

# Green Light PBS Limited

# Fairfield House

## Inspection report

Bridge  
Portreath  
Redruth  
Cornwall  
TR16 4QG

Tel: 01637416444  
Website: [www.switchedoncare.com](http://www.switchedoncare.com)

Date of inspection visit:  
16 August 2017

Date of publication:  
14 September 2017

## 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

This was an unannounced inspection, carried out on 16 August 2017. The service was previously inspected in August 2015 when it was judged to be meeting the regulations and was rated as 'Good'.

Fairfield House provides accommodation for up to four people with complex needs. The service uses a large detached house with extensive outside space. There were three people living at the service at the time of our inspection.

Due to people's communication needs we were unable to gain some people's views on the service, therefore we carried out observations of staff interactions with one person who lived there.

We saw that people were relaxed, engaged in their own choice of activities and appeared to be happy and well supported by the service. One person told us they were happy and felt safe living at Fairfield House. Comments included; "I'm happy." Relatives of people who lived at Fairfield House told us, "It's a wonderful place. They are doing great things with [person's name]. We couldn't wish for anything more for [person's name]."

We walked around the service and saw it was comfortable and personalised to reflect people's individual tastes. People were treated with kindness, compassion and respect. Staff demonstrated they had an excellent knowledge of the people they supported and were able to appropriately support people without limiting their independence. Staff consistently spent time speaking with the people they were supporting. We saw many positive interactions and people enjoyed talking to and interacting with staff. One staff member said, "I love working here. The guys we support are great and I get a great sense of achievement by supporting them to get the most from their lives. It's a good organisation to work for because the culture is all about empowering people to be as independent as they can be." Staff were trained and competent to provide the support individuals required.

People had regular routine access to visiting health and social care professionals where necessary. People attended an annual health check with a GP and had access to specialist medical services to ensure their health needs were met. Professionals told us there was appropriate communication between the service and medical services. We saw clear guidance for staff about how they were to meet people's needs so that they worked in collaboration.

Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions.

Staff were well supported through a system of induction and training. Staff told us the training was thorough and gave them confidence to carry out their role effectively. The staff team were supportive of each other and worked together to support people. Staffing levels met the present care needs of the people that lived at the service.

The service were meeting the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had a choice of how they spent their time and the activities they undertook. Meals, snacks and drinks were chosen by people, which they enjoyed. People had been included in planning their own menus and their feedback about the meals in the service had been listened to and acted upon. Some people were actively involved in meal preparation.

Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors privately if they wanted to. Relatives of people who used the service commented, "We are very happy with Fairfield. We think it is the best move we have ever made for [person's name]. We are made welcome and can visit freely whenever we want to."

The service had clear complaint systems and people had regular opportunities to discuss how they felt about the service. Each person had a key-worker who checked regularly if people were happy or wanted to raise any concerns. One relative told us, "I have always felt able to raise any concerns with staff and there are never any issues with communication." Another relative said, "I have never had to actually raise a complaint because if there are ever any issues they are dealt with immediately."

People had individual support plans, detailing the support they needed and how they wanted this to be provided. Staff reviewed plans at least monthly with input from the person who was supported. Relatives told us they were kept informed of changes to their relatives support plans and were regularly invited to review meetings.

Staff demonstrated they knew the people they were supporting, the choices they had made about their support and how they wished to live their lives. For example, we saw how well staff and management eased the anxiety of one person who exhibited challenging behaviours because of their anxiety levels. It was clear that staff understood the person very well and were able to calm them in a way that did not escalate their anxiety.

The service had comprehensive quality assurance processes which were regularly undertaken to ensure the service was aware of people's views of the service and could monitor auditing processes at the service. This ensured an open service culture that is both open to challenge and is learning from any issues affecting the quality of the service as they arise.

## 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 remained safe.

### Is the service effective?

Good ●

The service remained effective.

### Is the service caring?

Good ●

The service remained caring.

### Is the service responsive?

Good ●

The service remained responsive.

### Is the service well-led?

Good ●

The service remained well led.

# Fairfield House

## 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 16 August 2017 and was unannounced. The inspection was undertaken by a single adult social care inspector, with learning disabilities experience.

We requested and were provided with a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before the inspection we reviewed information held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spent time with two people who lived at Fairfield House and spoke with one person who expressed their views of spending time at the service, we also received feedback from one relative on the day of inspection. We looked around the premises and observed care practices on the day of our visit. Following the inspection we spoke with three external professionals who had experience of the service.

