

## Fairplay

# Fairplay - Home Based Support Service

## Inspection report

Alexandra Road West  
Chesterfield  
Derbyshire  
S40 1NP  
Tel: 01246 203963  
Website: office@fair-play.co.uk

Date of inspection visit: 17 & 18 Novemeber 2015  
Date of publication: 06/05/2016

### 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

We inspected this service on 17 & 18 November 2015. This was an unannounced inspection. Our last inspection took place in November 2013 and we found no concerns with the areas we looked at. The service provides personal care to children and young people up to 25 years of age who are living with complex physical, emotional and mental health care needs. They offer support to families,

in their own home and on a sessional basis at their purpose built premises near Chesterfield town centre. It also provides overnight respite care for up to two young people.

There were 17 children and young people who used the service on the day of our inspection. This included caring for a small number of young people in their own homes.

# Summary of findings

There was a registered manager in post. The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they were supported to keep safe. We saw that medicine was administered and managed safely. Risk was assessed and where possible reduced so that people could be supported to live as independently as possible. There were sufficient staff employed to ensure that people could do this safely. People were supported to make choices and were encouraged to participate in a range of activities. People had their care plans reviewed regularly and where relevant families were involved. The provider had a complaints policy in

place and people we spoke with knew how to use it. We saw there were clear directions on who to complain to. These were in a public place where young people and their representatives had access to.

There were sufficient, skilled staff to support people at all times and there were suitable recruitment processes in place. Staff were well trained and used their training effectively to support people.

Most of the people cared for were children, however the staff understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards. They were caring and respected people's privacy and dignity. The service was well managed and staff were encouraged to contribute to the development of the service and understood the provider's visions and values.

# 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 enough staff to meet people's needs. People's medicines were being safely managed and administered. People felt safe and they were protected from harm and abuse. Staff recruitment arrangements were thorough. There were plans in place to keep people safe in the event of an emergency.

Good



### Is the service effective?

The service was effective.

Staff were trained to deliver care in a way that met people's needs and wishes while ensuring they always had the person's consent to care beforehand. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA), and the associated Deprivation of Liberty Safeguards (DoLS). People were supported to eat sufficient and nutritious food and drink

Good



### Is the service caring?

The service was caring.

Staff interaction with people was caring and people's privacy and dignity was protected. Friends and relatives were welcomed to the service at suitable times.

Good



### Is the service responsive?

The service was responsive.

People or their representatives were involved in identifying their support needs and staff respected their choices. People were supported to follow their interests. The service had a complaints procedure.

Good



### Is the service well-led?

The service was well-led

The provider had an effective system for monitoring the quality of the service they provided. Staff were aware of the provider's vision and values which were embedded in their practices.

Good



# Fairplay - Home Based Support Service

## 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.

The inspection took place on the 17 & 18 November 2015 and was unannounced. It was and was undertaken by one inspector.

We looked at information we held about the service, including notifications sent to us by the provider. A notification is information about important events which

the provider is required to tell us about by law. As part of the inspection process we also spoke with a manager from the local authority contracts department, responsible for commissioning services at Fairplay.

We spoke with five people who used the service, two relatives, four care workers, the deputy manager and the registered manager. Throughout the inspection we observed care practice and support, including the lunchtime experience and general interactions between the people who used the service and staff.

We looked at documentation, including three people's care and support plans, their health records and risk assessments. We also looked at three staff files and training records. We looked at information relating to the management of the service, including audits such as care planning and risk assessments.

# Is the service safe?

## Our findings

People and their relatives said they thought the service was safe. One relative told us, "This service is a life saver." Another said, "It's great for [relative] to meet people their own age and to have some fun in a safe environment." A third relative said, "The service is so secure I can relax in the knowledge that [relative] is very safe with the staff who do understand all manner of special needs and sometimes unpredictable behaviours."

