

Fairmont Residential Limited

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Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Fairmont Residential Limited is a care home providing personal care and accommodation for up to seven people who have a learning disability and or autism. At the time of the inspection six people were living at the service.

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

People continued to receive an outstanding level of support by enough staff who were recruited safely, trained to a high level and were passionate about giving people the right level of support and independence.

Staff understood the needs of people and treated them with dignity and kindness to ensure their individual preferences were met. Staff were aware of what actions they would need to take if they had any concerns about peoples' safety.

People's individual needs were assessed, and comprehensive care plans and risk assessments were in place to help staff support people safely. Medicines were stored and administered safely with extensive auditing taking place to ensure peoples got their medicines on time and as prescribed.

We received consistently positive feedback from relatives and professionals about the care and support that people received. We were told that the registered manager was very approachable, and staff told us they were supported well and encouraged to share ideas to achieve the best outcomes for the people they supported.

Health professionals involved with the service spoke highly of the care and support provided. Positive risk taking was encouraged to provide people with as rewarding life as possible. Staff demonstrated a high level of understanding of the people they supported.

The registered manager was keen to continually improve and develop the service and ensured this through an extensive series of audits and regular monitoring of the quality of support delivered. A positive culture was promoted within the service whereby staff felt empowered to speak up and contribute to peoples' plans of care.

The management team maintained good links with the local communities including regular contact with local healthcare professionals such as GP practices, epilepsy and positive behaviour support teams.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people.

Based on our review of safe and well-led the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were supported to make choices, take risks and were supported with dignity and in the least restrictive way possible.

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

Rating at last inspection

The last rating for this service was outstanding (published 16 December 2019)

Why we inspected

The inspection was prompted in part due to concerns received about keeping people safe. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Is the service safe?

The service was safe.

Good 

Is the service well-led?

Is the service well-led?

The service was exceptionally well-led.

Outstanding 

Fairmont Residential Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection visit took place on 17 August 2021. The inspection visit was carried out by one inspector.

Service and service type

Fairmont Residential Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service and the provider. This included notifications the

provider had sent to us about incidents at the service. A notification is information about events that by law the registered persons should tell us about. We sought information from the local authority, but they were unable to share any information as they had not inspected the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

People were unable to tell us about the care and support they received due to communication barriers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with four members of staff. We also spoke with the registered manager and the operations manager.

We viewed a range of records. This included four people's care files, daily notes and medication records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service including accident and incident records, policies and procedures and quality assurance audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four relatives and an advocate over the phone to gain their views and gained feedback via email from two professionals who regularly visit the service. An advocate is someone that is someone who can speak on behalf of another person if they are unable to do so.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Assessing risk, safety monitoring and management

- Known risks were assessed and planned for prior to people moving in. Staff knew people's needs well and care plans contained comprehensive guidance to enable staff to support people safely. Staff used the TEACCH (Teaching, Expanding, Appreciating, Collaborating, Holistic) method to provide structure and a holistic approach to people with autism and is a technique used by the National Autistic Society.
- Comprehensive risk assessments were in place so risks could be minimised whilst enabling people to enjoy daily activities and engage in new interests. Each identified risk had a detailed description of the risk and the level of support needed including any positive behaviour support or behaviour management techniques that may be required. There were detailed epilepsy protocols in place that stated the type of seizures people experienced and what actions should be taken. Audio monitors were used for people who experienced seizures to alert staff, whilst allowing for periods of independence and privacy.
- Where people experienced episodes of heightened behaviour, staff understood the protocols in place to manage these and used a consistent approach to support people during these periods. Staff were able to tell us the types of things that may trigger a person and the strategies they used to help people to stay calm during these times. One staff member told us, "We use what we have learnt about people to help to distract them from what's upsetting them or because we know what their triggers are, we can act to try and prevent any anxiety starting." During the inspection a person displayed periods of emotional distress. Staff used a coordinated response to quickly implement a plan to take the person out for a walk as this was known to calm them.
- Relatives and professionals gave us positive feedback about how these risks were managed. One relative told us, "The staff are brilliant, they understand learning disabilities really well and know how to manage [relatives name] behaviours. Staff record everything which is great as this helps professionals understand the behaviours better and ensures the right level of funding is provided so [relatives name] gets the support they need." A professional told us that through observations of the staff they saw a co-ordinated response to an episode of heightened behaviour and, "Was witness to very good practice with staff providing consistency, communicating well and knowing the persons likes and dislikes."
- The registered manager had consulted various professional to help support people in relation to health issues and behaviour management techniques. Any advice received was incorporated into peoples' care plans and risk assessments to ensure a co-ordinated approach was used by all staff.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt people were safe. One relative told us, "I can sleep at night because I know [relatives name] is safe there and being looked after."
- An advocate told us, "I have been involved with the service for many years and can say that the staff are really good at wanting to understand the person they support and ensuring they are supporting them in a