We spoke with four support staff, the registered manager and the Operations manager for the organisation. We looked at two records relating to the care of individuals, two staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe at the service. Relatives told us they were happy with the care and support their family member received and believed it was a safe environment. One commented, "[Person's name] is very settled at Fairfield. We have confidence in the staff and management and have had no reason to consider [the person] to be unsafe. We are happy with the service."

Arrangements for the management of people's medicines were robust. Medicines were stored securely in a locked cupboard. Medicines that required stricter controls were not being held by the service at the time of this inspection. Temperature records demonstrated both the medicine room and medicine storage temperatures were consistently monitored. This ensured medicines were stored correctly and were safe and effective for the people they were prescribed for.

On two occasions staff had transcribed medicines for people on to the medicine administration records (MAR) following advice from medical staff. These handwritten entries had not been signed by a member of staff or witnessed by a second member of staff. This meant there was a potential risk of errors and people might not receive their medicines safely. The registered manager confirmed they understood this requirement and would highlight the importance of this to all staff involved in medicines administration.

Staff had received updated medicines training. The registered manager carried out medicine administration checks weekly and a monthly medicines audit was in place to check safe practices were followed.

Staff had access to and understood the service safeguarding and whistle blowing policies. The policies were comprehensive and up to date. This meant staff were able to access relevant and current information regarding safeguarding processes easily and quickly. Staff had received updated safeguarding training. Staff said they would have no hesitation in reporting abuse and were confident management would act on their concerns.

There was a system in place to record accidents and incidents. The documentation showed that the registered manager took steps to learn from such events and put measures in place which meant they were less likely to happen again.

People's care records contained appropriate individualised risk assessments including environmental risk assessments, such as for the safe use of kitchen appliances. Assessments were reviewed regularly and covered a wide range of areas. The risk assessment identified when and where the risk was highest and what actions could be taken to reduce the risk. Risk assessments were detailed and gave staff clear direction about what action to take to minimise risks.

Assessments documented where alternative options had been considered and benefits and risks of actions were balanced against each other. This meant that people could take informed risks. For example, one person exhibited behaviour that challenged the service in particular public situations, which could impact on themselves and others. Staff had a behavioural support plan in place for the person. This supported the

person to be independent and access the local community safely because the staff knew the person's potential risks, triggers for behaviour and de-escalation methods that supported the person, and responded appropriately.

Staff told us staffing levels were appropriate to support people who used the service and keep people safe. Staff commented, "There are enough staff on duty to meet people's needs. If there are any gaps someone from another service will come over to support." Relatives told us they felt there were enough staff to meet people's needs.

Staff were not rushed, were focused and spent time on an individual basis with people. There was a mix of staff skills and experience on each shift. Support staff who had been employed for longer periods worked together with staff that had joined the service more recently. We met a new member of staff who had just begun working at Fairfield and was carrying out shadow shifts with experienced colleagues to allow them time to become familiar with the service and the people they would be supporting.

Safe recruitment practices were followed and there were detailed records for interviews, references and Disclosure and Barring Service (DBS) checks. The DBS holds records of those that should not work with vulnerable adults and enables organisations in the public, private and voluntary sectors to make safer recruitment decisions.

# Is the service effective?

## Our findings

People's needs were consistently met and people lived their lives the way they chose to and were as independent and active as they wanted and were able to be. This was because people's needs were met by staff who had the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours to provide support and meet people's needs effectively.

Staff told us they were supported to develop as individuals and as a team to achieve the aims of the organisation and felt well supported by management. Staff told us, "[Manager's name] is really good. You can go to him with pretty much anything. He is very supportive and wants the best for the people who live here."

The organisation had a clear development pathway that included supervision and effective training. Staff said the level of training and support provided was 'consistent' and 'supportive'. Staff told us, "Although there have been a few staff changes over the last few months, the team is quite settled and strong at the minute."

New staff completed a thorough two week training induction process in a classroom setting. Training covered understanding of autism, safeguarding vulnerable adults, understanding and working with the Mental Capacity Act and associated Deprivation of Liberty Safeguards, as well as other core training areas such as food safety and infection control.

Once new staff had started working at the service they had a full house induction and a period of shadowing experienced staff on shift to ensure they were competent in their role. One new staff member commented, "The induction was very good and I did learn a lot. I am now doing some shadow shifts at Fairfield and I love it. I see this as my future career."

