

Care In Style Limited

Fairmead

Inspection report

45 Fairmead Avenue
Westcliff On Sea
Essex
SS0 9RY

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31 May 2017
01 June 2017

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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 ●

Summary of findings

Overall summary

This inspection took place on the 31 May 2017 and 2 June 2017 which was unannounced, the inspection team consisted of one inspector.

Fairmead is a residential care home registered to provide personal care for up to three people, with learning disabilities and on the autism spectrum. At the time of our inspection there was one person living in the service, and the service was in process of assessing and making arrangements for a second person to move in.

The service was safe. The service's recruitment process ensured that appropriate checks were carried out before staff commenced employment. There were sufficient staff on duty to meet the needs of the person and keep them safe from potential harm or abuse. The person's health and wellbeing needs were assessed and reviewed to minimise risk to health. The service had adequate measures in place for the management and record keeping of administered medication.

The service was effective. The person was cared for and supported by staff who had received training on how to support the person to meet their needs. The registered manager and management team had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The person was supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to health and social care services was made when required.

The service was caring. Staff cared for the person in an empathetic and kind manner. Staff had a good understanding of the person's preferences of care. Staff always worked hard to promote the person's independence through encouraging and supporting them to make informed decisions.

The service was responsive. Records we viewed showed the person and their relatives were involved in the planning and review of their care. Their care plan was reviewed on a regular basis and also when there was a change in care needs. The person was supported to follow their interests and participate in social activities. The service responded to complaints received in a timely manner.

The service was well-led. Staff spoke very highly of the registered manager/provider who they informed to be very supportive and worked hard to provide an exceptional service. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Fairmead

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 the 31 May 2017 and 2 June 2017, which was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service including previous reports and notifications. We also reviewed safeguarding alerts and information received from a local authority and other Commissioners. Notifications are important events that the service has to let the Care Quality Commission know about by law.

We observed staff interaction with one person who used the service and spoke to two staff members regularly working in the service. We also spoke with the manager, deputy manager and the unit manager. We reviewed one person's care files. We also looked at quality monitoring, audit information and policies held at the service and the service's staff support records for two members of staff.

Is the service safe?

Our findings

At this inspection we found the same level of protection from abuse, harm and risks to the person's safety as at the previous inspection and the rating continues to be Good. The service provided care and support to the person in a safe and caring environment and welcomed visitors.

The person using the service was unable to verbally communicate so we observed how staff interacted and responded with the person. We found staff to be attentive to risks presented to the person, for example staff informed, "[name] has a history of pulling of fittings, so we know not to leave [name] alone for too long." Staff also informed that as staff their main responsibility was to ensure the safety of the person using the service but mostly promote their independence in everything they do. Staff we spoke with knew how to recognise the signs of possible abuse and how and who to report it to. Staff felt reassured that the management team would act appropriately in the event of any concerns. Records showed that, where issues or concerns had been reported in the past, they had been addressed appropriately.

Clear information was available to the person on how to report any concerns. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and social services. Information was also available to the person and their relatives should they wish to raise concerns externally.

Support plans and risk assessments had been recently reviewed in order to document current knowledge of the person, current risks and practical approaches to keep the person safe when they made choices involving risk. There were robust systems in place to reduce the risk of the person being harmed. Any potential risks to each person had been assessed and recorded and guidelines put in place so that the risks were minimised with as little restriction as possible to the person's activities and independence.

There were sufficient staff on duty to meet the person's assessed needs and when the person accessed the community additional staff were deployed. The unit manager informed us that staffing levels at the service were based on the person's individual needs. This was confirmed by our observations of the care the person received and the records reviewed.

The person received their medications as prescribed. We observed staff administering medication; our observations showed that staff did so in a dignified and respectful manner. For example, staff communicated directly and privately with the person being given medication. In addition staff administering medication only focussed administering medication and did not carry out other tasks whilst doing so. All staff administering medication had been trained and had their competencies reviewed on a regular basis. Records we reviewed confirmed this.

Is the service effective?

Our findings

At this inspection we found staff had the same level of skills, experience and support to enable them to effectively meet the person's needs as we found at the previous inspection. The person continued to have freedom of choice and was supported, where appropriate, with their health and dietary needs. The rating continues to be Good.

Staff told us they had attended training when they first started work and that they also attended refresher courses as and when required. This was regularly monitored by the management team to ensure all staff kept up to date with their training and they understood their role and could care for the person safely. Records we reviewed confirmed this. Staff were also encouraged to do additional training and development to continually develop their skills. Staff informed they also received regular supervision and this gave them the opportunity to sit down with the registered manager to discuss any issues they may have on a one to one basis.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were able to demonstrate how they helped the person to make decisions on a day-to-day basis. We observed staff consulting the person about how they wanted their support to be delivered and if the person was unable to make an informed decision staff would then make a decision in the best interests, taking into account their past and present wishes and feelings.