way which promotes independence whilst keeping them safe."

- Staff were knowledgeable about the different types of abuse and the process for reporting incidents of this nature.

Using medicines safely

- Medicines were stored and administered safely. Staff received training and had regular competency checks. One staff member said, "Only senior staff administer medication, we receive good training and get checks."
- Stock levels of medicines were checked regularly, and audits were regularly undertaken to ensure any issues could be identified promptly.
- Where people needed 'as required' medicines, detailed protocols were in place to guide staff as to when these may be needed where people were unable to request these for themselves. Each person's care plan contained the usual signs that they displayed if they were in pain to enable staff to decide if medication might be required. Where covert medicines were required these had been authorised by the person's GP.

Staffing and recruitment

- People were supported by enough safely recruited staff to support people living in the service. People living at Fairmont required various levels of individual staff support including two or more staff per person to ensure their safety.
- Staff received an extensive programme of training to ensure they had the knowledge required to support people safely. This included advanced behaviour management training, autism specific training and epilepsy support. One staff member told us, "Having never worked in care before, the training was fantastic. We get plenty of time to read the care plans and shadow other more experienced staff so we could get to know the service users and how they like to be supported."
- Staff supervisions were carried out at regular intervals with staff telling us these were, "Useful, productive and supportive." And, "The supervisions we get are very good, we discuss all the usual stuff about how we are etc but also we talk through any issues we've had and talk through safeguarding scenarios to keep them fresh in our minds so we'd know what to do if we ever needed to report anything."
- The registered manager used a training matrix to keep track of training compliance. Face to face refresher sessions were provided at regular intervals and staff told us they practised behaviour support techniques during quiet times to keep them fresh in their minds.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents, safeguarding events and emotional distress episodes were recorded and

regularly reviewed and analysed to look for trends. Following this, actions were taken to reduce the chance of reoccurrence.

- Staff told us they were encouraged to discuss any concerns or issues by the registered manager. One staff member told us, " When we've had something go wrong, or not worked out like we thought it would, we discuss it as a team so we can learn from it and put our ideas forward to try to stop anything happening again."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People received support from a service that was exceptionally well-led. Care plans were extremely detailed, and person centred. Support was based around choice and promoting independence as much as possible. For example, communication plans contained an overview of the persons' known preferences, how the person usually responds, the usual time taken to respond and how to break choices or tasks down to enable the person to succeed. Staff demonstrated their knowledge of peoples' communication methods throughout the inspection and were able to give examples of the types of methods used. One staff member said, "The care plans are so detailed as they have been put together using things we have seen or learnt whilst supporting people. Too many choices or too much information isn't good for the people we support so we use short sentences and allow them to think about what we've said. We use the things we know that work to help people make choices and are as involved as they can be in their day to day lives."
- Positive risk taking was encouraged. For example, one person wanted to undertake a new hobby, staff members were trained in this activity to enable them to fully support the person during this time. A relative told us, "The staff really care about them and always want the best for them and aren't scared of letting them take risks if it's something they want to do."
- Health professionals and advocates working with the service, praised the care provided. One professional commented, "The one question you always ask yourself is would you want your family member to be at this placement, I would say yes without hesitation." An advocate said, "If every service was of the quality of Fairmont then people with learning disabilities would be a lot better off."
- The culture of the service encouraged staff to be fully involved in the support that was given by contributing to meetings with professionals and having their opinions and suggestions listened to. One staff member told us, "We get to contribute when professionals visit as we know the service users best and we can get the best outcomes for people."
- People received a high standard of support that was caring and professional. Staff were friendly, caring and put peoples' best interests at the heart of the support they delivered. Staff used peoples' preferred communication methods to engage them in activities and to ensure choices were given. For example, we saw one member of staff supporting one person to choose a DVD, this was done in line with the guidance in their care plan regarding the number of choices offered and the persons' preferred method of communication to be used.

