

# Fairmont Residential Limited

# Milldale Close

## Inspection report

3 Milldale Close  
Kidderminster  
DY10 2PX  
Tel: 01562 63424

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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

The inspection was unannounced and took place on 23 November 2015. Milldale Close registered with the Care Quality Commission in July 2013 and this was the first inspection. The home is registered to provide accommodation and personal care for a maximum of one person. There was one person living at the home on the day of the inspection and because of this and the fact that we want to protect this person's rights to a private life, the report will provide an overview rather than specific examples.

There was a registered manager in place who is also registered to manage another service. 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.

People were protected from harm as staff knew how to protect them from abuse. Relatives told us that people were supported when required and they were happy with the support people received.

# Summary of findings

People received their medicines in a way that kept them safe. Staff had received medication training and there were arrangements in place for managing people's medication.

Staff had been recruited following the appropriate checks on their suitability to support people living in the home. Staff were available to meet people's needs promptly and they demonstrated good knowledge about people living at the home. Staff received training to provide appropriate knowledge to support people and staff felt supported by the registered manager.

People chose how they spent their days in their home and what they wanted to do and were encouraged to engage in their personal interests and the activities they enjoyed.

Care and support was provided to people with their consent. Staff understood and recognised the importance of this. We found people were supported to maintain a healthy lifestyle through diet and exercise. People had access to healthcare professionals and were

supported to attend appointments. Staff showed knowledge of people's health needs and their relatives were informed of any changes in their family members' health and support.

Relatives told us they felt staff were caring and that they knew how to look after people who lived at the home. Staff showed us that they knew the interests, likes and dislikes of people. We saw that staff ensured that they were respectful of people's choices and decisions. Where people were unable to make specific decisions about their care these were made on their behalf in their best interests.

Relatives of people living at the home knew how to make complaints and told us they would speak to staff and the registered manager about any concerns. The registered manager advised that any concerns were picked up and dealt with immediately.

The provider demonstrated clear leadership. Staff were supported to carry out their roles and responsibilities effectively, so that people received care and support in-line with their needs and wishes.

# 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.

People received support from staff to help them stay safe. Staff knew how to recognise risks and report any concerns

People were supported by sufficient staff to meet their needs and provide support in a timely way.

People were supported by staff to take their medicines when they needed them.

Good



### Is the service effective?

The service was effective.

People received care from staff who were trained in their needs and were well supported.

People liked the food they received and were supported to access health professionals to ensure health needs were managed effectively.

Good



### Is the service caring?

The service was caring.

People's needs were met by staff who were caring in their roles and respected people's dignity and privacy.

Staff valued people's independence and knew what mattered to them.

People were given choices and involved in decisions about how they spent their time.

Good



### Is the service responsive?

The service was responsive.

People had their individual needs regularly reviewed so that these were consistently met.

Staff were knowledgeable about people's care needs, their interests and preferences in order to provide a personalised service.

People and relatives were listened to by the manager and staff who then took action.

Good



### Is the service well-led?

The service was well-led.

People had been asked about their views and quality checks were in place to review the service provided.

Staff told us they were supported by the registered manager and felt able to approach them with any concerns they may have.

Good



# Milldale Close

## 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 was an unannounced inspection which took place on 23 November 2015. The inspection team consisted of one inspector.

As part of the inspection we looked at information we held about the service and we asked the local authority if they had any information to share with us about the home. The local authority is responsible for monitoring the quality and for funding some of the people living at the home.

During our inspection we spoke to one person who lived at the home and used different methods to gather their experiences of what it was like to live at the home. We also spoke to the registered manager, the quality manager and two members of staff. We also spoke to one relative by telephone.

We looked at records relating to the management of the service such as the care plan for one person, the incident records, medicine management, staff meeting minutes and two staff recruitment files.

# Is the service safe?

## Our findings

People showed us that they felt safe living at the home, they were relaxed and smiled in response to staff supporting them, which indicated they felt comfortable with staff. We spoke to one relative who told us that they felt their family member was safe at the home.

The two care staff we spoke with confirmed they had attended safeguarding training and had a good understanding of the different types of abuse. Staff were confident people were treated with kindness and stated that they had not had reason to raise concerns but were able to do so with the registered manager if they needed to. They said they were assured that action would be taken as a result. They were also aware of external agencies they could report concerns to if needed.

