Fairfield Care Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place over three days 11, 15 and 18 February 2016. The first day was unannounced. The service was last inspected in August 2009 and was compliant with the regulations at the time.

Fairfield Care Limited is a domiciliary care service which provides supported living services and outreach provision to both children and adults with complex care needs and learning difficulties. A supported living service enables people with a learning disability to live in their own home instead of residential care or with their family. An outreach provision is a service which supports people to access their local community with support from staff. It is also a respite service for parent carers as they have a break from caring whilst their relative is out on an activity with staff.

The office of Fairfield Care Limited is situated within Fairfield Farm project which is based on a farm in South Manchester. The service also has access to a log cabin on the farm which is used by people supported by staff as well as for staff training and meetings. At the time of the inspection Fairfield Care was supporting twenty nine people within the local community.

There was a registered manager in post. 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.

Family members told us their relative received safe care, which was reliable and consistent. The service had sufficient staff to meet people's needs, and people were given the time they needed to ensure their care needs were met. We saw that people were protected from avoidable harm.

During the inspection we checked to see how the service protected vulnerable people against abuse and if staff knew what to do if they suspected abuse. There was an up to date safeguarding vulnerable adult's policy in place. Risks to people were assessed and risk management plans were in place. We found the staff we spoke with had a good understanding of the principles of safeguarding.

Family members of people who used the outreach service confirmed staff arrived on time and took their relative out accessing the local community for the length of time allocated. People also confirmed that visits were rarely missed and a manager was always available. There had been no formal complaints received over the last twelve months.

Staff had the skills, training and support they needed to deliver effective care. All of the staff we spoke with told us they were well supported by each other and the management team.

The service worked to the principles of the Mental Capacity Act 2005, which meant that care staff supported people to make their own choices about their care. They used alternative methods of communication where

appropriate. Before any care and support was provided, they obtained consent from the person who used the service where appropriate. We were able to verify this by speaking with family members of people who used the service, checking people's files, our observations and speaking to staff.

The provider had recruitment processes in place which included the completion of pre-employment checks prior to a new member of staff working at the service. This helped to ensure that staff members employed to support people were deemed suitable and fit to do so. However we saw that the interview process needed reviewing to establish criteria against which people were appointed to ensure formal and objective recruitment so it was clear on what basis staff were appointed to their role.

We saw evidence of a comprehensive induction pack, with appropriate training provided for roles and responsibilities, along with competency testing. Staff also signed to confirm they had read policies and procedures and that they were aware of the provider's requirements in respect of data protection and confidentiality.

All care staff were given a manual which included policies and procedures. These were discussed with the staff member as part of the induction process. Staff received supervision and appraisal from the care management team. These processes gave staff an opportunity to discuss their performance and identify any further training they required.

People were supported with a range of services which enabled them to continue to live in their own homes safely. Family members of people who used the service told us they had been involved in the assessment and planning of the care and support provided and that the service responded to changes in people's needs.

The care records contained good information about the support people required and were written in a way that recognised people's needs. This meant that the person was put at the centre of what was being described. The records we saw were complete and up to date.

All the care staff who dealt with people's medicines had received medicine management training, been assessed as competent and were clear about their role in managing medicines safely. We discussed with the registered manager that the procedure for administering, disposal of refused food containing covert medicines and follow up action regarding the impact on the service user of medication not taken was reviewed in line with current guidelines.

We found from looking at people's care records that the service liaised with health and social care professionals involved in people's care if their health or support needs changed. The service worked alongside other professionals and agencies in order to meet people's care requirements where required.

Family members of service users told us that they were listened to by the service. The registered manager told us that if the service received a new referral it would not be accepted unless there were enough staff available to meet the person's care needs.

People told us the service was well managed and they felt they could approach the registered manager and provider with any concern and they would be listened to. Care staff told us they enjoyed working for the service, they received good training and felt supported.

Robust systems were in place to monitor the quality of the service provided to help ensure people received safe, effective, care and support. The registered manager and senior care staff had effective audit and

quality assurance processes and procedures in place. Any actions required to improve the overall standard and quality of care were raised at the regular staff meetings and in formal supervisions.

There was an up to date accident/incident policy and procedure in place. Records of accidents and incidents were recorded appropriately within people's care files. However we saw monitoring and analysis of incidents and accidents needed improving as different sections of the records were kept in different files. We discussed with the registered manager and service development manager that accident and incident management, reporting and recording was reviewed to ensure that all lessons learnt through analysis is identified and incorporated into daily practice. There was an up to date 'business continuity plan' in place which covered areas such as loss of access to the office, loss of utility supplies, loss of staff, office damage, loss of telephone/IT systems and adverse weather the action to be taken in each event.

There were detailed systems in place to record what care had been provided during each visit. Care plans contained a daily diary sheet which was completed by staff at each visit. Staff working with people on the outreach service completed a visit summary sheet after each visit which included parent/carer feedback.

