

Community Homes of Intensive Care and Education Limited

Fairview

Inspection report

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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

This inspection of Fairview took place on 20 November 2014 and was announced. The provider was given 48 hours' notice because the location was a small care home supporting five people who are often out during the day and we needed to be sure that someone would be in.

The home offers accommodation and support to six people who have learning and associated physical disabilities or a mental health diagnosis. Five people were living in the home at the time of our inspection. The primary aim at Fairview is to support people to lead a full and active lifestyle within their local communities and

continue with life-long learning and personal development. The home is a detached house, with a bungalow annex, within a residential area and has been furnished to meet individual needs.

There was a registered manager running the home. 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.

Summary of findings

People in the service were actively involved in making decisions about their care and were asked for their consent before being supported. Relationships between staff and people were relaxed and positive. Support workers engaged with people to identify their individual needs and what they wanted to achieve in the future. Staff showed flexibility and creativity in supporting people to become more independent.

Comprehensive risk assessments had been completed with people and where appropriate their relatives. Where risks to people had been identified there were plans in place to manage them effectively. Staff understood the risks to people and followed guidance to safely manage these risks.

The home responded flexibly to people's individual wishes and changing needs and sought support from health and wellbeing specialists when necessary. People's dignity and privacy were respected and supported by staff. Support workers were skilled in using individual's specific communication methods and were aware of changes in people's needs, which were reported to relevant healthcare services promptly where required. People were encouraged to be as independent as they were able to be, as safely as possible. The house was well kept, homely, very clean and comfortable. People's rooms were specifically adapted to meet their needs and reflected their individual preferences and tastes.

People at Fairview told us they trusted the staff who made them feel safe. Staff had completed safeguarding training and had access to guidance. They were able to recognise if people were at risk and knew what action they should take. People also had access to guidance about safeguarding in a format that met their needs, to help them identify abuse and respond appropriately if it occurred.

The registered manager completed a daily staffing needs analysis to ensure there were always sufficient staff with the necessary experience and skills to support people safely. Whenever possible the registered manager and staff worked together with people to identify in advance when their needs and dependency were likely to increase.

Robust recruitment procedures ensured people were supported safely by support workers with the appropriate

experience, skills and character. Staff were encouraged to undertake additional relevant qualifications to enable them to provide people's care effectively and were supported with their career development.

Medicines were administered safely in a way people preferred, by trained staff who had their competency assessed every six months by the registered manager.

Staff had completed training on the Mental Capacity Act (MCA) 2005 and understood their responsibilities. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to support people who do not have capacity to make a specific decision. Where people lacked the capacity to consent to their care, legal requirements had been followed by staff when decisions were made on their behalf. The provider utilised advocacy services for people where required.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide a lawful way to deprive someone of their liberty, where it is in their best interests or is necessary to protect them from harm. The registered manager had taken the necessary action to ensure the home was working in a way which recognised and maintained people's rights. The registered manager had completed required training and was aware of relevant case law.

People's needs in relation to nutrition and hydration were documented in their support plans. We observed people supported appropriately to ensure they received sufficient to eat and drink.

There was a friendly and relaxed atmosphere within the home, where people were encouraged to express their feelings, whilst respecting others. People told us that when they had a problem or were worried they felt happy to talk with any of the staff. Whenever people had raised concerns or issues prompt action had been taken by the registered manager to address them.

Staff had received training in the values of the provider as part of their induction, which were discussed at the start of all team meetings. People, their relatives and staff told us the home was well managed, with an open and positive culture. People and staff told us the registered manager was very approachable, willing to listen and

Summary of findings

make any necessary changes to improve things for people. Feedback was also sought in other ways ranging from provider surveys, house meetings, resident's meetings and staff meetings.

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.

Risks to people identified were positively managed.

The service made sure staff understood how to protect people from any form of abuse.

People's medicines were given to them at the right times and in the right quantities to keep them safe and healthy.

There were enough suitable staff to make sure people were cared for safely. Staff had undergone thorough and relevant pre-employment checks to ensure their suitability.

Good



Is the service effective?

The service was effective.

