

Fairmont Residential Limited

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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 

Overall summary

The inspection took place on 30 December 2015 and was unannounced.

The home provides accommodation for a maximum of seven people requiring personal care. There were six people living at the home when we visited. A registered manager was in post when we inspected the 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 and associated Regulations about how the service is run.

People responded warmly to care staff looking after them and engaged with them in a friendly and positive manner. Relatives told us they had no concerns and that care staff knew what to do to keep their family member safe.

People received care from staff who understood how to reduce the risk of injury to them when caring for them. People were supported by staff to take their medicines at the correct time. Medicines were recorded when given and stored in a locked cupboard. The registered manager made regular checks to ensure people had received their medicines correctly.

Summary of findings

People received care and support from staff who were regularly supervised and who could discuss people's care and seek clarification about aspects of the care that they were unsure of. People received care from staff that understood their needs and knew their individual requirements. Staff training was monitored to ensure staff received the correct training they needed to care for people.

People's consent was appropriately obtained by staff. People who could not make decisions for themselves were supported by staff within the requirements of the law.

People enjoyed their food and were supported where possible to prepare their own drinks and meals. People were offered choices at mealtimes and were supported with any special dietary requirements they had. Staff understood people's needs and preferences and ensured people received the food they liked.

People's health needs were assessed regularly by the registered manager and care staff understood how they should care for people. Staff kept families informed about their relative's care and where appropriate involved them in the decision making. People accessed other health professionals as appropriate such as physiotherapists, occupational health, dentists, doctors and opticians.

People liked the staff who cared for them and sought reassurance through touch. People's privacy and dignity were respected and staff understood what it meant to support people to retain their independence. Care staff understood each person's needs and supported people accordingly.

People took part in activities they liked or had an interest in. Care staff knew what people enjoyed doing and encouraged and supported them with their chosen activity.

People were relaxed around the registered manager. Staff were positive about the registered manager and felt part of a team. Care staff understood their role within the team and how best to support people.

The care people received was regularly checked and reviewed by the registered manager to ensure it could be monitored and adjustments made where required. People and their relatives were kept updated by the registered manager and provider about issues affecting their care.

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 were at ease around care staff and staff understood what was needed to keep people safe. People received their medications as prescribed.

Good



Is the service effective?

The service was effective. People were cared for by staff who understood people's health and the risks associated with their health. People were supported to have healthy meals as well as access other medical help they needed.

Good



Is the service caring?

The service was caring. People were cared for by staff they liked and staff responded to them warmly. People were treated with kindness, dignity and respect.

Good



Is the service responsive?

The service was responsive. People's care was individual and based on their needs. People were supported to choose activities they liked to do.

Good



Is the service well-led?

The service was well led. People's quality of care was regularly reviewed and updated. The registered manager worked together with the management team and families to provide care that was consistent.

Good



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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 30 December 2015 and was unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with three relatives, three care staff, the registered manager, the compliance manager and the office manager.

We reviewed three care records, the complaints folder, recruitments processes as well as monthly checks the manager completed.

We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People were comfortable with the care staff supporting them and looked at ease. People were seen holding hands with care staff and looking to staff for reassurance.

Relatives we spoke with were also felt their family member was safe with care staff. One relative we spoke with told us, their family member was “100% safe”.

Staff understood safeguarding and what keeping people safe meant. Staff confidently explained to us what action they could take if they suspected a person maybe at risk of abuse. Staff we spoke with told us they would discuss any concerns they had with the registered manager. The registered manager monitored staff training to ensure all staff training on the subject was up to date.

The registered manager told us that decisions on staffing were based on people’s individual assessed needs. Some people required higher levels of staffing support. We spoke with relatives about staffing levels and whether they thought their family member received the support they needed. Relatives we spoke with felt staffing levels did reflect the needs of people living at the home. One relative told us, “The staffing is very good...they put an extra staff member in even though she wasn’t funded to keep her safe.” Another relative told us, “Oh yes, the staffing is very good.” We saw that people had constant access to care staff.

People’s individual health and risks to their health were understood by staff. For example, staff minimised people’s

contact with certain products because of their individual needs. Some of the people living at the home lived with Epilepsy. Staff we spoke with understood how each person’s seizure presented and what course of action to take. Staff also understood when people required greater observation because a seizure may take place.

Staff we spoke with explained the recruitment process they went through to ensure it was safe for them to work at the home. We also reviewed two staff files and saw that the registered provider had a system for ensuring all the necessary pre-employment checks were completed and this corresponded with what staff had told us. Staff completed DBC checks (Disclosure and Barring Service) to ensure it was safe for them to work at the home. We saw that the registered provider also sought the completion and return of references to ensure people were suitable for working at the home.