Staff told us they felt they were able to put their views across to the management, and felt they were listened to. The staff we spoke with told us they enjoyed working at the service and said they felt valued.

The service undertook audits to monitor the quality of service delivery. We saw a number of audits in place such as spot checks, training, and supervisions with care staff to verify their competence in providing safe and good quality care.

Feedback received from other professionals with current or previous involvement with the provider was positive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicine management needed reviewing regarding administration, correct disposal of medication and impact of refused medication on people.

The provider had procedures in place to safeguard people who used the service. Staff knew how to recognise and respond to signs of abuse.

The rights of people were protected because staff understood their responsibilities in relation to people who displayed behaviour that may put them and others at risk.

Is the service effective?

Good

The service was effective.

People received support from staff that were appropriately trained and supported to carry out their roles and deliver effective care which met their needs.

Systems were in place to provide staff support, including staff meetings, supervisions and annual appraisals.

Staff sought people's consent before providing all aspects of care and support using alternative methods of communication as appropriate.

People were supported to access a range of health care professionals to ensure that their general health was maintained.

Is the service caring?

Good

The service was caring.

Family members told us that their relative's dignity and privacy were respected when staff supported them and that staff helped them to maintain and develop their independence.

The registered manager and staff were committed to providing a very caring and compassionate service.

Family members of people who used the service were complimentary about the support provided. They told us that staff were kind, caring and respected their relative's privacy and dignity.

We observed positive interactions between staff and people using the service. We saw people were involved in making decisions about the care and support provided through the use of alternative communication methods.

Is the service responsive?

Good

The service was responsive.

People had a plan of care and any required changes to people's support were made promptly.

The provider had a complaints procedure and information about how to make a complaint was provided to people when they started to use the service.

Family members told us they felt able to raise concerns and had confidence in the provider and the registered manager to address their concerns appropriately.

People were involved in their plan of care through alternative methods of communication. People's care plans were individualised and centred on the person. People were supported to actively follow their hobbies, interests and pastimes.

Is the service well-led?

Good

The service was well-led.

The overall feedback from family members of people who used the service, staff and other professionals was extremely positive.

Systems and processes were in place to monitor the service and drive forward improvements. People's views had been sought as part of assuring 'excellence'.

There was a registered manager in post who was supported by a senior management team. Staff told us that the managers were approachable and that they could easily raise any concerns with them.

Fairfield Care Ltd

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 11, 15 and 18 February 2016 and was carried out by one inspector. One day was spent visiting people in their own homes and service users in two of the supported accommodation homes.

Before the inspection the provider had been asked to complete a Provider Information Return (PIR) last year. This is a form that requires the provider to give key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received since the last inspection including notifications of incidents that the provider had sent us. A notification is information about important events which the provider is required to tell us about by law.

At the time of the inspection, there were twenty nine people overall using the outreach and/or the supported living service which employed twenty six members of care staff. During the inspection we spoke with the providers, the registered manager, service development manager, office staff, house leaders and eight care staff. We looked at care plans relating to six people who used the service and five staff files along with other records related to the service.

We met with three family members of people who used the service to seek their views about the organisation. This included meeting four service users in their own homes. We also reviewed information we held about the service and we saw feedback from health and social care professionals.

We looked at six people's care records, recruitment documentation, supervision records and staff meeting minutes. We looked at medicine administration records and records in relation to the management of the service such as checks regarding people's health and safety. We also looked at staff recruitment, supervision

and appraisal records, training records, compliments, quality assurance and audit records.

Requires Improvement

Is the service safe?

Our findings

People who used the service had limited communication so we spoke with their family members to understand how the service kept the service users safe. One family member told us, "They never send people [name] doesn't know." Another family member told us their relative was "Very settled, a different [person]."

A family member of a person living in supported accommodation told us when we asked them if their relative was safe in the service. "Yes, came from a service where [name] wasn't. They went on to say, "We think [name] is happy here." The registered manager told us new staff were introduced to the person who used the service and their family members before doing a visit or a shift on their own.

One member of staff told us that people were safe because, "There are so many reviews asking if we are happy. We are always in contact with management." Another member of staff told us that they had, "No cause for concern." The feedback we received was positive and no one reported feeling unsafe.

Fairfield Care Limited have a team of bank support workers so the use of agency staff is limited. The service development manager told us they "Very rarely use agency staff, we use same staff so [relatives] know them. Agency staff have to do shadow shifts and attend team meetings and supervision; they are treated like bank staff." This was a good way of ensuring people received support from a consistent staff team.

In the supported living service we saw people were kept safe as the front doors to the homes were kept locked; people had to ring the doorbell and be allowed access by the staff. This helped to keep people safe by ensuring the risk of entry into the home by unauthorised persons was reduced.