Staff received appropriate training and supervision to support people with complex needs effectively.

Staff were aware of changes in people's needs and ensured people accessed health care services promptly when required.

People were supported to make their own decisions and choices. Staff demonstrated an understanding of consent, mental capacity and deprivation of liberty issues.

People were provided with nutritious food and drink, which met their dietary preferences and requirements. People were supported to eat a healthy diet of their choice.

Good



Is the service caring?

The service was caring.

Staff engaged positively with people and encouraged them to make choices about their own care and how they wished to spend their time.

People had opportunities to express their views about their support and the running of the home.

Staff had developed positive and caring relationships with people who were treated with dignity and respect.

Good



Is the service responsive?

The service was responsive.

People had personalised support plans which reflected their care needs and preferences with regards to the provision of their care. These had been updated regularly by staff to reflect any changes.

The registered manager and staff were committed to listening to people's views and making changes to the home in accordance with their comments and suggestions.

People's views were sought through surveys, residents meetings and complaints. Any issues identified were acted upon quickly.

Good



Summary of findings

Is the service well-led?

The service was well-led.

There was an open and caring culture throughout the home. Staff understood the provider's values and practised them in the delivery of people's care.

The registered manager carried out regular audits to monitor the quality of the service and drive improvements.

Good



Fairview

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 checked 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 of Fairview took place on 20 November 2014 and was announced. The provider was given 48 hours' notice because the location was a small care home supporting people who are often out during the day and we needed to be sure that someone would be in.

When planning the inspection visit we took account of the size of the service and that some people at the home could find visitors unsettling. As a result this inspection was carried out by one inspector.

Before the visit we examined previous CQC inspection reports. The home had promptly sent us notifications about safeguarding and any other issues. A notification is information about important events which the service is required to tell us about by law.

We also reviewed the Provider Information Return (PIR) from the home. 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. Information from the PIR is used to help us decide the issues we need to focus on during the inspection.

Prior to our inspection we spoke with three healthcare professionals who were involved in the support of people living at the home. During our inspection we spoke with five people who lived in the home and reviewed their care plans. We also spoke with the registered manager, the deputy manager, the area director, two senior support workers, five support workers, an activity coordinator and the maintenance officer. We also spoke with commissioners of the service.

We pathway tracked the care of two people. Pathway tracking is a process which enables us to look in detail at the care received by each person at the home. We observed how staff cared for people across the course of the day, including mealtimes and when medicines were administered. We read other records relating to the operation of the service. These included risk assessments, training records, staff supervision and appraisal records and management monitoring systems.

At our last inspection in September 2013 we did not identify any concerns about the support being provided.

Is the service safe?

Our findings

People told us they felt safe at Fairview because they were supported by staff who knew them well. People were able to tell us who they could speak with to get help if they felt unsafe. One person told us, “I am safe here. They look after me when I’m poorly and help me to do the things I like.”

One person told us the staff, “help me to stay safe because they care about me.”

People were protected from the risks associated with their care and support because these risks had been identified and managed appropriately. Risk assessments were completed with the aim of keeping people safe yet supporting them to be as independent as possible. For example people had plans to visit local shops and use public transport and there were measures in place to facilitate this in a way that kept people safe.

Risk assessments were proportionate, centred around the needs of the person and gave staff clear guidance to follow in order to provide the required support to keep people safe. We observed three people supported at a local gymnasium to use different equipment. Staff were able to demonstrate their knowledge of people’s needs and risk assessments for this activity, which was consistent with the guidance contained within people’s support plans.

The service had policies and procedures for managing risk and staff understood and consistently followed them. Two people were being supported with epilepsy and had an individual risk assessment and management plan for this. Support workers were able to tell us about the different epilepsy plans for each person and action needed to keep them safe in the event of a seizure. On the night before our inspection the night time support worker had completed the required 30 minute monitoring checks in accordance with people’s epilepsy plans.

