

## Fairwinds Health Care Limited

# Fairwinds

### Inspection report

Kimberworth Road  
Rotherham  
S61 1AJ  
Kimberworth Road  
Rotherham  
S61 1AJ  
Tel: 01709 565800  
Website:

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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 4 December 2014 and was unannounced. We last inspected the service in December 2013 when it was found to be compliant with the regulations we assessed.

Fairwinds supports up to 20 younger adults over the age of 18 years old who have mental health needs. Nursing

care is also provided. The service is located on the outskirts of Rotherham with local facilities, such as shops and pubs close by. It is also close to good public transport links.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

# Summary of findings

‘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.

Throughout our inspection we saw staff encouraged people to be as independent as possible while taking into consideration their wishes and any risks associated with their care. The four people who used the service, four relatives and the healthcare professional we spoke with were all complimentary about the care and support provided.

People received their medications in a safe and timely way from senior staff who had been trained to carry out this role.

We saw there was enough skilled and experienced staff on duty to meet people’s needs. Staff had been recruited using a robust system that made sure they were suitable to work with vulnerable people. They had received a structured induction and essential training at the beginning of their employment. This had been followed by regular updates and specialist training to increase their knowledge and skills.

We saw people received a well-balanced diet and were involved in choosing what they ate. The people we spoke with said they were very happy with the meals provided. We saw specialist dietary needs had been assessed and catered for.

We found people’s needs had been assessed before they moved into the service and they had been involved in formulating and updating their support plans. The four care files we checked reflected people’s needs and preferences and had been reviewed and updated on a regular basis.

A varied programme was in place to enable people to join in regular activities and stimulation both in-house and in the community. People told us they enjoyed the activities they took part in.

People told us they had no complaints but would feel comfortable speaking to staff if they had any concerns. We saw a complaints policy was available to people using or visiting the service.

There was a system in place to enable people to share their opinion of the service provided and the general facilities available. We also saw a comprehensive audit system had been used to check if company policies had been followed and the premises were safe and well maintained. Where improvements were needed the provider had put action plans in place to address these.

# 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.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

Recruitment processes were robust and we saw there was enough staff on duty to meet people's needs.

Systems were in place to make sure people received their medications safely, this included key staff receiving medication training.

Good



### Is the service effective?

The service was effective

Staff had completed training about the Mental Capacity Act and understood how to support people whilst considering their best interest. Records demonstrated the correct processes had been followed to protect people's rights, including when Deprivation of Liberty Safeguards had to be considered.

Staff had completed a comprehensive induction and a varied training programme was available that helped them meet the needs of the people they supported.

People received a well-balanced diet that offered variety and choice. The people we spoke with said they were very happy with the meals provided. Specialist dietary needs had been assessed and catered for.

Good



### Is the service caring?

The service was caring

People told us they were happy with how staff supported them and raised no concerns. We saw staff interacted with people in a positive way while respecting their privacy, preferences and decisions.

The service had dignity champions who were responsible for helping people raise concerns and promote independence and respect throughout the service.

People had access to information about how to involve an independent advocate should they need someone to represent them. Advocates can represent the views and wishes of people who are unable to express their wishes.

Good



### Is the service responsive?

The service was responsive

People told us how they were involved in planning and updating their support plans. Support plans were person centred so they reflected each person's individual needs and preferences in detail.

People had individualised activities programmes that were formulated around what they liked to do.

Good



# Summary of findings

A policy was in place to tell people how to make a complaint and how it would be managed. People told us they had no complaints or concerns but said they would feel confident raising any issues with the registered manager or staff.

## Is the service well-led?

The service was well led

There was a system in place to assess if the home was operating correctly and people were satisfied with the service provided. This included surveys, meetings and regular audits. Action plans had been used to make sure issues were addressed and improvements made where needed.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

Good



# Fairwinds

## 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 was 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.

The inspection took place on 4 December 2014 and was unannounced. The inspection team consisted of an adult social care inspector and a specialist professional advisor who had expertise in supporting people with mental health needs.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications. Before the

inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. We also obtained the views of service commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 20 people using the service. We spoke with four people who used the service and four relatives. We also spoke with the registered manager, the care manager, two care workers and a visiting social worker. We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing four people's care files, staff rotas, the training matrix, five staff recruitment and support files, medication records, audits, policies and procedures.