The family members we spoke with told us staff were reliable and never missed any visits or shifts. They all confirmed their relatives had regular care staff. One family member told us how their relative had a team of one to one care staff and back-up ones for when their regular care staff were away, they said, "It's consistent now. New staff are introduced gradually." A relative told us, "It's the same staff who visit so they know [the person's] likes and dislikes."

Arrangements were in place for unplanned absences such as staff calling in sick. Care staff told us and the registered manager confirmed that permanent staff covered extra shifts. In addition, office based staff kept their care skills up to date by undertaking care visits and covering absences. The registered manager told us that using their own permanent staff helped ensure a consistent level of continuity of care. This also helped staff to know people's needs that much better.

We spoke to staff about their understanding of safeguarding. Staff explained to us clearly what signs and symptoms of abuse they would look out for and they told us how and to whom they would report this initially and if necessary, as an escalation if they were unhappy with the action taken. Staff we spoke with told us they had not had any concerns about the safety of the people living in the service since they had worked there and told us they felt it was very safe for them working in the home as well.

We spoke with staff who told us they were aware of and understood the whistle blowing policy; however they said they had not had any reason to use it and would be comfortable in raising any concerns with the registered manager. The staff told us they were confident that should they raise anything then appropriate action would be taken.

We saw an incident form where a bruise had been noted on a service user in the morning, the care staff immediately took the service user to hospital to be checked out and the office kept the family informed via text including sending pictures of the injury. This showed us the service was proactive in keeping service users safe and family members informed.

People had care plans which included assessments of risk and how to mitigate them. Family members told us they had been involved in creating their relatives plan of support. Prior to any service being delivered to people the registered manager undertook a full assessment of the person's needs together with an assessment of any risks posed by the support they required or the environment.

The registered manager explained how each member of staff carried out moving and handling training and were always shown, and made sure they were confident in, the moving and handling aspects of the care they provided to people who used the service.

There were sufficient numbers of staff employed by the organisation to meet the needs of people who used the service. The registered manager and provider explained the staffing numbers were adjusted to meet people's needs. We saw visits to people were arranged, where possible, in geographic locations to cut down on the travelling time for staff. This decreased the risk of care staff not being able to make the agreed visit time. Staff told us this was never a problem as they were able to stay for the full duration of the visit or shift. We saw records which showed an excellent staff retention rate over long periods, however due to ongoing service expansion; the provider is still recruiting for new staff to fulfil current vacancies.

Family members of people who received care and support from the outreach service told us the staff were on time and they received a reliable service. They informed us that on occasions staff arrived early and at times stayed later. Family members of people who used the outreach service told us they never had any missed visits. They said they knew which staff would be visiting. Fairfield Care Limited sent photographs of staff (with their consent) to the families and set up a 'meet and greet' session with a familiar member of staff known to the family as part of the process of introducing a new worker. The new member of staff is introduced and safeguards around 'stranger danger' reinforced. This helped to monitor the safety of people who used the service and the staff.

We saw staff rotas for February 2016 and this showed the visit times and staff attendance. The staff we spoke with told us they received their staff rota by email and were always informed of any changes in advance. We saw people were supported by small staff teams both in the outreach service and the supported living service to help ensure consistency of care. Staff we spoke with told us the small staff teams worked well and this view was supported by the people we spoke with. One family member told us their relative, "Had a one to one consistent staff team, new staff were introduced gradually." They told us they had peace of mind.

The service had an 'on call' system and people we spoke with told us they were able to contact the office at any time. Staff said the 'on call' rota meant a senior member of staff was always on duty to provide support and guidance out of 'normal' working hours.

We saw there was a staff recruitment process in place which followed the providers 20 step programme to ensure people's suitability before they began work. We looked at five care worker recruitment files, new staff

had completed an application with a detailed employment record and a minimum of two references (a mixture of professional and personal) had been sought in accordance with the provider's recruitment policy. We saw all references were verified by a telephone call once the written reference had been received. Photographs were available for identification purposes and records showed the date the prospective employee was interviewed. New staff were provided with a contract of employment and job description. Staff confirmed they had a formal interview and did not start work until all checks had been completed. Any gaps in employment had been checked prior to the person starting work.

Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS checks consist of a check on people's criminal record and to see if they have been placed on a list of people who are barred from working with vulnerable adults.

We looked at how the service supported people who required assistance with their medicines. Staff told us they had received medicines training and this provided them with the skills and knowledge to support people with their medicines. We saw completed medication awareness training and competency sheets stored on staff files. The service had a policy and procedure for the safe handling of medication. People's risk assessments and care plans contained information about the support they required with medication including individualised 'as required' (PRN) protocols and that it was in accordance with the medication policy.