People were supported to take risks and participate in the activities of their choosing. This included activities outside of the home. Staff we spoke to were able to identify the level of risk and what support was needed. For example, making an assessment before starting activities. The registered manager told us how they supported people with activities that they were interested in. Where these posed a risk, they assessed this with the person to ensure that they could continue to enjoy these pastimes safely.

On the day of the inspection there were sufficient staff on duty to meet people's needs in a timely way. We saw staff spent time individually with people and they responded promptly to people's choices and care needs. The registered manager told us and staff confirmed that if there was an increase in the amount of support needed then the staffing would be changed to respond to this.

We checked the recruitment records of two staff and found the necessary pre-employment checks had been completed and that staff were only employed after essential checks to ensure that they were suitable to carry out their roles. Staff had a Disclosure and Barring Service (DBS) check in place. A DBS check identifies if a person has any criminal convictions or has been banned from working with people in a care setting. These checks helped the provider make sure people living at the home were not placed at risk through their recruitment process.

We saw that people received help to take their medicines as prescribed. There were arrangements in place for managing people's medication. The manager told us that only senior care staff administered medicines and this was confirmed by staff we spoke to. Staff administering medication had received training. Staff showed us they understood the circumstances about when to give people medicine to meet their needs and that they followed written guidance.

# Is the service effective?

## Our findings

One relative we spoke with felt staff had the knowledge to support people with their needs. They explained to us how they felt staff were well trained which meant they knew how to support people well. The conversations we had with staff showed that they had a good understanding of the people they supported people, for example enabling people to follow the routines that were important to them.

Staff told us they felt training helped them meet the specific needs of the people they supported. For example, one member of staff said training had been centred around people at the home. They said training had given them a greater understanding on the impact of the time of day on a person's care and the effects of ensuring good hydration. The member of staff said both of these had been put into practice in the care they provided. Staff told us they felt supported in their work and that the registered manager was responsive to training requests.

The registered manager told us how the staff reflected the needs of the people living there. For example, they advised it was a requirement of the support needed that it was only a small team of regular staff and the home had maintained this.

We saw throughout the inspection that one person was encouraged to be involved in a range of activities to maintain their independence. For example one person enjoyed making drinks for any visitors. We saw that people's choice was respected and when one person chose to stop an activity this was accepted by staff who said, "Okay, perhaps we can do it later if you want."

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. The application 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 saw that appropriate assessments had been made. This meant that people living at the home were supported in a lawful way when they were outside the home. We saw that people choose how to spend their day in their own home.

Staff we spoke to told us that people's capacity to make their own decisions was assessed and in some cases this included involving relatives in decision that were right for them. A relative explained how they were involved in important decisions where this was necessary.

People were supported to maintain a healthy lifestyle through diet and exercise. We saw one person choose, prepare and enjoy their mid-day meal. We saw staff ask people what they would like for their meal and discuss different choices. Staff told us what people liked and disliked and we saw this information was also included in the review of care completed by people at the end of each month which showed they enjoyed the meals they were provided with.

One person had been supported to access healthcare professionals and attend a range of medical appointments including GP, dentist and optician appointments. This was supported by a health action plan, which reflected the person's on-going health needs and provided staff with guidance on how to support people.

# Is the service caring?

## Our findings

We heard and saw some positive examples of communication throughout our inspection. We saw that people were relaxed around the staff supporting them. We saw staffing joking with people who responded by laughing and smiling. One relative told us that in their view staff were caring and said, "They have [relative's name] best interests at heart."

Staff spoke warmly about the people they supported and provided care for and said they enjoyed working at the home. One member of staff said, "We are a good team and we provide care that works for [person's name]." Staff commented that the support they gave benefited from being from a small team. They said this allowed them to really get to know people, one member of staff told us, "There is no substitute for hands on caring and getting to know the person well and gaining their confidence."

Staff gave reassurance when people became anxious. For example, when one person became distressed a member of staff gave reassurance by sitting with the person, talking calmly and gently touching their arm. We saw that the person became more relaxed and settled. They were then able to start another activity.

Staff were knowledgeable about the care and support people required and gave choices in a way that people

could understand. We saw that staff understood the different ways that people expressed how they felt. For example when one person's body language changed when they became anxious, this was immediately recognised by staff who were able to provide support. One relative told us staff were, "Very sensitive" to their relative's needs.