Relatives told us they were happy with the support staff gave to help people take their medicines. People’s medicines were explained to them as they received them so that they knew what the medicines were for. The registered manager made regular checks on how staff administered medicine to ensure they understood what to do. We saw that when people’s medicines changed, their medicine records were updated to ensure they accurately reflected people’s needs. The medication at the home was also regularly reviewed by a Pharmacist to ensure people were given their medicines as prescribed for them.

Is the service effective?

Our findings

Relatives we spoke with were confident about how the staff cared for their family members. Relatives described staff understanding their relative's needs and having the training to be able to respond accordingly. For example, one family member told us the training staff had had enabled them to understand their family member and respond to their needs. The relative told us their family member had specific care needs in relation to their Autism and that staff understanding of routine and stability helped their family member.

Staff told us they had regular supervision meetings and could raise issues that were important to them. Team meetings were organised regularly to keep staff informed about people's care as well as other changes or updates staff needed to be aware of.

Staff described the training they had undertaken and how this helped them to support people. For example, all staff were trained to understand how to support people living with Autism which they said enabled them to better communicate with people living at the service. We saw one person indicate they wanted their food and staff responded. Staff were also able to explain to us what living with Autism meant for people and how the training they had received had helped them empathise with the people they supported.

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. The registered manager had submitted DoLS applications. They understood the process and were aware of how to access any further support if needed.

Relatives we spoke with confirmed their understanding of the DoLS and their involvement in making important decisions for people. One relative told us, "Sometimes I don't like what they say, but I know it's in the best interest of [family member]." Where appropriate Independent Mental Health Advocates (IMCAs) were also used to help support people. Relatives we spoke with told us that they felt assured that discussions involving other professionals were done for the best outcome of the person.

Staff were able to demonstrate to us their understanding and the importance of obtaining someone's consent when caring for them. We saw in three people's care records that the registered manager had undertaken capacity assessments where appropriate and involved relatives in the decision making process. Three relatives we spoke with confirmed their involvement in making decisions about their family members care and support where needed.

People were supported by care staff to have their meals and support was offered based on the person's individual needs. People were supported to make choices about the food they ate. Some people were presented with plates of food or were shown food to indicate a preference. Some people were able to plan menus together with care staff that took into account any dietary needs they had. One person had a food allergy and staff understood this and avoided this in the menu planning. We saw people were offered drinks throughout the day and people chose the drink they wanted.

People accessed a wide variety of additional health services with staff support to arrange and attend their appointment. In addition to accessing the doctor and dentist, people were supported to see physiotherapists, occupational health and speech and language therapists. Three relatives we spoke with had confidence in staff and that they would seek additional help if their family member required it. We saw that staff had acted upon the advice given to them by various professionals. We saw that people had equipment changed based on the recommendations of professionals. Furthermore, if modifications such as changes to people's diets were needed, this was acted upon.

Is the service caring?

Our findings

Three relatives we spoke with, spoke highly of staff and their caring attitude towards their family member. One relative said of staff, "They're wonderful. They're like a family." Another relative told us, "Staff all love (Family member)." We saw staff supporting people to go out to attend activities. People were comfortable with staff that supported them. We saw people smile, laugh and touch staff for reassurance.

Care staff had detailed knowledge of people's individual needs. Care staff could describe specific details about people's individual care needs. For example, one care staff member described a person's exact dietary preferences; the cutlery they preferred to use as well as people's bathing routines. We saw care staff support people to reassure them. One person repeatedly asked when they were visiting their parents, and we saw care staff sensitively tell the person it was "one more sleep". The person was immediately comforted by this. Staff understood how to communicate in a way that reassured the person and allayed their concerns.

Staff we spoke to had a comprehensive knowledge of people's care. People living at the service depended on their care being consistent. Staff understood if people needed to eat food in a certain order and if there were certain textures of food people disliked. Staff we spoke to all understood where relevant if people had specific religious needs and supported people to attain these. For example, two staff we spoke with understood a person's religious beliefs and what this meant for the person in terms of their dietary needs. Staff told us they ensured that

the person only ate food they were permitted to eat. Details of people's preferences were also recorded in people's care plans. Staff told us these were updated of any changes to people's care by the registered manager.

People living at the home used their preferred method to communicate with staff. For example, people used pictures to show staff what they needed or how they felt. We saw that people were offered choices throughout the day by staff about their day to day needs. Staff were seen to offer people a choice of meal or an activity to participate in. We saw people were given time to consider the options they were given and staff waited patiently before proceeding.