The provider had policies and procedures regarding protecting people and children from abuse and harm. Staff had received training and we saw staff provided care in a manner that kept people safe. For example, we saw staff assist people to move safely and to ensure they were secure in their wheelchair before moving them. Staff we spoke with were aware of what abuse was and of their duty of care to protect the young people and children they cared for. They said protecting people from harm and abuse was part of their induction and refresher training. Safeguarding information was available and a safeguarding pathway with local authority contact numbers was on display in a communal area. Staff we spoke with were aware of this and said they would use it should they need it. This meant young people were kept safe and were able to use the resources available in a safe manner.

The staff shared information regarding risks to individuals. This included passing on any incidents that were relevant to their current care. For example, different young people and children used the service daily. We saw that staff were updated on the people using the service on that day. There were also accident and incident records kept and a whistle-blowing procedure that staff were aware of and said they would be comfortable using. All staff spoken with felt that at the moment there was no need to use the whistleblowing procedures as the manager was always open to hearing and acting on any concerns. However should this change they said they would use it.

People's care plans contained risk assessments that enabled them to take acceptable risks and enjoy life in a safe environment. There were risk assessments for all aspects of people's daily lives that included health and social activities. The staff and relatives we spoke with told us risks were reviewed regularly and updated when people's needs and interests changed.

There were general risk assessments for the service and equipment that were reviewed and updated at specified intervals. These included fire risks, hoists and other equipment used. We saw the facilities were well maintained and equipment used was regularly checked and serviced. This ensured people were kept safe from avoidable harm.

The staff recruitment procedure was thorough and all stages of the process were recorded. Discussions with staff and records showed references were taken up prior to starting in post and staff's work histories were checked. There was also a six month probationary period, at the start of which new staff shadowed experienced staff. The provider had disciplinary policies and procedures that were contained in the staff handbook and staff confirmed they had read and understood them. All staff had completed security checks, including Disclosure and Barring Service checks (DBS), this was done to ensure the staff were to keep people safe. The (DBS) is the national agency that keeps records of criminal convictions.

There were sufficient staff to meet people's needs and the numbers reflected those recorded on the staff rota. Staff and people we spoke with thought there were enough staff to meet people's needs. The manager told us that the staff rota was flexible and extra staff were provided if required. Staff we spoke with confirmed this. This ensured that there was always enough staff to support people in a safe manner.

The staff who administered medicine were trained to do so. We saw they also had access to updated guidance. People using the service brought their own medicines with them. We saw that the provider had a system in place to record these and to ensure they were administered as prescribed. Staff and relatives confirmed this. These were stored appropriately and records were maintained. Medicine was safely stored in locked facilities and the temperature of designated fridges where medicine was stored was regularly checked and recorded. This meant that people were assisted to take their medicines as prescribed by their GP. We didn't see people getting their medication, however young people and their relatives confirmed medicines were given as required.

# Is the service effective?

## Our findings

The staff we spoke with and observed were aware of people's specific needs, knew them well and met those needs in a patient and friendly way. They maintained a relaxed atmosphere that people and children told us they really enjoyed. For example, we observed staff and young people baking cakes. Staff ensured the young people were able to follow what was happening. They did this by enabling them to feel and taste the ingredients used. Where possible people said they made their own decisions about their care and support. Relatives told us they were very involved in care delivery especially where children were involved. Relatives we spoke with confirmed this and told us, "We work very closely with the staff to ensure [relative's] gets the care they need and they also have fun". They said the type of care and support provided by staff was what they wanted and needed. It was delivered in a friendly, enabling and appropriate way that people liked.

Staff told us they were trained to meet young people's needs and wishes. The manager said they kept track of training by using a training matrix. A review of this showed when training was due. There was also access to specialist service specific training such as epilepsy awareness and how to administer emergency medication to people in the event of a seizure. All the staff we spoke with had received this training to ensure they had the information they needed to support people who used the service.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. We found that staff were aware of their duties under the Act and they were able to tell us the age group that the MCA and DoLS applied to.