We looked at records which showed there had been no safeguarding incidents since our last inspection. All of the staff had received safeguarding training and knew how to recognise and report potential signs of abuse. They described how they would deal with a safeguarding issue, including reporting issues outside of the organisation if necessary. Staff told us they would have no hesitation in

reporting abuse and were confident the registered manager would act on their concerns. People had received ‘Keeping Me Safe’ training about how to stay safe and who to speak with if they had concerns.

People were safeguarded when being supported with their moving and positioning needs because staff had received appropriate training and had their competency assessed annually. The registered manager told us where people were supported with moving equipment a risk assessment identified their needs, how they should be met and any necessary training. For example one person’s moving and positioning risk assessment identified the need for staff to be trained in the use of a bathing cradle. Staff had been trained in the use of this and people’s individual support equipment.

All staff were trained in the use of a recognised system for supporting people to manage their behaviour where this was necessary. People’s behavioural support plans identified the appropriate approaches for each individual. Staff we spoke with knew the different approaches for different people. We saw that all incidents were recorded, monitored and analysed by the provider’s psychology team and registered manager in order to mitigate future risks to people.

Robust recruitment procedures ensured people were supported by staff with the appropriate experience and character. Pre-employment checks minimised the risk that people might be employed who were unsuitable to provide care. The recruitment files showed that an appropriate system was in place for pre-employment checks and the required records were available to confirm these had taken place. The staff files included copies of a signed application form, a full employment history, references, a health declaration, confirmation of identity and a check on any previous criminal record.

Duty rotas confirmed that the level of staffing identified by the registered manager as a requirement to meet people’s needs had been provided. The registered manager said they conducted a daily staffing needs analysis, which accounted for any increase in behaviours which may challenge and people’s dependency. Staff told us there were enough staff to keep people safe and they had time to provide them with individual care.

If more staff were needed to meet people’s changing needs they were recruited from within the provider’s care group.

Is the service safe?

The registered manager told us they did not use agency staff but had regular bank staff available if required. In the first instance there was a reciprocal “buddy” arrangement with another home in the provider’s care group, which also afforded continuity of care.

People were supported to manage their medicines in accordance with the provider’s policy. We observed people receiving their medicines safely, supported by two staff members. Where they were able, people read out the details of their prescribed medicine and the quantity to be taken, which was checked by the staff. People were able to tell us why they took their medicine.

The home received an annual visit from their dispensing pharmacist who had made positive comments regarding the home’s management of medicines. There was appropriate storage for medicines to be kept safely and securely. Temperatures of the storage facilities were checked and recorded daily to ensure that medicines were stored within specified limits to remain effective.

People’s medicines were administered safely by trained staff. Staff told us they had received medicines management training which was updated and their competency was assessed every six months. This was

confirmed by training records. Support workers knew about the different types of medicines taken by people and were able to tell us about their allergies and any potential side effects. They were also able to demonstrate a clear understanding of the circumstances when medicines that had been prescribed for people to be taken when they required them, should be administered. Staff described appropriate ways to respond to any refusals to take medicines by giving people time and then re-offering them, perhaps by a different member of staff. Ongoing refusals were recorded and discussed with their GP.

The medicine files included people’s photographs, a medicines profile and medication administration records sheets (MARs). The MARs we looked at were accurate and showed that people had received the correct amount of medicine at the right times.

People took pride in their home and individual rooms, which were clean and tidy. The provider had policies and procedures relating to hygiene and infection control, including the Department of Health guidance on the prevention and control of infections in care homes. Staff understood and followed this guidance, which minimised the risk of infections.

Is the service effective?

Our findings

People and relatives were complimentary about the effectiveness of the service. One person told us staff at the home “know if I’m unwell and look after me if I am.” A relative told us, “The manager and staff are committed to the people at Fairview and are quick to identify when people need professional help and they make sure they get it.”

Newly recruited staff completed an induction course based on nationally recognised standards and spent time working with experienced staff. This ensured they had the appropriate knowledge and skills to support people effectively. Staff told us they had received a thorough induction that gave them the skills and confidence to carry out their role. There was a record of the induction process and training for the use of specific aids and equipment to ensure that staff knew how to use them safely.