Each person's medicines administration record (MAR) was available within the care file and contained the level of support, dosage and timings specified by the prescriber. Medicines were usually in a monitored dosage system or in original containers. However we saw that disposal of covert medicines (medicines given in a disguised form usually in food and drink) needs reviewing to ensure correct safe disposal methods were being followed. Adults who have been assessed as lacking capacity are only administered medicine covertly for example in food or drink if a management plan is agreed after a best interest meeting and in exceptional circumstances. We saw that a best interest decision had been made by the G.P. that the medicine was to be given covertly however the person regularly refused the food containing the medicine. Staff disposed of the food and the medicine it contained down the toilet. This meant the medicines entered the sewage system without staff checking it was an appropriate method of disposal. We did not see any evidence of action taken by staff after the food containing the covert medicines had been refused by the service user, for example, contacting the registered manager or G.P. We discussed with the registered manager that the procedure for administering, disposal of refused food containing covert medicines and follow up action regarding the impact on the person of medication not taken was reviewed in line with current guidelines and all staff trained in the reviewed process.

We saw that when an error was made around medication, regardless of the severity of the error, staff were removed from administering any further medication until an investigation had taken place and they had attended a medicine refresher course including a competency assessment. This showed us the service responded appropriately to any medicine errors.

Assessments were undertaken to assess risks to people who used the service. These included environmental risks and other risks relating to people's health and support needs, for example moving and handling a person safely in their own home. The risk assessments included information about what action needed to be taken to minimise the risk of harm occurring. Staff told us about the people they supported and if they had concerns about any aspect of care how they would report it. For example, if a person had a fall or was not eating or drinking well. They told us the benefits of a small consistent staff team meant any signs of a person being at risk were picked up early as they knew people's conditions well.

The registered manager informed us accidents and incidents were reviewed to identify any trends or patterns. Spot checks by senior staff provided a means of identifying these. At the time of the inspection the registered manager showed us the log of recent incidents. 'Near misses' were also recorded and reported through to the office. We discussed with the registered manager and service development manager that accident and incident management including reporting and recording is reviewed to ensure that all lessons learnt through analysis is identified and incorporated into daily practice as currently this did not happen.

Staff informed us they had access to protective clothing and hand sanitisers, for example, gloves and aprons when providing personal care and meal preparation.

Plans were also in place for responding to emergencies or untoward events, such as outbreaks of infection, fire, flood and the failure of equipment used in the home. Risks of system and equipment failure had been minimised by a programme of servicing and maintenance of equipment. For example, we saw that in the supported living accommodation, relevant contracts were in place for gas safety, portable appliance testing, emergency lighting and clinical waste removal. A system was in place within the supported living service to record accidents and incidents.

Good

Is the service effective?

Our findings

Family members of people who used the service were positive about the care and support their relatives received from Fairfield Care. One person said, "It is an excellent service. Another relative told us that, "They do shadowing, [we are] always made aware if someone new [comes and], we are introduced to them."

Family members of people who used the service told us staff knew how their relative wanted to be supported and worked with them doing extra things if needed. One family member told us, "Before we had the service we used to struggle quite a bit, now [we] are reliant on it." People were happy with having the same group of care workers as this meant they had consistency in the support they received. A relative told us that they saw the same staff regularly and staff had got to know all their relatives individual needs. This meant staff had good background knowledge of what was usual for their relative and could report any changes to the registered manager that caused them concern.

People were supported by staff who had received the appropriate training for their role. The care certificate, which is a nationally recognised framework for good practice in the induction of new staff, was completed through e learning for all staff. Staff confirmed they had received a comprehensive induction before starting work with the organisation which took place over three days, followed by shadowing experienced care workers before beginning to support people. We saw records which showed the induction and mandatory training covered subjects such as medicine administration, safeguarding, Mental Capacity Act 2005 and health and safety. The induction for staff working in the supported living accommodation included fire safety, fire evacuation plan and other internal policies procedures for example, location of first aid boxes, staff communication book and house safety checks. The registered manager explained the staff also received specialist training, for example, how to be an autism friendly support worker which included environments, communication, social interaction difficulties and sensory issues. Staff files contained training certificates and these showed staff training was up to date.

Supervision meetings were held every four to six weeks and staff had an annual appraisal. Staff support also included regular staff meetings which were held monthly. Photographic evidence of team participation was recorded in the minutes. Staff meeting minutes were emailed to all staff unable to attend the meeting. Staff were encouraged if they had any concerns, not to wait for supervision but use the open door policy in place and speak to managers. We saw an agenda for a meeting on 2 February 2016 which covered a number of areas including staff training, dignity and respect, Mental Capacity Act and Deprivation of Liberty Safeguards, complaints, safeguarding, confidentiality and whistle blowing. Staff were encouraged to contribute towards the agenda.