Staff were aware of special dietary needs and directions were available for staff to ensure dietary needs were met while still including people in the eating experience. For example, people who were on a gluten free diet had the same food as everyone else but gluten free such as pizza. This meant that people could enjoy the same food and mealtime experience.

People and their relatives confirmed that staff ensured people's physical, mental and emotional health was promoted. The provider worked closely with health care professionals and relatives to ensure the optimum health of people using the service. They had plans in place should there be a health care emergency while the young person was in their care. This meant that people had their health care needs recognised and promoted to ensure they had optimum health.

# Is the service caring?

## Our findings

People and their relatives told us that they were supported by staff who were kind and caring. Discussions with staff and our observations supported this. One relative said, “They have made such a difference to my life. I can leave [relative’s] here and know they will be cared for almost as well as I do.” A young person said, “The staff are very caring, they are always kind.” Staff were aware of people’s needs and the importance of the relationships people had developed. Some people using the service had complex needs. We saw staff interacted with them in a focused manner with kindness and compassion. For example, when young people or children had a sensory disability the staff found a way to connect with them. This was done through touch or smell. Another relative told us the service was, “Caring and provided a kind, place for [relative].”

People who used the service said, “The staff are great, kind and caring.” We saw staff get involved in games outside with children. The children and the staff had a fun time because we saw they laughed and joked together.

Staff spoke in a positive manner about the young people they supported and they had taken the time to get to know their preferences and wishes. We found staff had a good

knowledge of young people’s needs and we saw that this was demonstrated in their responses to people and recognition of when people required additional support. For example, we saw they gave people time to express their wishes and to check with people they had understood them. This meant that staff were aware of people’s wishes and needs and responded to them appropriately.

One staff member told us that they found their work very fulfilling and we saw that they had formed a good professional relationship with the young people. We saw there was respect between the staff and young people. Staff spoke with them with respect and we saw that they gave people time to answer fully and check with them to ensure they had understood them. Throughout our visit we heard laughter and saw good interaction between staff and people.

We saw that people had their care delivered in a manner that promoted their dignity, independence and privacy. Where possible people were involved in decision making. We saw care was delivered behind closed doors and staff spoke in hushed tones to ensure they were not overheard. This meant that people were cared for in a personalised and individual manner.

# Is the service responsive?

## Our findings

Relatives told us that using the service had been, “A life changing experience for the whole family.” They continued to explain how [relative] had developed since using the service and that their skills had improved. They found that the provider was supportive to the whole family. Another relative told us that the service allowed [relative] to spend time with people the same age as them and where there was less pressure to conform. This left them more relaxed and able to enjoy the activities.

Care planning was carried out in an inclusive manner. Relatives told us they were involved in care planning and we were told that their views were respected and discussions and reviews were held to ensure the best possible care. Staff were aware of care plans and they knew the young person’s life history. This meant that staff were able to respond to people’s needs in personalised manner.

We saw that plans of care included personal information that reflected people’s wishes. The plans included information on people’s communication, behavioural and care needs and detailed how people wished to be supported in these. Information and input from relatives and people who knew them well had been included when the plans were developed. This ensured the care delivered was what people wanted.

Records we looked at detailed decisions people had made about their care and recorded people’s likes, dislikes and personal preferences. People’s care plans had been reviewed and regularly updated by the staff team which showed that people’s individual needs, wishes and

preferences had been taken into account. This meant that staff had up to date information on the person’s needs and wishes. Staff told us that this helped them assist people to get the most out of life in the home.

The staff we spoke with were knowledgeable about people using the service. They knew their care needs and what was significant to them in assisting them to live well. Such as being able to communicate with the other young people using the service. We observed staff ensure people were sitting where they wanted to and that they were close to their friends. Staff told us they kept up to date with people’s changing needs and preferences through handovers which took place at the beginning of each shift. They said this enabled them to deliver appropriate care and support.