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

- The registered manager understood the duty of candour. We saw that when things had gone wrong they had informed family members and professionals as needed and encouraged staff to use it as a learning opportunity, they said "Sometimes things do go wrong and it's about being as honest as we can about why it went wrong, and then working together to try to prevent it happening again." A member of staff told us, "We have de-briefs after incidents so that we can talk them through, to see if anything went wrong or if anything needs changing. We can then also decide as a team if we need any more support from professionals, then this is arranged."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems were in place to ensure there was effective oversight of the service. The registered manager had worked as a carer in the service for a long period of time and knew people and their relatives well. This meant they had an in-depth knowledge of the service.
- Governance systems were well embedded into the service. There were a series of robust audits carried out to ensure people received the appropriate levels of support, any issues were identified in a timely manner and improvements made to address these. Extensive accident, incident and distressed behaviour monitoring was in place. Where people displayed periods of emotional distress, in depth analysis of these was undertaken to look for trends and actions were taken following these such as referrals to other health professionals for positive behaviour support or changes to medication. We saw a timeline was used to demonstrate the changes in one person's behaviour and how this had led to changes in staffing levels, referrals to various professionals and changes to medication.
- The registered manager told us that they were always looking at ways of easing peoples' anxieties in regard to medical appointments. We saw evidence that the staff team were working with a GP practice and learning disability team to train staff to support people to have medical tests that were beneficial to their health. The registered manager told us, "Once we have this embedded, we are hoping the staff will be able to go to our sister homes to support people and staff to make these appointments easier and less stressful." The registered manager had also implemented new processes to ensure other health needs were closely monitored. These were person specific and contained details of each person's conditions, written in an accessible format which included eye health and oral care.
- The operations manager visited the service at regular intervals to monitor the quality of the service, provide support to the registered manager and to speak to staff. They told us, "It's important for me to oversee the service, I like to ensure the manager is well-supported and also to give the staff an opportunity to speak to me as another person they feel they can come to if they have any ideas or they just want to discuss anything. We encourage all of the registered managers to discuss their services in an open way to promote learning and as a way for them to get support."
- Statutory notifications had been sent into the Care Quality commission as required.

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

- People using the service were engaged as much as possible to make their own choices and to respect and promote their needs in regard to individual diversity. Care plans contained details of people's protected characteristics and religious preferences. Staff were trained in equality and diversity and supported people to celebrate any religious holidays, involving their families where possible. One person enjoyed practising their religion with a family member via video call.
- The registered manager had requested health professionals involved in people's care to provide appointment information in an accessible standard so people could be involved in the planning of appointments.

- Relatives were encouraged to feedback about the service through questionnaires and meetings. The registered manager told us, "It's important we gain feedback from people's families, this enables us to work through any issues they might have and to feel part of their relatives care." Relatives told us they were invited to review meetings and appointments and one relative told us, "The staff and manager keep in contact really well, I get invited to all meetings and I get a WhatsApp message every other day and get photos. They always let me know how things are going and I don't have to worry."
- Relatives told us the registered manager was approachable, one relative said, "I could definitely go to the manager with anything I needed to discuss, both they and the deputy are very approachable and I know if anything needed sorting out they'd absolutely sort it without hesitation." Another relative said. "The manager is very good, they are always on top of things, we get included every step of the way and even during Covid-19 the manager came up with ideas to ensure people didn't get bored and made sure we were able to keep in touch."

Working in partnership with others

- The service had excellent relationships with health and social care partners. Various professionals made on site visits or had video calls to keep up to date with the people at Fairmont or to discuss any changes that may have occurred. One professional told us, "I have found the staff all very receptive, open and transparent. As part of assessments I need access to all plans, charts and assessments and staff were easily able to access these and share this information. Staff were open about their experiences and concerns."
- The provider regularly attended provider forums and worked closely with local authorities to feedback information and to gain any updates.
- When a persons' needs changed or further support or equipment was needed, the service worked quickly to get this in place to ensure the person received the right level of support. For example, one person needed a piece of equipment to keep them safe whilst travelling, through good working relationships with local health teams this this was arranged in a timely manner.