Staff comments included, "The induction training was interesting, I learnt about myself and a few others," and, "I never knew about the range of autism, I learnt a lot." Staff also received specific training to support people with more complex needs. For example, Team Teach which is bespoke de-escalation and positive handling training for children, young people and adults through the promotion of de-escalation strategies and the reduction of risk and restraint. Team Teach supports teaching, learning and caring, by increasing staff confidence and competence, in responding to behaviours that challenge, whilst promoting and

protecting positive relationships. The registered manager informed us staff would only support people with more complex needs once they had completed the training and felt confident in delivering the care and support and staff we spoke with confirmed this.

We saw several policies and procedures which were provided by the provider and available for staff. These were updated in accordance with 'best practice' and current legislation. Staff told us policies were discussed at staff induction, team meetings and through their on-going learning. Staff told us they were aware of the policies and procedures and that they were emailed copies as well as a copy kept in the office.

National Vocational Qualifications (NVQs)/Diploma in Care level three was on-going for all staff as part of their formal learning and development. The registered manager informed us this was so best practice was maintained across all services.

The provider awarded 'The employee of the month award' to the care worker who had demonstrated excellent practice within the month. Care workers nominated each other based on criteria including care workers values, feedback from family members, speaking to care team and other office staff. The care worker received a certificate and a gift voucher to recognise their nomination and success.

The registered manager was able to demonstrate an understanding of the Mental Capacity Act (2005). 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.

The registered manager and staff were knowledgeable about the situations where an assessment of people's mental capacity could be required. We checked whether the service was working within the principles of the MCA and we spoke with staff to ascertain their understanding of the Act. Staff told us that they always, in the first instance, assumed that people had the capacity to make informed decisions about their care. Staff had received training on the MCA. Staff members told us about the circumstances they needed to be aware of if people's mental capacity to make certain decisions about their care changed. Processes were in place to monitor people's mental capacity as well as staff's knowledge of the person. For example, reminding people to eat and drink and when to take their medicines.

We saw that there had been decisions made in people's best interests where people had been unable to make these decisions. The best interest process had been followed in line with current regulations and was clearly documented. The best interest process means that when people are not able to make an important decision people who have an interest in their welfare (family, medical professionals, social workers for example) come together and look at what options are available and make a joint decision about what they believe to be in the person's best interest. We saw this process had been followed regarding a person who used the service who needed minor surgical intervention to address a medical issue. Because the process had been completed fully the outcome had been successful.

Care records showed that family members and people who used the service were consulted and consented to their care and support where possible. We saw the care plan contained information which identified the best ways to communicate with people and best times when they would be more responsive – this practice helped promote and enable the person to be involved and make decisions for themselves. Staff also gained verbal consent before assisting people as a matter of course.

Where ever possible, using alternative methods of communication, for example, symbols, people who used the service were asked to consent to care and support. In some care files we saw that their relative had signed to say they were in agreement with the plan of care especially when the person themselves could not sign due a physical disability. A point to note is that wherever possible a person receiving care must sign consent if they have capacity and any reasons must be clearly documented if they are unable to sign. We saw and staff told us they asked for people's consent before assisting them. They said emphasis was placed on providing individual assistance and maintaining and promoting people's independence. This showed us that there were processes and procedures in place as well as skilled staff to help determine when people needed support with their decision making.

During our inspection we observed that service users were offered and had access to healthy snacks. Service users were supported to help themselves to drinks as they wished and those who did not do so frequently were prompted to have drinks. Service users were encouraged to get involved in menu planning and food preparation where appropriate. Menus were nutritional, healthy and balanced, reflecting service user choices. Menus were planned at the weekly house meetings and choice was facilitated by use of symbols, pictures and objects of reference where appropriate. Service users were able to access the farm project and had been involved in planting their own vegetable beds and taking fresh vegetables home with them to cook for their meal. This had developed service users knowledge, choice and involvement.

Staff told us they offered dietary support when needed and would report to the registered manager and/or family if they had concerns about a person's loss of appetite or weight.

Family members of people who used the service told us their relatives were well supported by the staff. They confirmed they were involved in the care planning process and that the support they received met their relative's current needs. Family members said, "The staff are very kind;" and, "The staff are very good." "Staff will stay longer that the allocated time if necessary;" and, "The staff are lovely."

We discussed with family members of people who used the service how their relative's health care needs were met. They explained that if they needed assistance then the staff would help them. Within the care plans there were details of the person's GP and next of kin. We saw a health action plan in peoples care files which contained good information about what the person was able to do for themselves and what areas they needed support with, which would go with a person should they need to go into hospital. This included details about their preferred method of communication.

We saw that the service clearly displayed in all its tenancies, appropriate autism friendly signage in the most understandable form for service users.

Good

Is the service caring?