People were encouraged and assisted to have a full life. Activities that suited people’s choices and abilities were arranged. We saw a variety of activities that suited small children such as games and activities for older children and young people such as music and dance. Families and friend were welcomed at all reasonable times.

The provider had a complaints process in place and was proactive in receiving feedback and was open to listening and making changes before they became a problem. For example, relatives told us that the manager’s door was always open and they can and do chat about issues at any time. Details on how to make a complaint was available in communal areas and people we spoke with were aware of it. They confirmed this open approach to dealing with complaints and grumbles ensured issues were dealt with before they became a problem.



# Is the service well-led?

## Our findings

The people and staff we spoke with told us that the registered manager and all senior staff were ‘Amazing, fabulous, the business, they have changed my families’ life.’ One person said, “They are here for the families.” Another relative said, “Anything they do is for the children. This place is a saviour.”

The home was managed in an open manner where the opinions of the people and staff were sought and where possible put in place. People, their relatives and staff told us this created a positive culture in the home and allowed people and staff to freely give their opinions thus allowing them to be part of how the home was run and managed.

All the people we spoke with said that people and their families were at the core of the service and they said the manager worked closely with everyone to ensure they were providing a service that was inclusive.

All the young people and relatives we spoke with said the registered manager was easy to talk with and acted in their best interests..

The registered manager had variety of ways of capturing people’s views. They spent time with relatives outside the service and used this time to capture their views on how the service was meeting the young people’s needs. Relatives we spoke with confirmed this. Other ways were using forums and questionnaires. One of the actions to come out of this was the setting up of a weekend respite service, Fairview House.

One staff member said, the managers are here for the children and the families.” All the people we spoke with said the managers put the welfare and development of young people at the centre of all the service did. A staff member said that they had any ideas they have were considered. For example, they want to start basic cooking skills in the new year. The managers were looking at how this could be achieved to increase peoples’ skill and promote independence. Another staff member said, “It’s great working here.” Staff we spoke with told us that they were very proud of the improvements that had been made in the people’s lives.

Staff felt the manager and deputy manager were easy to talk to and they were confident in raising any issues or concerns they had. One staff member said, “I can speak

with any of the senior staff about anything. They are very supportive”. Another staff member told us the manager was, “Approachable and responds and listens to what we need”. We were told, “We all work together for the young people.” Another staff member said, “Teamwork is important.” Another member of staff told us that the registered manager was, “A wonderful manager” who had ,a good rapport with staff.”

Senior support workers told us that they monitored the quality of the care and support provided by working alongside the support workers and addressed issues or poor care and support immediately. This meant that poor practice was addressed before it had an adverse effect on people.

There were regular staff meetings where staff were encouraged to share their views and opinions to help improve the quality of service provided. Staff were involved in developing the service by way of these meetings and opportunities to give feedback at supervision meetings. We saw from minutes that staff had contributed to discussions at a staff meeting. This was about training provision that works well at the home and what not so well. Staff told us that the culture at the home was very open and person-centred. This meant that the care of people was central to how the home was managed.

Staff told us and records showed they had regular supervision and they had monthly staff meetings. These were partly used to identify any gaps in individual and group training. There were staff training and development plans in place. This meant that staff s’ training needs were identified and planned for.

We saw a range of quality audits had been completed. Where actions had arisen from these audits we saw that these were monitored until the registered manager was sure solutions were in place. For example providing more training for staff if necessary so that the provider delivered the best possible care.

The provider conducted an annual review and published a report. We saw a hard copy. It covered achievement during the year and plans for the year ahead. It was distributed to all stakeholders in the organisation to enable them to keep up to date on future plans and to understand the focus and achievements of the service. This was available to all stakeholders in the service.

## Is the service well-led?

The registered manager clearly understood their responsibilities in relation to their registration with us. The provider ensured notifications were submitted to us about any incident or event they were required by law to tell us about.