The high standard of training was echoed by external professionals who were familiar with the service. Comments included, "The staff appear competent and on the ball. I have never had cause for concern about the conduct of the staff or management."

Employees who were new to working in a caring role were supported to undertake the Care Certificate within the first 12 weeks of employment. Once successfully completed staff were encouraged and supported to enrol at a local college to undertake further Diploma level qualifications in Health and Social Care.

Regular supervision between employees and management as well as annual appraisals were used to develop and motivate staff and where required, to review practice and behaviours. Supervision meetings took place every six to eight weeks where discussions included how the service provided support to help ensure people's needs were met. It also provided an opportunity to review aims, objectives and any professional development plans. Annual appraisals gave an opportunity to review staff work performance over the year. Records of these meetings were kept.

People experienced positive outcomes with regard to their health. People's routine health needs and



preferences were written down in their support plans; staff demonstrated they understood people's health needs and these were kept under review. For example, one person had been successful at reducing their weight which had improved the quality of their life and allowed them to participate more fully in a range of social activities including swimming and walking.

People and their relatives were invited to be involved in their healthcare decisions. A relative commented, "We are kept regularly updated with phone calls and emails. We feel very much involved in decisions about [person's name] care at Fairfield."

People accessed healthcare services as required and received ongoing healthcare support and reviews. For example, on the day of inspection one person attended a medical appointment with their GP. People also had access to regular six monthly dental checks. We saw records of annual health reviews with GP services and people had regular appointments with Learning Disability services.

The service assessed each person's needs before they came to live at Fairfield to ensure the placement would suit their needs and keep them safe. These assessments were detailed and provided a comprehensive report of the needs of the person. Management told us they worked closely with each person, their family and other professionals to ensure individualised services which were specific to the person. Relatives told us they were pleased with how the service supported people. A relative told us, "We are very happy with Fairfield. We think it is the best move we have ever made for [person's name]."

The service placed emphasis on being familiar in all aspects of the lives of people who were supported. Staff accessed support plans and other relevant documentation via a computerised portal which was only accessed after appropriate permissions had been given by senior management. Staff were able to describe how different individuals liked to spend their time and we saw people had their wishes respected.

During the inspection one person was supported to prepare newspapers for delivery, which was a paid job they carried out weekly. Another person was supported to attend a medical appointment and then go for a walk. Another person spent the day attending a day placement. These were activities which had been identified with people as something they enjoyed.

People were supported to eat and drink enough and maintained a balanced diet. Daily logs were kept of individual's food and drink intake to enable the service to monitor that each person was receiving a healthy, balanced diet. Menu planning was done in a way which combined healthy eating with the choices people made about their food.

We discussed the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS) with the management team. 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).

Mental capacity assessments and 'best interest' meetings had taken place when decisions needed to be taken on behalf of someone who was deemed to lack capacity to make the decisions themselves. We saw

appropriate applications for Deprivation of Liberty Safeguards authorisations had been made. The registered manager was familiar and competent with the processes required and were able to carry out their responsibilities under the Mental Capacity Act 2005 legislation.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We saw that staff consistently asked people for their consent to decisions, and made sure people were happy before undertaking a support action.

The design and layout of the individual living units met people's individual needs. For example, people's rooms were spacious and communal living space such as the living room and kitchen, provided ample room for people to be able to live comfortably. One person had their own living room personalised with their belongings. A second person had a small TV and living area separate from but adjacent to their bedroom. We saw that people's living areas were personalised with their colour scheme and personal effects around them.

# Is the service caring?

## Our findings

People believed the service was caring. One person said they liked living at Fairfield and it was clear by observing how staff interacted with the people they supported how much they valued them as individuals and respected their boundaries.

We saw that people were relaxed and approached the staff who supported them without hesitation. Relatives spoke positively about the care people received at Fairfield. Comments included, "[Person's name] is very happy at Fairfield. It is the best move [person] has made and [person] is well cared for there" and, "Both staff and management are excellent. I couldn't fault their attitude, the care they provide or their competence in any way."

Staff relationships with people who used the service were strong, caring and supportive. The atmosphere at the service was relaxed and friendly. People were free to move around their living accommodation unimpeded and to have quiet time by themselves when they wanted it. When people wanted to access outside space at Fairfield they were supported by staff to do so. We saw people moved around their homes at ease.