Our findings

We asked family members and relatives of people who used Fairfield Care if they thought the service was caring. People said they were very caring and their comments included, "[Staff] are very good with [name], [name] is pleased to see them." A family member told us they "Have peace of mind." Family members were pleased with the consistency of the staff team and they valued the care, support and companionship offered to their relative. One family member told us "Staff are caring and respectful."

Family members told us that staff worked in a way that upheld their relative's dignity and kept them in control of their care and support. Care staff described, and people we spoke with confirmed, various methods they used to help support people with their privacy and dignity. Speaking with staff highlighted the emphasis they put on treating people with dignity and respect. They described how they ensured people's privacy by, for example, closing doors before providing care.

We observed staff using people's preferred name and supporting them in a polite and courteous manner. Staff chatted freely to people and there was plenty of good humour and positive interaction between staff and service users.

We saw that communication was individualised around the needs of the service user and remained a priority. We saw staff carried a 'symbols library' on a lanyard with them at all times and used the laminated cards to help service users understand what they were saying. A symbols library is a collection of laminated cards of various symbols which service users can understand for example, a shower, a car, a shop, a meal. One family member told us the staff "Take time and explain – show [name] pictures."

People who used the service, where appropriate and their family members were fully involved in planning and writing their choices and preferences in their care plans. A member of staff told us "Just because they haven't got a voice doesn't mean they haven't got a choice." Staff are good, kind, caring people in a caring job. Good body of staff." They were clear about the support required and the timescales for this support. These were reviewed regularly and updated when necessary. One family member told us how the care workers really do what they had planned and respected the way they liked things done. The registered manager explained how they visited and reviewed people's care regularly, especially if they were alerted to any changes.

People's information was held securely and confidentiality was maintained at all times by all the staff in the organisation. Every family member we spoke with said they had frequent contact with the registered manager and senior staff of the organisation. One family member said, "I am always asked how things are going and if I want to change anything. I can also contact them at any time."

The registered manager told us that most people had a parent or family member for advocacy arrangements, although they had signposted people to advocacy when necessary. Advocacy is for people who cannot always speak up for themselves and an advocate would provide a voice for them. We also saw evidence of the service advocating on behalf of people who were unable to advocate for themselves. For

example when new equipment was needed to ensure the health and wellbeing of a person using the service, the staff had advocated on behalf of the person with social workers, occupational therapists and the family to ensure they received the equipment they needed. We saw another service user had advocacy support from an external advocate. We found the registered manager and staff understood the importance of respecting and promoting the rights of people receiving support.

Staff told us they were always introduced to people before providing care and support and had time to get to the know people. We were given examples by the registered manager of how staff were matched with people who used the service who shared the same interests. This was seen as an important element of building solid relationships based on trust and friendship. Staff we spoke with told us this worked very well.

Care staff told us that people had enough time to provide care and support to each person who used the service. This meant that people could do things at their own pace without any pressure and staff were not rushing to hurry up and move onto the next 'task'. Care staff told that this meant that they noticed the little things or changes in a person much easier and helped them get to know much more about the person. Family members we spoke with confirmed that this was the case. Overall our discussions with family members of people who used the service were very positive with much emphasis on the caring approach of staff and the very good standard of care and support. The registered manager told us the emphasis is on "Give everyone a voice and empower as much as possible." A family member told us they "Went to coffee morning, suggested about house leader post then they appointed them. "Never thought I would be listened to." This showed us the service listened to family members as well as the service users

Another social care professional wrote, "I must say I can see you do some great work – [Initial]- was encouraged by both [staff] and [staff] to feel very much as though it was their assessment. I could also see [name] felt very comfortable to speak about things that were on their mind with no resistance at all from [staff]."

Good

Is the service responsive?

Our findings

Family members told us the care was personalised and responsive to their relative's needs. One family member said, "Staff sing songs with [name], they interact with [name]." The person who used the service, "Loves going in the car, staff take [name] all over. Went to [local] park and went on a train. Staff take pictures to show me." One member of staff told us how they, "Take [name] to church." We saw evidence of the staff facilitating a special all day family visit for one service user at the request of the family member.

For service users referred to the outreach programme, an initial assessment is carried out with the family, social workers and the service user where appropriate. Fairfield Care send photographs of staff (with their consent) to the family, set up a 'meet and greet' session with a familiar member of staff known to the family. The new member of staff is introduced and safeguards around 'stranger danger' reinforced. The registered manager explained they visited each person for a care consultation before the service began to assess and plan the care package with the person who was going to be using the service, and their relatives when appropriate.

Care plans contained the type of support people required and the length and time of each visit if the person was using the outreach service. Family members of people who used the service were very pleased with the length of time the care workers stayed and said they supported them in a relaxed and unrushed manner. Staff said they felt they could give their best and spend time supporting people in the way they wanted.

We saw the care plans contained signed agreements, care plans, hospital passports, required services, risk assessments including positive behaviour support plans, activity logs and other information relevant to the person who used the service.