# Is the service safe?

## Our findings

We asked people if they felt the service was a safe place to live and they told us they did. We also spoke with a visiting professional who said they had never seen anything happen at the service they felt was unsafe or caused them any concern.

We looked at the arrangements in place for protecting people from harm which can be caused by restraint. Records showed all staff had received training in Non Abusive Psychological and Physical Intervention (NAPPI). NAPPI is a method used when working with people whose behaviour can be challenging. Staff we spoke with confirmed that they had received NAPPI training. They told us they had used the techniques occasionally in the past but currently it was not used with anyone using the service. There was a policy in place in relation to the use of NAPPI, and people's records confirmed it was not currently in use.

We checked four people's care records to look at whether there were assessments in place in relation to any risks they may be vulnerable to, or any that they may present. Each care file we checked contained up to date risk assessments and plans which set out the steps staff should take to ensure people's safety. Staff could describe to us what they needed to do to ensure people using the service were safe and protected from harm or injury. However, we saw when a lap belt was used to stop someone sliding from their wheelchair there was no risk assessment in the care file outlining what action should be taken if anything untoward happened. This was discussed with the registered manager who said they would ensure records were amended.

Staff had access to policies and procedures about keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding adult procedures which helped to make sure incidents were reported appropriately. Evidence showed that any safeguarding concerns had been reported to the local authority safeguarding team and the Care Quality Commission (CQC) in a timely manner. We saw the registered manager kept a log of these incidents and the outcomes.

The staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had

any concerns of this kind. Records and staff comments confirmed they had received in-house training in this subject as part of their induction and at regular intervals after that. The local authority had told us they had recommended that staff also undertake external safeguarding training. Staff told us they had attended this training and found it beneficial. There was also a whistleblowing policy which told staff how they could raise concerns. Staff we spoke with were aware of the policy and their role in reporting concerns.

We saw there were enough staff on duty to meet people's needs and keep them safe. The service had a unit downstairs and another one upstairs. On the day we visited in addition to the registered manager and the care manager there was a nurse and five care workers on duty on each unit. The service also employed ancillary staff which included kitchen and housekeeping staff, as well as staff to facilitate activities and maintain the building. We observed staff were able to meet people's needs in a timely way and support them to go out into the community. The people who used the service, visitors and the staff we spoke with all said they felt there were enough staff on duty to meet people's needs.

Staff comments, and the recruitment records sampled, indicated there were effective and safe recruitment and selection processes in place. We looked at four staff files and found that appropriate checks had been carried out in line with the provider's recruitment policy. These included at least two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. We also saw checks to make sure nursing staff had maintained their professional registrations were carried out on a monthly basis. Face to face interviews had taken place and interview notes had been made to assess potential staffs' suitability. If there was any area needing clarifying we saw these, along with the decision making behind the appointment, had been recorded.

The service had a detailed medication policy about the safe storage and handling of medicines and the nurse we spoke with was aware of its content. We saw there was a system in place to record all medicines going in and out of the home. This included a safe way of disposing medication refused or no longer needed. However, we

## Is the service safe?

pointed out to the registered manager that the company picking up medicines to be returned had not always signed the returns book to evidence they had collected them. They told us they would take immediate action to remedy this.

We observed the nurse on the upstairs unit administering medicines at lunchtime. We saw they followed good practice guidance and recorded medicines after they had been given. Records showed that some people were prescribed medicines to be taken 'only when required'

(PRN), for example painkillers. The nurse explained a satisfactory process for documenting when and why these were given. We saw there was also a plan in place for each person describing under what circumstances PRN medication should be given.

There was an audit system in place to make sure staff had followed the home's medication procedure. We saw regular checks and audits had been carried out to make sure that medicines were given and recorded correctly.

