

Fairview Resources Ltd

Fairview Resources

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 ●

Summary of findings

Overall summary

About the service

Fairview Resources is a domiciliary care service providing the regulated activity personal care which is help with tasks related to personal hygiene and eating, in people's own homes. At the time of our inspection there were four people using the service.

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

Systems and processes were in place to support people's safety. People's needs, including their safety were assessed and monitored. People were supported by staff who had undergone checks as part of their recruitment. People and family members said the service was reliable, and that their care was provided by the registered manager and a team of three care staff. People received the support they required with their medicines. Staff worked consistently within the providers policy and procedure for infection prevention and control.

People's needs were assessed and kept under review. People, and in some instances family members were involved in the assessment process. People's health care needs were documented and staff liaised with health care professionals when required. Staff had the required experience, knowledge and training to meet people's needs.

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

People spoke of the kind and caring approach of staff. People told us they were actively involved in decisions about their care, and that their views were respected by staff. The registered manager had received compliments as to the quality of the care provided, which included comments about the caring approach of staff.

People were involved in the development and reviewing of their care and support package. The service responded to people's request for additional support in a timely way. People were aware of how to raise a concern and spoke of any concerns they had raised were listened to and acted upon.

The registered manager monitored the quality of the service provided by undertaking a range of audits. People's views about the quality of the care were sought. The registered manager monitoring staff through observations and supervision as part of their quality monitoring processes.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 20 July 2021 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Fairview Resources

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 September 2022 and ended on 26 October 2022. We visited the location's office on 26 October 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make. We reviewed information we had received about the service since its registration. We sought feedback from the local authority who work with the service. We used this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one family member about their experience of the care provided. We spoke with the registered manager and a member of the care staff team.

We reviewed a range of records. This included two people's care records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including quality monitoring, minutes of meetings, and the staff training and supervision matrix.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse.
- The registered manager was aware of the duty to report any safeguarding concerns to the local authority safeguarding team and to the Care Quality Commission. To date, there had not been a need to do this.
- Staff had been trained in safeguarding procedures and knew what action to take to protect people from harm and abuse. This included knowledge in who to report concerns to, both internally and to external agencies.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care. Potential risks were assessed and kept under review to promote people's independence and safety.
- Potential risks were considered as part of the assessment process. The person or their representative were involved in any decisions to minimise potential risk. For example, by identifying any equipment, and how it was to be used safely to support people with their mobility.
- Environmental risks linked to people's homes were considered as part of the assessment process. For example, potential trip hazards. To support people's safety, key information was recorded within people's records. For example, the location of gas and water valves should these need to be accessed by staff in an emergency.

Staffing and recruitment

- Staff were recruited safely and there were enough staff to meet people's needs.
- Staff were recruited in line with the provider's policy. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.
- People were supported by a team of three care staff and the registered manager.
- People told us the service was reliable and staff arrived on time and stayed for the agreed length of time.

Using medicines safely

- Systems and processes were in place to support people safely, where required, with their medicines.
- People's needs around medicine were considered as part of the assessment process. People were encouraged to maintain independence in managing their own medicine. Where support was required, people's records clearly identified the name of the medicine, the dosage and time it was to be given, and the level of support the person required and the role of staff.

- Staff who administered medication undertook medicines training and their competency was regularly assessed.

Preventing and controlling infection

- Systems and processes were in place to protect people from the risk of cross infection.
- Staff had received training about COVID-19 and infection prevention measures.
- People told us that staff wore PPE, which included masks, aprons and gloves. They told us staff frequently washed their hands and/or used hand sanitising gel. A person told us, "The staff wipe down light switches, the remote control etc., to help with cleanliness."

Learning lessons when things go wrong

- Processes were in place for the reporting and following up of accidents or incidents, which included informing external organisations, such as the CQC and the local authority.
- To date, there had not been a need for lessons to be learnt.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they commenced using the service to ensure their needs could be met. For example, assessing people's need with regards to the promotion of their health, which included assessing people's skin integrity. care.
- People told us the registered manager had visited them at their home and had asked them questions about the support they required. A person told us, "The registered manager spent time asking me and my relative about the support I needed, it was very comprehensive."

Staff support: induction, training, skills and experience

- People were supported by staff who had the appropriate training and skills.
- The service had effective systems in place to support and supervise staff. This included one to one sessions and spot checks of staff competencies. For example, in the use of equipment to move people safely.
- People had confidence in the ability of staff to provide the care and support they required. A person told us, "The carers are pretty switched on". People told us how staff had quickly come to understand their needs and the care they required.
- Staff undertook training in key areas to promote people's safety, health and well-being, which was regularly updated to ensure they had the appropriate knowledge. For example, in the use of equipment to move people safely and food hygiene for the preparation of people's meals.

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

- People's dietary needs were considered as part of the assessment process. Where people required support in the preparation and consumption of drinks and food this was detailed within their care records.
- People's care records contained personalised information as to people's likes for food and drink and included key information to ensure people had sufficient to drink and eat. A person told us, "They even asked me how many sugars I had in my tea when they undertook the assessment."