Relatives told us their family members were cared for with dignity and respect. Relatives described how their family members were treated as individuals with specific needs and that staff supported them to achieve things that were important to them. Staff described to us what they understood by dignity and respect. One staff member told us that this meant acknowledging that people living at the home "had the same rights as everybody else." Staff recognised people's levels of independence, and worked at a pace that suited the person. This allowed people to retain independence for the things they could do independently, such as making hot drinks whenever they chose.

We saw relatives drop in and visit their family members who told us they were able to visit whenever they chose. Family members told us they could visit or phone whenever they chose and that efforts had been made to ensure families had as much contact, in person and by telephone as possible. People were also supported to make visits home to see their family.

Is the service responsive?

Our findings

Relatives described how before their family members moved to the service, staff began the process of understanding their relative's needs. Relatives we spoke with told us that their family member was gradually introduced to the service so that aspects of their care could be recorded and understood by care staff and that the transition to the service was at the person's own pace.

We saw that people's care was regularly monitored and checked as to whether the care needs for the person were accurate. Where people's needs had changed their care records were updated and staff responded by supporting people based on the person's updated needs. Two relatives we spoke with told us that their family member had recently become poorly and staff had worked with them to understand the person's needs and increase the support given. One relative described how staff instinctively supported the person before this had even been agreed formally by commissioners because they understood the person's support needs had changed and the person needed more help immediately.

Relatives we spoke with all had a clear understanding of the care planning process and their role within it. Three relatives we spoke with told us they were told about meetings, invited to them and felt they were able to contribute to the care planning process.

People were encouraged to pursue interests that they wanted to participate in because they enjoyed them. We

saw people were supported by staff to attend activities of their choice. Relatives we spoke with confirmed that their family member attended a variety of pursuits that reflected their preferences. For example, one person liked a particular sweet pudding that was only available at certain places and care staff told us that the person was supported to go shopping to purchase the pudding of their choice. We also saw that other people attended swimming, trampolining and shopping.

Relatives we spoke to understood the complaints process and knew that they could speak to staff if they were unhappy with anything. Two relatives we spoke to described issues they had raised with staff where they had wanted changes made to how their family member was cared for. One relative asked for better communication. The registered manager acknowledged their request and worked with the family to work towards a better solution. Another relative also described feedback on the improvement they would like to make to their relative's care. Again, the relative told us that staff worked with them to understand their request and adjust the person's care. All three relatives told us they found staff approachable if they needed to discuss issues and felt their requests were taken seriously. We reviewed feedback relatives have given through questionnaires, complaints and compliments. Where there were areas for improvement, the registered manager had worked with the family to improve people's care.

Is the service well-led?

Our findings

People and their relatives understood who the registered manager was and her role. Family members described members of the management team and how they felt comfortable approaching them if they required support. One relative described the home and staff as, “Wonderful – they’re like a family.”

Staff we spoke with described the registered manager as “Very fair, very helpful with any issues.” Staff told us they felt able to approach the registered manager and raise matters that were important to them. For example, staff told us that if there were ever any issues with a person’s care, they could discuss this with the registered manager and obtain the clarification and advice they needed.

The registered manager together with the compliance manager undertook regular checks of the service provided at the home. For example, monthly checks were made of people’s medicines, care plans, the environment as well as any accidents and incidents. This data would be shared with the management team to analyse and identify any trends were possible.

People living at the service had health needs that could change very quickly. The registered manager described changes made to the service to improve and respond to the health needs of people living at the service. For example, people’s equipment including beds and mattresses are regularly reviewed to ensure they have access to the most appropriate equipment for their needs.

The registered manager described a very honest and open relationship with the registered provider where any

suggestions for improving the service could be raised and discussed. The registered manager described the suggestions as being in response to people’s individual needs and that the registered provider had always been supportive of the input from the management team. For example, the registered manager told us, “There’s no pressure to fill beds. We have to look at the compatibility of people before they move in.” Staff also described the registered provider as being very approachable. Staff were able to access a drop in session that the registered provider held very month.

The registered manager also looked at ways of gaining feedback from people living at the home. We saw that the registered manager had considered how to meet people’s communication needs and people’s responses were recorded based on how people were best able to communicate. For example, some people were supported to use electronic devices to record their responses. We saw that this input from people helped to influence the service people received such as suggestions for holidays, day trips, menus and whether people were happy with their bedrooms.

The registered manager had developed relationships with other stakeholders in order to develop care in response to people’s needs. For example, the registered manager described how they had recently been in touch with the local authority commissioners regarding their service and how they could develop their service further. They had also developed links with services that supported people with learning difficulties so that people living at the home were able to access as many activities as possible.