# Is the service effective?

## Our findings

The people we spoke with said staff were supportive and friendly and we received only positive comments about how they delivered care and support. One person told us they had lived at the home for several years adding, “It’s the best I’ve ever been in. I get on with everyone, residents and staff.”

People were supported to maintain good health and had access to healthcare services. Support files showed people had access to outside agencies and health care professional, such as opticians, dentists, chiropodists, GPs, social workers and mental health professionals.

Records and staff comments showed staff had the right skills, knowledge and experience to meet people’s needs. Staff we spoke with told us they had undertaken a structured induction that had included completing the company’s mandatory training before they started work. A recently recruited care worker told us how they had shadowed an experienced care worker for two weeks after completing their induction training. They said their induction had prepared them well for carrying out their job. We also saw each staff member received a staff handbook which contained information about their employment and key company policies.

Staff told us that after their induction they had to regularly update their training in line with company policy. For example manual handling training took place every year. They also told us about specialist training they had undertaken, such as how to manage challenging behaviour in the least restrictive way. Staff said they felt they had received satisfactory training and support for their job roles. Records and staff comments showed staff support sessions had taken place on a regular basis and each member of staff received an annual appraisal of their work performance. Staff commented positively about the support they had received.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who might not be able to make informed decisions on their own and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom. We

checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place and guidance had been followed.

At the time of our inspection there were some people living at the service who were subject to a DoLS authorisation. Records demonstrated that the correct process had been followed and appropriate documentation was in place. We saw all documentation was up to date and review dates were specified. The registered manager and care manager demonstrated a good understanding of the legal requirements. Care staff we spoke with had a general awareness of the Mental Capacity Act 2005. They told us, and records seen confirmed that they had received training in this subject to help them understand how to protect people’s rights. All staff we spoke with were clear that when people had the mental capacity to make their own decisions this would be respected.

People’s comments, and the menus we saw, indicated the service provided a varied choice of suitable and nutritious food and drink. People said they enjoyed the meals provided and were very happy with the choice of food available. One person told us, “The food is nice. We have choice and I can always find something I want, the Sunday roasts are excellent.” A relative commented, “There is a good choice and staff know what he likes, we told them when he came here and they wrote it down.”

At lunchtime we saw portion sizes were very good and people enjoyed the meals they ate. As well as the set menu, which offered people two main options, there was also a ‘Café menu’ which people told us they could choose from if they did not want anything from the set menu. We saw menus contained a picture of the meals offered. This meant people who found it difficult to understand written information or had difficulty communicating could easily select the meal they preferred.

People’s care files reflected their food preferences. Copies of these forms were also in the kitchen so kitchen staff knew what foods people liked and didn’t like, as well as any special dietary needs. Snacks were available on both floors in the kitchenettes. We saw fruit bowls were on the counter tops and although other food was in locked cupboards people were seen asking staff for snacks which were provided straight away.



# Is the service caring?

## Our findings

The people we spoke with told us staff respected their decisions and confirmed they had been involved in planning their care and support. One person said they were fully involved in planning the support they needed adding “I write in it too [meaning their care file].”

People who used the service and the visitors we spoke with all said they were happy with the care and support provided. When we asked one person how they were treated and if staff looked after them they told us, “Staff do a great deal of work for me, they’re all good.” Someone whose family member had previously lived at the service described to us how staff had supported their relative in a caring and sensitive manner. They told us staff had been compassionate and caring adding, “They [staff] were very good with him. They looked after him better than I had ever seen in the past, he looked so well presented.”

We saw people’s needs and preferences were recorded in their support files so staff had clear guidance about what was important to them and how to support them. The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their wishes.

We observed staff interacting with people who used the service positively throughout our visit, giving each person

appropriate care and respect. We saw a poster telling people the names of the staff who were the dignity champions for the service. We saw the champion’s role included promoting dignity within the service and supporting people to raise concerns and maintain their independence. A relative told us, “We see that they [staff] treat people who live here with dignity and respect.”

People were given choices about where and how they spent their time. For example people told us they could choose what time they wanted to eat their meals, if they took part in planned activities and how they spent their day. We saw staff encouraged people to be involved in activities and make informed decisions. They enabled them to be as independent as possible while providing support and assistance where required.