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

- People were supported to receive timely support with their healthcare needs. For example, the registered manager supported people to order medication, where support was required.
- People's records provided information as to people's health care needs and known health conditions. This enabled staff to better understand people's needs and key factors to look out for. For example, for people who were diabetic, the signs a person may show which suggested their blood sugar levels were too

high or too low.

- Information identifying health care professionals involved in people's care, and their contact details were contained within people's records. For example, their doctor or district nurse. Staff alerted health care professionals where they had concerns about people's health and well-being.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's capacity to make informed decisions were considered. People had confirmed and signed an agreement consenting to their care and support from Fairview Resources.
- People and sometimes family members were involved in all decisions related to people's care. As part of the assessment process where people had an LPA (Lasting Power of Attorney) arrangement in place these were recorded, including the type of LPA. For example, whether they were in place for financial, or care and welfare decisions, or both.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and compassion.
- People and family members spoke of the kindness and caring approach of staff. A person told us, "The staff are very kind and compassionate." A second person when asked about the staff said, "The carers are fantastic, I can't fault them, they're a good bunch of girls."
- People's care records provided information as to what was important to them, such as family or any beliefs they held, which were to be considered when supporting and caring for them.

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

- People were involved in all decisions about their care. A person told us, "Staff always ask me what I want to wear, or whether I want to have a shower."
- People's care records provided information as to family members who were to be involved or informed about their care and support needs.
- The registered manager provided information to people to support them should they need advice or support. For example, contact details for their local social services department and agencies who provide an advocacy service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected.
- People's assessment of their needs identified the support they required, so where support was not required, staff would encourage the person to continue to maintain their independence.
- Care records provided information for staff as to their role in promoting people's privacy and dignity, which had been developed with people's involvement. For example, the importance of closing doors and curtains.
- The registered manager and staff were aware of the importance of keeping information safe and confidential and had undertaken training with regards to data protection and confidentiality.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's packages of care were personalised and tailored to meet their needs. For example, when people chose to remain in bed or to get up and sit in a comfy chair.
- People spoke positively of the care they received. A person told us, "Nothing is too much trouble for the carers". A second person told us how, on more than one occasion, the registered manager had provided an additional care call at very short notice to provide personal care.
- At the time of the inspection no one using the service was in receipt of end of life care. The registered manager was aware of the need to respect people's end-of-life preferences to including religious and cultural wishes and to document these within people's care records.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of the need to put systems in place when needed. People's care records, and key information included how to raise concerns was available in large print supported by symbols to support people's understanding.

Improving care quality in response to complaints or concerns

- Systems and processes were in place to respond to people's concerns and complaints.
- A family member told us they had raised a concern with the registered manager, which had been acted upon and changes had been made in response to their comments in relation to their relative's care.
- People told us they were confident to raise concerns. A person said, "I have no concerns about the care, but I would be happy to raise concerns if needed."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a positive culture that was inclusive and empowering to achieve good outcomes for people.
- Staff were supported by the registered manager to provide good quality care. The registered manager worked alongside staff in the delivery of people's care, and provided supervision and appraisal of staff, which included guidance and feedback as to the quality of care they provided.
- People and family members told us they would recommend the service. One person when we asked about the service told us, "It's brilliant, I can't fault them."
- The registered manager had received compliments from people and family members about the quality of care provided, which included the responsiveness of staff to people's changing needs.
- The registered manager accessed resources to support them in providing good quality care. For example, they attended webinars with the local authority. They were a member of the care skills academy and kept up to date with changes by reading the Care Quality Commission newsletters.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the duty of candour. If mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- The registered manager understood information sharing requirements. They knew when concerns had been identified, notifications should be sent to the CQC as required by law. There had not been a need to do this to date.

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

- Systems and processes were in place to monitor the quality of the care provided.
- The registered manager analysed the results of audits undertaken in a range of areas, which included timeliness of care calls, information staff recorded within daily notes detailing the care provided to people, people's care records and staff recruitment records. This enabled them to identify if improvements were needed so that action could be taken.
- People and family members spoke positively about the leadership and management of the service and told us the registered manager would respond to any queries or questions they had.

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

- Systems and processes were in place to seek and receive feedback about the service.
- People were encouraged to provide feedback about the service, which included the completion of surveys and through direct contact with the registered manager in the delivery of care. A person told us, "I regularly meet the registered manager. It gives me the opportunity to comment about the care I receive."
- Opportunities were available for staff to comment about the service they provided, through staff meetings and when working alongside the registered manager.

Working in partnership with others

- The registered manager worked with local hospitals to facilitate people's discharge from hospital, returning to their own home with a package of care being in place.
- The registered manager took part in webinars hosted by local commissioners. They told us it was a supportive forum to talk about the commissioning of packages of care and the support they could offer to providers, which included staff training.