We looked at people's care plans which were based on assessed need and instructions to staff on how to provide care and support in accordance with individual need. This provided a more rounded picture of people's care and support and how they wanted this given. Along with people's plan of care, risk assessments and daily records were in place. We saw that the care plans were up to date and reviewed on a regular basis. We found that there was good information available about the support required and that it was written in a way that recognised people's individual needs with pictures and use of symbols to enable the service user to understand the care plan. A social care professional commented on a care plan saying, "Lovely concise support plan for [name] I do realise you write these so that the service users/family and support workers can read them easily and I think this makes them very person centred."

People's care plans were considered as "live" documents and as such were updated as anything changed; keyworker and house meetings were carried out weekly and reflected that they met the service user needs and choices. Each of the records we saw had an up to date review in place. The review included if the person was happy with the service, were their needs being met, any changes required and any further training identified. One family member told us they had, "Input into the care plan. Everything was emailed over for comments." A senior member of staff told us "it's not just about the individual; it's about the whole family."

Each person had a visit or daily diary record which provided an over view of the care and support given by the staff. We found the records were well documented, gave good and clear information, detailed the tasks undertaken and noted the wellbeing of the person they were supporting. We were told care workers in supported living accommodation left each other messages in the communication book to ensure continuity of care.

Information about how to contact the organisation out of normal working hours was made available to family members of people who used the service. Staff told us what actions they would take in an emergency and this involved always reporting an incident to senior staff on call.

Family members told us their views on the service were sought regularly and they felt able to contact the office at any time with any matter and were confident it would be dealt with. The provider had a complaints procedure and information about how to make a complaint was provided to family members when they started using the service. The registered manager told us if a complaint was received it would be investigated and lessons learnt shared with the staff.

Some people knew there was a complaints procedure. A family member told us they had never had to use the complaints procedure as they had never had any complaints. One family member told us they had complained last year and the registered manager had been, "Responsive and I'm happy how they dealt with it."

We saw the complaints policy and form was in easy read format with pictures and symbols to make communication of the policy as easy as possible to service users. Having access to the complaints policy helped ensure that people could be confident their views would be listened to and acted upon. All the family members we spoke with were equally at ease with contacting the organisation about any concerns.

The registered manager said they and the care management team welcomed feedback and preferred people contacted them with any concerns so that they could be dealt with quickly. They also both worked in a way to pre-empt concerns by regular contact and by staff keeping them up to date with any changes or concerns.

The registered manager told us, "If there is a problem, either myself or care co-ordinator will go and see the families. There is always a presence." An example given is one of a service user who was regularly tired after daily activity so didn't want to go out on activity sessions. The registered manager visited the family to identify what problem was, the care plan was reviewed and times of visits altered to when the person who used the service was more alert and able to enjoy the session as the time had been altered to suit their needs.

We saw social workers had commented on the registered manager's response to complaints. One social worker stated "Complaints are a good thing, shows the family they are listened to and gives people an outcome." Another social worker stated, "I am satisfied that the investigation was carried out properly and Fairfield Care have formulated an appropriate response." Whilst another wrote "I am pleased with the outcome and investigation today."

People's views about their care and the way it was provided were sought regularly. The registered manager carried out checks on people's care records to ensure any actions required were acted upon promptly. We saw that regular reviews were held with people so they could share their opinions and views about the service through alternative methods of communication. Feedback was continuously requested by parents and relatives and Fairfield Care requested feedback from service users, their parents and relatives in a

variety of ways including inviting relatives to consultancy days, coffee mornings and open days at the farm. We saw pictures from open days which had occurred on 16 December 2015 and 4 February 2016. This gave people as much opportunity as possible to be listened to and their wishes acted upon. Staff told us the importance of listening to people as they felt this helped to improve their practice and provide a better service.

The service had systems in place to help monitor how the service operated and to enable people and relatives to share their views and make suggestions. This included a section on the outreach summary sheet which is completed after every visit which asks the family member for any improvements for next session.

We saw evidence that weekly house meetings were held with service users using symbols and objects of reference to support service users to make choices where verbal communication was not their first method of communication.

A family member told us that "Staff are bothered about [service users] outcomes, bothered whether [service user] is achieving, whether [service user] is happy." One family member spoke with us about their experience of their relative moving from children's services to adult services, They told us "The staff transferred with them. Made a massive difference." They told us the service was, "As good as it gets."

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. Staff told us that the service was well-led and that the management was extremely approachable and supportive. Staff told us and we saw that the registered manager led by example and was very visible within the service.

Family members of people who used the service told us they were confident in the way the service was run and they had contact with the registered manager. The provider and registered manager worked closely together to ensure the service was run effectively. The registered manager told us about the open culture they tried to foster within the organisation and this was confirmed by the feedback we received from family members and staff. A family member told us the service was, "Running really well at the moment." The registered manager said she was, "Constantly asking for feedback, [Has] a great relationship with service users and parents and each other."