Throughout our inspection we saw that staff asked a person's permission before supporting them and that staff recognised the importance of not intruding into people's private space. People had their own bedroom to which they could go whenever they wished.

The privacy and dignity of people was supported by the approach of staff, we saw staff asking before entering a person's room and supporting people in a discreet way. We saw that staff were respectful when they were talking with people or to other members of staff about people's care needs. For example, we saw that when staff spoke to each other regarding care they stepped out into another area.

Staff supported people to retain their own level of independence, for example to make drinks for themselves and their own mid-day meal. We saw one person doing a range of household activities, which they showed pride in completing. We observed staff giving gentle prompting and praise where people completed tasks to acknowledge what they had done and also encourage them.

# Is the service responsive?

## Our findings

One relative we spoke with was positive about the care people received. They said they were kept informed about their relative and the care they received. They said, "Overall we are very happy with the care provided," and, "Communication is pretty good, we get monthly reports in writing and calls from staff."

Staff understood people's individual needs and they responded when requested or when a person required support. Staff gave examples of how they gained consent for care from people who lived at the home and how they worked at the pace of the individual person. One member of staff told us about the person they supported and said, "They would soon let us know if they were not happy."

A relative we spoke to told us they were involved in their family members care reviews and felt listened to and that actions were then taken. However they did say they would like more frequent reviews of medication and that they were working on this with the registered manager.

Each month a personal care plan review was completed by people at the home and signed to show their agreement. The plan gave details of 'Things that work for me' and 'Things that don't work for me.' The registered manager said the reviews provided information to change things or put new activities in place. We saw that one person had

completed the review to show they particularly liked trains. In response train trips had been maintained and in addition a member of staff was working with the person in planning the building of a model railway.

Staff told us that as a small home they were able to get to know people living at the home and their families well. We saw that staff were knowledgeable about people and the things that were important to them. When we spoke to one person they told us about the things they liked and this confirmed what staff had told us.

On the day of the inspection we were made aware of an event that staff considered would make one person feel anxious and they told us the actions that they had taken in response to this. We observed that when other staff arrived they each raised the concern and asked how the person was. Staff shared the actions they had taken and gave reassurance on the person's well-being.

We asked one relative if they could raise concerns about the care if they needed to. They told us if they had a concern they were happy to speak to the staff or the registered manager. The registered manager advised us that no complaints had been received. The registered manager said that as a smaller service any issues could be picked up and dealt with immediately.

Staff told us that they would talk with the registered manager if they had any concerns and they were confident that action would be taken in response. They told us they had not had reason to raise concerns

# Is the service well-led?

## Our findings

We saw there was genuine warmth between people and the registered manager as they smiled and laughed and talked about things they had done together. Staff we spoke to said that the home was well run for the people that lived there. One member of staff said, “It is all well managed, they [the people] are at the centre of everything.”

The registered manager told us that people helped choose the furnishings in the home and people told us about the things they had chosen and what things they liked. One member of staff told us that the environment reflected the needs of the people living in the home. For example non reflective surfaces had been chosen where people were sensitive to light.

Staff spoke positively about the management of the home and the support they received. The registered manager and other staff frequently popped in to check on things and lend support. All staff told us they felt listened to and supported by management.

Staff we spoke to told us that they had regular supervisions and also attended monthly staff meetings. A member of

staff told us the meeting provided a good opportunity to discuss any issues or changes. They told us ‘We can raise concerns or talk through anything.’ We saw that management meetings were also held monthly.

The registered manager felt that all staff worked well as a team and provided the structured support that was required. Staff confirmed this and one member of staff said, “It’s a really good team, we all know [person’s name well].”

People’s confidential information was held securely and staff knew where information was kept and how to access it. We saw that accidents and incidents were logged and the registered manager looked to assess if there were any trends that could be determined. They then made a record made of any actions taken. For example, following a number of incidents in one month, a change had been made in the way an activity was managed and supported and this had proved successful.

The register manager had systems in place to check and review the service provided. They advised that weekly checks at the home meant any issues are picked up immediately. For example, when one person was anxious for a period, the manager had visited the home more frequently to provide support. The provider also completed a monthly check, with any areas identified passed to the registered manager for action.