During our inspection we observed staff encouraging and supporting the person to have regular fluid intake. Staff supported the person to eat at the person's own pace. Staff informed that they supported the person to prepare meals for themselves in the kitchen under close supervision of staff, as this promoted independence.

The person's healthcare needs were well managed. The person had access to a range of healthcare professionals and services, such as, GP and Consultant Psychiatrist. During our inspection we met a visiting professional who informed that they were very impressed with the service and support provided to the person using the service.

Is the service caring?

Our findings

At this inspection we found the person was happy living at the service as they had been during our previous inspection. The rating continues to be Good.

Staff interacted with the person in a respectful manner. Our observations during the inspection showed staff to be kind, caring and support the person in a compassionate manner. Staff provided a caring and supportive environment for the person who lived at the service. Healthcare professionals we spoke to informed that the care provided in the home was very good and all the staff and the registered manager were very caring and always looked at doing what is best for the person using the service.

The person and their relatives were actively involved in making decisions about their care and support. Relatives added they had been involved in their relative's care planning and would attend care plan reviews. The unit manager informed us that the service regularly reviewed the person's support plans with each individual, their family and healthcare professionals where possible and changes were made if required. On reviewing the person's care and support plans we found them to be detailed and covered the person's preferences of care.

The service used a key worker system in which the person had a named support worker who took care of their support needs and was responsible for reviewing the person's care needs; this also ensured that the person's diverse needs were being met and respected.

The person's independence was promoted by a staff team that knew them well. Staff informed us that the person's well-being and dignity was very important to them and ensuring that the person were well-presented was an important part of their supporting role.

The person was supported and encouraged to access advocacy services. An advocate is independent and will represent vulnerable the person to ensure their wishes are respected. Advocates attended the person's review meetings if the person wanted them to. Advocates were mostly involved in decisions about changes to care provision.

Is the service responsive?

Our findings

At this inspection we found staff were as responsive to the person's needs and concerns as they were during the previous inspection. The rating continues to be Good.

The person's care and support needs were well understood by the staff working in the service. This was reflected in detailed support plans and individual risk assessments and also in the attitude and care of the person by staff. The service encouraged the person to have choice and control in relation to their individual preferences.

The management team met with other health professionals to plan and discuss the person's care needs when transferred to the service and how the service would be able to meet their needs. The person and their relatives were encouraged to visit and spend time at the service, this would allow them to see if it was suitable and if they would like to live there. The person's needs were discussed with them and a support plan was then put in place before they came to live at the service. Staff had carried out comprehensive assessments of the person's needs before they were admitted to the service. The registered manager, management team and staff used the information they gathered to plan the person's support. Support plans were reviewed and changed as staff learnt more about each person's changing needs, for example when a person's mobility reduced the care plan were changed to reflect how the person's needs would be best met.

The service was responsive to the person's needs and delivered care in a person centred way. The person's support plan included photographs of the person being supported with aspects of their care so that staff could see how the person preferred their care to be delivered. These were fully person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the person needed, in the way that they preferred. The person's strengths and levels of independence were identified and appropriate activities planned for them. We saw from records that the person's comments were recorded on their care plan when reviewed and their support needs were discussed with professionals and family at reviews. The support plan was regularly updated with relevant information if the person's care needs changed. This told us that the care provided by staff was current and relevant to the person's needs.

The service also encouraged the person to access activities in the community. The unit manager and deputy manager advised that staff encouraged and supported the person to develop and sustain their aspirations.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the registered manager or person in charge, to address the issue. The unit manager gave an example of a complaint they had received and how they had followed the required policies and procedures to resolve the matter. Complaints we reviewed confirmed this.

Is the service well-led?

Our findings

At this inspection we found the service was as well-led as we had found during the previous inspection. The rating continues to be Good.

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. The registered manager was visible within the service and informed us when they were absent the deputy manager covered their role. Both kept each other informed and updated of all the activities within the service. The registered manager and deputy manager had a very good knowledge of the person living in the service and their relatives.

The person benefited from a staff team that felt supported by the registered manager. Staff said this helped them to assist the person to maintain their independence and also showed that the person were being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings each shift and there was a communication book in use which staff used to communicate important information to each other. This enabled staff who had been off duty to quickly access the information they needed to provide the person with safe care and support. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to the person's needs to keep them safe and deliver good care.

The person and their relatives felt at ease discussing any issues with the registered manager and the staff. They informed us the service had a family feeling and this was due to the service being a family run business.

There were a number of effective monitoring systems in place. Regular audits had taken place such as for health and safety, falls, infection control and call bells. The registered manager along with the deputy manager and unit manager carried out a monthly manager's audit where they checked care plans, activities, management and administration of the service. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit.

Personal records were stored in a locked office when not in use. The registered manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information were kept safe.