Staff were seen to be motivated to provide the best and most suitable support to people they worked with. People were shown patience and respect; staff were not rushed, were focused and spent time on an individual basis with each person. People who lived at Fairfield were treated with care and dignity. For example, we saw how well staff and management eased the anxiety of one person who exhibited challenging behaviours because of their anxiety levels. It was clear that staff understood the person very well, and were able to calm them in a way that did not escalate their anxiety.

Throughout the inspection staff gave people the time they needed to communicate their wishes. For example, staff ensured people were comfortable in making their own decision about whether to interact with the inspector and asked the person if they would like to show the inspector their room. They then waited until the person agreed before stepping back to ensure the person was able to show the inspector what was important to them in their room.

People's support plans were clear, detailed and written from the perspective of the person they were about. Support plans provided clear instruction to staff on how best to provide support while ensuring people were kept safe such as when going into the local community for activities. Support plans were updated and kept current.

The service supported people to express their views and be actively involved in making decisions about their daily care and support. For example, key workers used different communication tools to support people to make choices about their daily food choices and activities they would like to take part in. If a person struggled to make choices, staff were trained to support them by offering different suitable options in a suitable format, for example, by using pictures or symbols if necessary. Support plans clearly recognised potential challenges to communication and provided clear guidance for staff about how best to support

people. Professionals familiar with the service commented, "When I met with [person moving into Fairfield] at Fairfield House, it was clear that staff were skilled at communicating with the person non-verbally and anticipating their needs through body language and non-verbal cues, indicating they were well trained in this area."

The service had put together comprehensive, picture led support plans and information for people about their lives at Fairfield. Each plan was full of personalised photographs, making the plan very clearly about the person it was written about. These plans were adapted and laminated and made available to people so they could be familiar with it. These were reviewed monthly with the person.

People had an opportunity to complete, with support, a quality feedback form each month to check they were happy with different aspects of service provision, such as activities and food choices. We saw those that needed it could use symbol sequencing strips to communicate their needs to staff. Staff were trained and supported to understand the communication patterns for each person and to use these.

People were supported to have access to advocacy services that were able to support and speak on behalf of people if required.

## Is the service responsive?

### Our findings

People who lived at Fairfield received care, treatment and support that was personalised, putting them at the centre of identifying their needs, choices and preferences. Care and support was planned in a proactive way with people's involvement. External professionals visiting the service fed-back that the service was consistently focused on providing a person centred service. Comments included, "I always found staff to be really helpful and skilled when supporting people. Communication was always good and staff were happy to listen and respond to any suggestions. I rate this service as excellent."

The service was flexible and responsive to people's individual needs and preferences and was consistently finding creative ways to enable people to live as full a life as possible. For example, one person was supported with local employment delivering a weekly newspaper in the local community. We saw the person was proud of their ability to do this work. Another person who was leaving a long-term day placement was working with staff to develop new ideas of ways they would like to be supported in activities of their choice by staff from Fairfield. The service were proactive in ensuring they could meet people's needs as circumstances changed.

People who used the service were encouraged and supported to engage in a wide range of social activities and events outside of the home. For example, people took advantage of the rural aspect of the service, particularly walking on the local coastal paths and beaches. We saw extensive social calendars for each person outlining the activities they had planned each day. For example, one person enjoyed swimming and others liked to attend local clubs, discos and café trips.

Records evidenced that people and their relatives were asked for their views of the service on a regular basis through quality feedback surveys and by communicating with keyworkers to discuss their ideas. Each month people who lived at Fairfield would sit down with their key worker to share their feelings about the service. This was a time to suggest changes to menus and/or activities and provided a way to assess people's satisfaction with the service and demonstrate the service was able to implement changes for people's benefit when required.

Staff confirmed when feedback about suggested changes to care and support were received from people or family members, the service always tried to accommodate this if it was in the best interests of the person to do so. Relatives told us their ideas were listened to and they felt involved in how the service operated and developed.

Support plans were regularly shared with relatives and records evidenced on-going communication between the service and families about support plans. Care records contained comprehensive information about people's health and social care needs. Plans were individualised and relevant to each person. A relative told us, "I receive regular updates from [persons' name] key worker. I feel very much part of the wider Fairfield family and receive regular emails and photographs of what has been going on".

The service had a policy and procedure in place for dealing with complaints. Relatives told us they were

aware of how to make a complaint and would feel comfortable doing so. The service had put together a simplified complaints document, which consisted of symbols such as thumbs up and thumbs down to assist people to share their feelings about their service and key workers worked closely with people to have a good awareness of any issues people might have.

