

Fairmont Residential Limited

Fairmont Residential Limited

Inspection report

144 Chester Road South
Kidderminster
Worcestershire
DY10 1XB

Tel: 01562634324
Website: www.fairmont-residential.com

Date of inspection visit:
19 November 2018

Date of publication:
18 December 2018

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

What life is like for people using this service:

People received safe care and support as the staff team had been trained to recognise signs of abuse or risk and knew what to do to safely support people. People received safe support with their medicines by competent staff members. The provider followed effective infection prevention and control procedures.

The provider supported staff in providing effective care for people through person-centred care planning, training, supervision. They ensured the provision of best practice guidance and support met people's individual needs. People were promptly referred to additional healthcare services when required. People were supported to maintain a healthy diet.

People received help and support from a kind and compassionate staff team with whom they had positive relationships with. People were supported by staff members who were aware of their individual protected characteristics. People were supported to develop their independence and to set achievable goals in life.

People participated in a range of activities that met their individual choices and preferences and that they found interesting and stimulating. People were provided with information in a way that they could understand. Policies and guidelines important to people were provided in an easy to read format with pictures to aid their understanding. The provider had systems in place to encourage and respond to any complaints or compliments from people or visitors.

The provider had effective systems in place to monitor the quality of the service they provided and to drive improvements where needed. The provider and management team had good links with the local community which people benefited from.

More information in Detailed Findings below.

Rating at last inspection: Good (date last report published 14 March 2016)

About the service: Fairmont Residential Limited is a residential care home that accommodates up to seven people living with learning disabilities or autistic spectrum disorder. At the time of our inspection there were six people living at the home. 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 'Registering the Right Support' CQC policy.

Why we inspected: This was a planned inspection based on the rating at the last inspection, 'Good.' At this inspection we found the service remained good in all key questions with an overall rating of 'Good.'

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?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was 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.

Fairmont Residential Limited

Detailed findings

Background to this inspection

The 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.'

Inspection team:

One inspector carried out this inspection.

Service and service type

Fairmont Residential Limited 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.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection

This inspection was unannounced.

What we did:

Before our inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service in the form of

statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

During the inspection people living at Fairmont Residential Limited were not able to fully share with us their experiences of living at the service. Therefore, we spent time observing staff with people in communal areas during the inspection. We spoke with one family member, three care workers, the registered manager and the care director.

We reviewed a range of records. This included two people's care records and medication records. We confirmed the safe recruitment of one staff member and reviewed records relating to the providers quality monitoring, health and safety and staff training.

Following the inspection, we spoke with two relatives.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Supporting people to stay safe from harm and abuse, systems and processes:

- People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to concerns.
- Information was available to people, relatives and visitors on how to report any concerns.
- The provider had made appropriate notifications to the local authority to keep people safe.

Assessing risk, safety monitoring and management

- People's care plans contained detailed risk assessments linked to people's support needs. These explained the actions staff should take to promote people's safety and ensure their needs were met appropriately. Staff we spoke with were aware of these risks and could tell us how they acted to keep people safe in line with these guidelines. For example; this included risks related to nutrition and hydration, mobility and skin integrity.
- Checks to the physical environment were completed regularly to ensure it was safe for those living there.

Staffing levels

- People were supported by enough staff who were available to safely support them.
- The provider had systems in place to provide additional staff members at times of emergency, for example hospital admissions, to people remained safely supported.

Using medicines safely

- People were safely supported with their medicines by a trained and competent staff team.
- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals and if needed retraining of staff members.

Preventing and controlling infection

- The provider had effective infection prevention and control systems and practices in place.
- Staff members were provided with personal protective equipment to assist in the prevention of communicable illnesses.

Learning lessons when things go wrong

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence.

Systems and processes

- The provider followed safe recruitment processes when employing new staff members. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

- The environment and equipment was safe and well maintained. People had personal emergency evacuation plans in place which contained details on how to safely support them at such times.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and 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 regularly reviewed. People's physical, mental health and social needs holistically assessed. Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- The provider supported staff to deliver care and support in line with best practice guidance.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessment. Staff members could tell us about people's individual characteristics and knew how to best support them.

Staff skills, knowledge and experience

- People were supported by a well-trained staff team who felt supported by a management team.
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, basic food hygiene and fire awareness. In addition to this, they worked alongside experienced staff members until they felt confident to support people safely and effectively.
- Staff members who were new to care were supported to complete the care certificate. The care certificate is a nationally recognised qualification in social care.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to have enough to eat and drink to maintain their well-being. We saw people were supported to make healthy-eating decisions. When needed people's cultural considerations were met regarding food preparation and menu choice.