Staff we spoke with gave clear examples of how they would preserve people’s dignity. They told us how they knocked on people’s doors and waited to be invited in, covered people up as much as possible when providing personal care and offered people as much choice as possible.

We saw people had access to information about how to contact an independent advocacy agency should they need additional support. Advocates can represent the views and wishes of people who are unable to express their wishes.

# Is the service responsive?

## Our findings

The people we spoke with all said they were happy with the care provided and praised the staff for the way they supported people. When we asked one person how staff reacted if they needed to see a doctor they replied, “They [staff] are very good. They make an appointment the same day, same for the dentist and chiropodist.” Another person commented, “They (the staff) very quickly get a doctor in if needed.” A relative told us, “The staff always tell us when she is ill and what is happening.”

We checked four people’s care records which evidenced that comprehensive needs assessments had been carried out before they moved into the service. In some cases the files also contained assessments from other outside agencies such as hospitals. Staff told us how this information had been used to formulate the person’s support plans.

The four care records we sampled contained information about the areas the person needed support with and any risks associated with their care. We found where intervention by staff was needed a support plan had been put in place along with details about how staff could minimise any identified risks.

Files contained a lot of information making it difficult for someone who was not familiar with the system to find certain information. We spoke with the registered manager about the lack of signposting in support plans to tell the reader where relevant connected information could be found; they said they would consider this.

People told us they were involved in planning and rewriting their support plans. One person told us, “I have input when I need to or I can ask the staff to do it for me.” However, we found that although support plans and risk assessments had been reviewed on a regular basis in two of the files we checked staff had not evaluated and summarised how effective the plan had been over the previous month. For example we saw staff had written ‘No changes observed over past month’ and ‘plan accurate at this time’ but there was no meaningful evaluation of the effectiveness of the plan in place. We found this did not have a direct impact on the care people had received because staff knew them well. We spoke with the registered manager about this and they told us they would address this with staff.

We saw there was a wide choice of activities to choose from which included days out organised by the service for those people who wanted to go out with other people living there. People told us they had also participated in activities such as going swimming and to the gym, shopping trips, attending a local disco, playing bingo and doing arts and crafts.

The provider had a complaints procedure which we were told was given to each person when they moved in; this was confirmed by the people we spoke with. They told us they had no complaints but knew who to speak to if they needed to raise any concerns. We saw when concerns had been raised the registered manager had taken appropriate action to address them.

# Is the service well-led?

## Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission.

The people we spoke with told us they were very happy with the care and support provided. They said the provider had used questionnaires and regular meetings to gain people's views. The summary of surveys completed in 2014 by people using the service, relatives and friends, as well as outside agencies showed that overall people were happy with how the service operated. The registered manager told us actions plans were completed to address any areas people felt could be improved.

The provider gained staff feedback through regular meetings and an annual survey. Staff told us they felt they could voice their opinion to the registered manager or the care manager and they were listened to. They said they were very approachable and involved in the day to day running of the home.

Throughout our visit we saw the registered manager was involved in the day to day operation of the home and took time to speak to staff, people using the service and visitors. She knew people by name and was aware of what was happening at the service.

We saw audits had been used to make sure policies and procedures were being followed. This included health and safety, care records and weekly medication checks. This enabled the registered manager to monitor how the service was operating and staffs' performance. This information was also put on to the computer so the company head office had access to it should the home require any improvements. Other internal and external audits had also taken place to check the service was operating safely. When shortfalls had been found action plans had been put in place to address any issues which required improvement.

We spoke with a professional who was visiting one of the people using the service. They spoke positively about staffs' communication skills, how support was delivered and how the service operated.

The local authority's feedback to us contained positive comments about how the service operated and improvements seen at their last assessment of the service in February 2014. This included the comprehensive admissions assessment, training provided and the general décor of the service. They also identified areas where the service did well, such as the knowledge and experience of the staff team, their ethos regarding rehabilitating people back into the community and the system in place to check the quality of the service provided.