## Is the service well-led?

### Our findings

The service is required to have 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.

There was a clear management structure at the service. Green Light PBS Ltd, the organisation which runs Fairfield, has a small number of management layers which support the delivery of the service. As well as a registered manager, who has day to day management responsibility for the service, there is also an operations manager. This role provided background support and acted as a link between the service manager and administrative staff supporting the service. In addition, each Green Light service is strategically managed by the Managing Director who is trained in operational leadership and management as well as positive behavioural support. Both additional layers of management made regular visits to each Green Light service to ensure services had appropriate support.

Relatives and external professionals all commented positively about the management of Fairfield. Comments from professionals included, "From my experience I have the impression that Fairfield House is well managed, and the care plan for [person who was supported] was thorough and person-centred" and "I recently worked with the manager of Fairfield House around a transition plan for a resident. I found [the manager] helpful, quick to respond to queries, and open to ideas and suggestions about how the transition would work best. I know the family of this resident feel strongly that Fairfield House is an excellent setting for [person] and wish for [person] to continue living and being supported there."

Documentation relating to the management of the service was clear and regularly updated. For example, people's care and support records and care planning were kept up to date and relevant to the person and their day to day life. This ensured people's care needs were identified and planned comprehensively and met their individual needs.

The service benefited from the clear lines of accountability and quick effective decision making of the locally based management structure. It was apparent during the inspection that people both knew, and were comfortable with, managers from the organisation.

Staff told us management were supportive and helpful. Comments included, "I think we have a strong team at Fairfield" and "I couldn't fault the manager, he is kind, fair and wants the best for the people who live here and the staff who work here."

The service had a clear vision and put values, such as kindness, compassion, dignity, equality and respect into practice. Staff clearly understood these and were committed to them. We observed staff interacting regularly with people they supported and we saw these qualities demonstrated consistently.

Supervision and appraisal processes were in place to enable management to account for the actions,

behaviours and performance of the staff. Staff remarked that they found the process useful and provided an opportunity to discuss work related issues.

The service regularly shared and discussed events that took place as a staff group informally and in monthly staff meetings. Management and staff were professional and friendly. We saw that people appeared happy living at the service and were comfortable with the staff who supported them. We heard many interactions between people and staff as they went about their day and these were relaxed.

Management and staff told us there was a culture of learning from mistakes. Prompt attention was given to the management of incidents, and accidents, and where required, investigations were thorough. There was a proactive approach to investigations and matters were dealt with in an open, transparent and objective way.

The service had a positive culture that was person centred, inclusive and empowering. The provider kept abreast of current practices in the specialist areas of Autism, Aspergers syndrome, Epilepsy management and support for people with Learning Disabilities through close partnership working with specialist agencies. Specialist training was delivered to staff in these areas.

The organisation also provided on-going training and support in the technique of positive behavioural support (PBS). This is an approach that primarily aims to enhance people's quality of life using a range of person centred behavioural techniques. Staff were trained in Positive Behaviour Support (PBS) which is delivered by a Board Certified Behaviour Analyst. Management and staff have a well-developed understanding of equality, diversity and human rights and put these into practice.

The Green Light management system recognised the importance of investment into having a competent skilled staff group. New staff were provided with a range of training, much of it classroom based as well as e-learning. The service had embraced the requirements of the care certificate and encouraged staff to professionally develop themselves in their career.

Staff told us they would have the confidence to report any concerns about the care offered by colleagues, carers and other professionals, and were encouraged to be open and discuss any concerns with colleagues and management as they arose.

Staff told us they were motivated and supported by the way the service was managed and led and that they were happy in their job. One staff member told us, "I love my job" and "I like the fact that people come first and I am very happy here."

The need to assure quality was understood and there were clear quality assurance systems including monthly audit of the service's medicines system and monitoring of any concerns. These processes acted as an audit system and were used to drive continuous improvement. There were also regular quality assurance feedback opportunities and service meetings. Management were receptive to changing areas of the service whenever this would improve how it operated.

People were asked for their views about the service in resident surveys which were completed monthly. The service used a range of methods to gather people's feedback including adapted easy read formats. These formats included the use of pictures, photographs and symbols to provide a simple method of gathering people's views. Relatives and other professionals were asked to complete annual surveys to give their feedback about the service which we saw was positive.



The service understood and complied with their legal obligations, from CQC or other external organisations, and these were consistently followed in a timely way. For example any notifications that we required were received promptly and contained appropriate information.