebody doesn't want to give consent they don't have to".

People enjoyed the food and we saw one person preparing their own food with help from staff. A relative told us, "Staff have worked to encourage [person] to enjoy healthy meals". A staff member said, "People eat what they want to and we have had some great success in encouraging people to try a wider variety of foods". People received snacks and drinks.

A relative said, "If [person] was poorly the GP would be called and I would be notified too". A staff member told us that should a person be off colour they would arrange for a doctor to call as soon as possible. We saw evidence that dentists, opticians and other health professionals were seen by people as required and that all medical appointments were attended.

We found that decoration around the home was clean and tidy and people were able to move around the home freely. The home was filled with people's personal belongings.



## Is the service caring?

### Our findings

We saw that people were comfortable in the company of staff. A relative told us, "All the staff like [person] they are queuing up to care for them". A staff member said, "We do everything we can here to ensure that people get the very best they can out of life, we have great relationships".

Relatives told us they thought the staff were friendly and caring towards people using the service. One relative said, "The staff are all kind and caring, they are a good bunch". We observed some positive interactions between people and staff, including staff watching television with a person and including them into the conversation they were having with other staff members whilst watching it.

A relative told us, "[Person] makes their own decisions where they can, staff encourage it". A staff member told us, "People make their own choices, they can use PECS cards [communication aid] to show us what they want and they will touch what they want or point to it. We also show people pictures of places they have been so they can decide if they want to go again. The people here have as much choice in life as I do". We saw that people were able to make their own choices. An example of this was when getting ready for a planned outing staff asked a person numerous times when they wished to leave and waited until the person was ready and had completed tasks that they wanted to prior to leaving. We also saw that people chose their own meals, clothing and personal belongings in their home.

A relative told us, "[Person] is treated like an adult living in their own home, with respect and dignity". We saw that people's privacy and dignity was respected in the way that staff spoke to people and acted towards them. Despite staff supporting people continuously they were also aware of allowing them time to themselves. A staff member told us, "This is [people's names] home and they deserve privacy and dignity and we never forget it. They are respected and we encourage them to be able to live a full life as adults". We saw that people were encouraged to be as independent as possible, including washing and dressing where possible and preparing meals. A staff member said, "We back off where people can do things independently".

Relatives told us that they were made welcome, with one saying, "We don't see staff often, but we get really detailed updates via telephone and we know we can ask them anything". Staff told us, "We have a good relationship with parents, we give weekly updates on people by telephone and we also ring them if people need anything or there is something to share. The bridge between us and parents is strong".

We found that advocates were used where required. An advocate speaks on behalf of a person to ensure that their rights and needs are recognised.

## Is the service responsive?

### Our findings

We found that people's care plans were detailed and that they gave information on needs and requirements and how people wanted their care needs met. We saw that care plans included, but were not limited to; personal care, health, nutrition and hydration, medicines and activities. A medical diagnosis and medicines taken were listed. People's preferences and likes and dislikes were noted. Details of the person's background and important people in their life was available. We saw that reviews were carried out in a timely manner and relatives told us they were included in these and had been consulted on the initial care plan.

People did not have any particular cultural or religious needs, but the question was asked as part of the care plan and staff told us that this could be updated in the event of any changes.

A relative told us, "I am jealous of the activities [person] does, they do much more than me. They go to the pub, the cinema and on days out, it is all tailored to them". We saw that activities took place and these were directed by the people using the service. We saw that people were taken out into the community during the inspection and that this was a pre-planned event. Staff told us how people were given the opportunity to decide where to go. Activities within the home centred around games, music, television and household chores.

Relatives told us that they knew how to make a complaint, but they hadn't had reason to. There was a complaints procedure in place ready for use if required. We saw that compliments included, '[Person] is well cared for at Sandringham Way and staff are always friendly and do their best for [person]'.

Care plans included an End of Life plan. This noted that people were unable to understand the options open to them and would need the support of a multi-disciplinary team in their best interests.

# Is the service well-led?

## Our findings

At our last inspection we found we did not receive notifications of incidents as we expected to. At this inspection we saw that notifications had been submitted appropriately.

There was no registered manager in place. 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.'

Relatives told us of the acting manager and said, "The [acting manager] came to see us, they seemed very good, but were not around for long enough to get to know them". Relatives were very familiar with the deputy manager and told us, "[Deputy Manager] is pro-active and hands-on they always tell us of any changes". A staff member spoke of the deputy manager and said, "[Deputy manager's name] is really hands on, they constantly know what is going on and work so tirelessly". Staff told us they felt able to speak with any member of the management team at any time.

Relatives told us how they felt about the service and one said, "This place is perfect it couldn't be better". A staff member told us, "I love working here, the culture is so immensely positive and nothing you ask for is too much".

Meetings for staff took place regularly and one staff member told us, "I attend one every couple of months, we can put forward opinions such as where people might like to go". We saw that minutes from meetings showed how discussions had included the care of people and staff members wellbeing.

We found that questionnaires had recently been sent out to family members, but these had yet to be returned. We saw that relatives regularly contacted the service via email and the correspondence was positive. We saw that feedback had been requested from staff and the responses had been positive. As part of feedback given there was an action plan detailing when any issues had been concluded and how.

Staff were aware of the whistle blowing procedure and told us that they would follow it if they were not satisfied with any responses from the registered manager or provider. To whistle blow is to expose any information or activity that is deemed incorrect within an organisation. We found the service worked in partnership with other agencies and that records detailed how medical and health professionals had been involved in people's care.

Audits carried out gave an insight into patterns and trends and were taken on a regular basis. They looked into specific concerns such as any behaviours leading to incidents and gave information on action taken. Staff told us that representatives of the provider visited weekly and they felt well supported.

We found that the previous inspection rating was displayed as required.