Staff providing consistent, effective, timely care

- People had access to healthcare services when they needed it. This included foot health, GP, district nurses and opticians. The provider referred people for healthcare assessment promptly if required. People had regular healthcare reviews to maintain good health. When required the provider referred people for specialist assessments.
- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.

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

- The physical environment within which people lived was accessible and suitable to their individual needs, including mobility and orientation around their home.
- People had personalised their own rooms.

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 with appropriate legal authority.
- In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The provider had made appropriate applications and had systems in place to renew and meet any recommendations of authorised applications.
- People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems supported this practice. When someone could not make decisions for themselves, the provider and staff knew what to do in order to protect the individual's rights. Decision specific mental capacity assessments were completed and a best interest process followed in relation to decisions about people's care and treatment. Relatives told us that they were involved in specific best interest decisions regarding their family members. When it was appropriate, people had access to independent advocates.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- We saw people were treated with respect by a caring and compassionate staff team. We saw people having fun with those who were supporting them and the interactions between people and staff members was empowering and positive.
- Relatives told us they found the staff members and management team to be "Helpful," "Caring" and "Lovely."
- Staff members we spoke with talked about those they supported with fondness and compassion.

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

- People were supported to express their individual likes and dislikes. These were known to staff members who supported them to meet their expressed decisions. This included, but was not limited to, food and drink and activities.
- As part of the care assessment making process the provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc. The care and support plans we saw clearly recorded people's protected characteristics and the staff members we spoke with could tell us about the individuals they assisted.

Respecting and promoting people's privacy, dignity and independence

- We saw, and relatives told us, that people were treated with dignity and respect and that their privacy was supported by staff members. We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.
- We saw that people were supported to develop their independence. This included breaking down tasks and activities into small achievable parts. This approach increased people's motivation to engage and learn new skills.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- People, and their family members, were still involved in the development and review of their own care and support plans. We saw these plans gave the staff information on how people wanted to be assisted.
- We saw the care and support people received reflected their personal needs and wishes. Staff we spoke with could tell us about those they supported which included personal histories and things that were important to people. For example, what type of new and different activities one person liked and also things that upset and caused the person anxiety.
- We saw people's care and support plans were reviewed to account for any personal or health changes.
- People had information presented in a way that they found accessible and in a format, that they could easily comprehend for example easy to read with picture prompts. However, neither the management team or provider were aware of the accessible information standards albeit they were meeting the principles as part of their assessment. The Accessible Information Standards sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. People had an assessment of their communication and when it was required information was presented in a way people found accessible, for example large print.
- People took part in activities that they enjoyed, found interesting and stimulating. The activities that people took part in were based on their individual preferences and likes.

Improving care quality in response to complaints or concerns

- We saw information was available to people in a format appropriate to their communication styles on how to raise a complaint or a concern if they needed to do so. Relatives we spoke with told us they had the information they needed should they need to express a concern.
- The provider had systems in place to record and investigate and to respond to any complaints raised with them.

End of life care and support

- At the time of this inspection Fairmont Residential Limited was not supporting anyone who was receiving end of life care. However, we saw, and relatives told us, that the provider was supporting people to identify their future plans and wishes for continued care and support at the end of life.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Relatives we spoke with told us they knew who the registered manager and providers were, and that they saw them or were in contact with them regularly. Staff we spoke with told us they could approach the management team at any time they needed, and felt they would be fully supported when required.
- We saw the management team and provider had systems in place to investigate and feedback on any incidents, accidents or complaints. The registered manager told us they used such instances to identify what could be done differently in the future to minimise the risks of reoccurrence. We saw feedback was given to people regarding any significant incidents.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- A registered manager was in post and was present throughout this inspection. They understood the requirements of registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law.

Engaging and involving people using the service, the public and staff

- Family members told us that they were asked for their opinion on the care and support their family members received. They told us that they felt their opinions mattered and that the management team acted on their suggestions.
- Staff members told us they felt listened to by the management team and that their views and opinions were valued. When people received their personal review of the care and support staff members were also asked for their opinions. If it was appropriate this was then acted on by the management team.
- Staff members understood the policies and procedures that informed their practice including the
- whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

Continuous learning and improving care

- The management team and provider had systems in place to monitor the quality of the service that they provided. This included regular checks on the environment, checks of the medicine administration records and reviews of the care and support people received.
- The registered manager told us that they kept themselves up to date with developments and best practice

in health and social care to ensure people received positive outcomes. However, they were not aware of the changes to law regarding the implementation of the accessible information standards. Albeit they were meeting the principles as part of their care and support assessments.

Working in partnership with others

- The management team had established and maintained good links with the local community and with other healthcare professionals which people benefited from.