There was a strong emphasis on providing good personalised reliable care and maintaining people's dignity. Staff were thoughtful about how to enrich the lives of the people used the service whether it was the outreach or supported living service. For example we saw in several staff meeting minutes that staff had put forward ideas to increase the quality of life of the people who used the service including trips out. Staff we spoke with, including the registered manager were passionate and cared deeply that people had the best experiences they could provide, and the effect this had on people's behaviours and well-being was impressive.

Care staff were supported by an effective management structure. There were clear lines of accountability and the roles and responsibilities of all staff (including office staff) were clearly defined. Staff told us the registered manager was approachable and they had confidence that they would listen to any issues that they had and they would be addressed. They told us that they were asked for their opinions and were able to put forward suggestions. Staff told us that morale was good and they were well supported by the registered manager and office staff.

Staff knew who they were caring for, what level of support they needed to give, the level of risk when taking people out, the activities they had planned, their routines and household regimes, triggers for behaviour that challenges others and how to manage the risks at the earliest point by looking for subtle changes in people's demeanour or mood. Staff were confident in the training they had received, their knowledge of the subjects which were relevant to their roles and their ability to manage difficult behaviour should it arise.

The provider and registered manager had systems to monitor the quality of the service and promote continuous improvement, which included monthly audits. We saw evidence of an unannounced audit conducted by the registered manager which had taken place in January 2016. The audit covered statement of purpose, complaints, monthly and weekly audits on service user files, office risk assessments, policies and procedures, team meetings, feedback from family members, supervisions and reviews.

Care plans were audited and spot checks were undertaken to make sure the family members and service

users were happy with the care provision and also to monitor staff performance. We saw the spot checks were carried out regularly and discussed at staff and supervision meetings. As a result of auditing records, the registered manager has introduced building small teams in local areas to work with people. This increased consistency for the people who used the service as care workers were known to the people and could 'cover' for one another. The registered manager told us if issues were identified extra staff training and support was provided.

There were support systems for staff in place. Staff attended regular team meetings. We also saw staff were acknowledged for their hard work and recognised for their achievements. The registered manager told us, "We work together as a team, take ideas on board." Staff told us management were very supportive. "Managers and seniors[have] always been there for her."

At the time of this inspection the registered manager had worked for the registered provider since 2013 in the role of registered manager. During discussion we found they had a good knowledge of the people they had visited and were able to describe the support people required and how that impacted on the staff team.

Staff described the registered manager as, "Very approachable; excellent", "Supportive", "Well liked" and told us they did a great job. Feedback from staff was positive regarding how the service was managed and how people's needs were put first. One member of staff told us, "A good company to work for, [they[do listen, [the[door is always open, [there is[always someone to speak to."

Family members of people who used the service said they were confident that any issues they raised with the registered manager would be dealt with appropriately. People confirmed that they knew who the registered manager was and that they were available on the phone and had visited them at home. From discussions with the people who used the service and staff it was evident the registered manager demonstrated good leadership and management skills.

We discussed with staff the ethos of the service and what they thought about it. One member of staff told us "I feel valued and appreciated for my support and contribution to the organisation." Another said "With meetings every month, we are on the way for more improvement." And another member of staff told us "I love my job."

Family members said they felt the service was very good and well run. Comments included, "It seems to be well run, I have no complaints." A relative told us they had, "No issues at all, very efficient, very well run organisation." Comments from people who used the service and staff showed the service promoted a positive culture of openness and person-centred care and support.

We saw that the registered manager met regularly with senior staff and the provider to discuss issues relating to the service including staff retention and recruitment.

Feedback received from other professionals with current or previous involvement with the provider was extremely complimentary. We saw a social care professional had written to the registered manager, "Thank you for your guidance in relation to the care plan as discussed. I must add you are such a very person centred manager and I can see from our meeting today that you are passionate in relation to people's needs. I was able to see how happy the service user was in [their] own home and also how reassured mum feels whilst [name] is in your care and support. Looking back through case notes [their] life has been completely turned around and the up to date assessment will be taking on a very positive stance."

We saw that the registered manager and staff had arranged and organised a Halloween party and Christmas dinner for service users. Pictures of these events were published in the seasonal newsletter which included details of future events and news on staff. The newsletter was distributed to people who used the organisation, family members and external professionals as a means of giving up to date news and report events.

The registered manager and service development manager told us what the clear vision for the future of the service in line with the goals of the Statement of Purpose was over the next few years which had been developed with the provider. This meant the service benefitted from leadership and oversight at provider and registered manager level.

The registered manager was aware of their responsibilities in notifying the Care Quality Commission of any significant events, and notifications had been received from the service when incidents had occurred.