Support workers had attained National Vocational Qualification (NVQ) level 2 or were being supported by the provider to complete this training. Staff were encouraged by the registered manager to undertake additional relevant qualifications to enable them to provide people’s care effectively and were supported with their career development. The deputy manager and senior support workers had completed foundation management courses at level 3 NVQ.

Records showed that required staff training was up to date and support workers had received further training specific to the needs of the people they supported, including autism, learning disability, epilepsy, challenging behaviours and stoma care. A nurse specialising in stoma care told us how they had been impressed with the staff determination to find the most suitable device and equipment for people at the home to ensure their safety and comfort.

Staff had received a formal supervision every six to eight weeks and an annual appraisal. Supervision records identified staff concerns and aspirations, and briefly outlined agreed action plans where required. Any agreed actions were reviewed at the start of the next supervision. Supervisions provided staff with the opportunity to communicate any problems and suggest ways in which the home could improve. Support workers told us that the

registered manager, deputy manager and senior support workers encouraged staff to speak with them immediately if they had concerns about anything, particularly in relation to people’s needs

People were supported to do what they wanted to. Staff knew when people needed assistance and understood their individual communication methods. Staff communicated with people using the methods detailed in their support plans. We observed staff supporting people with limited verbal communication making choices by using pictures and their knowledge of the individual concerned. People were given choices and asked for their permission before staff undertook any care or other activities.

Staff had received guidance and training from the registered manager to enable them to understand the requirements of the Mental Capacity Act, 2005 (MCA). The registered manager was accredited to deliver such training and ensured staff understood their responsibilities under the MCA. Where people lacked the capacity to consent to their care, guidance had been followed to make best interest decisions on their behalf.

We observed people being asked for their consent before they were given medicines and other support. People told us that their medicines were reviewed regularly and they were involved in discussions with their psychiatrist, GP and support workers before decisions were made to change their prescribed medication or the dose. Relatives told us that, where required, they were involved in decisions to change people’s medication.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide a lawful way to deprive someone of their liberty, where it is in their best interests or is necessary to protect them from harm. At the time of inspection two people were subject to DoLS authorisations. This demonstrated the registered manager had taken the necessary action to ensure the home was working in a way which recognised and maintained people’s rights. The registered manager had completed required training and was aware of relevant case law.

People were supported to stay healthy. Records showed that people had regular access to healthcare professionals such as GP’s, psychiatrists, opticians, community nurses

Is the service effective?

and dentists. Each person had an individual health action plan which detailed the completion of important monthly health checks. On the day of our inspection one person was visiting the podiatrist.

People told us they regularly discussed how to maintain a healthy diet with support workers and therefore were supported to maintain a good nutrition. Where people had been identified to be at risk of choking we observed that staff provided the necessary support, in a way that maintained their dignity. Some people had their food intake recorded and monitored to ensure they were eating healthily. People who had previously eaten an unhealthy diet had been encouraged to try different foods and now enjoyed a varied and balanced diet. At mealtimes we observed people were actively encouraged and supported by staff in the preparation of meals.

People's needs and preferences were consistently taken into account when premises were decorated or adapted. The five people living at Fairview were proud of their own rooms and invited us to see them. They told us how they had chosen their own decorations and furniture. People were provided with any specialist equipment they needed to promote their independence, safety and comfort. For example two people lived in the bungalow annexe. This building was ground floor with handrails and wide corridors and doorways to comfortably accommodate wheelchairs. Hoists, bath cradles and other moving and handling equipment was provided in bedrooms and bathrooms where required. Wheelchairs and other seating were designed for the particular individual.

Is the service caring?

Our findings

There was a warm and friendly atmosphere at Fairview, where interactions between people and staff were caring and professional. People told us that staff always had time to talk and were, “kind and considerate.”

People were supported to maintain relationships with people who were important to them. Relatives and friends were welcomed to the home and there were no restrictions on times or lengths of visits. A relative of one person arrived at Fairview unexpectedly during our inspection whilst their loved one was at a health appointment. They told us, “The staff couldn’t be more caring and always let us know if they aren’t well or upset.”

Staff were very knowledgeable about the needs of people and had developed good relationships with them. Relatives told us that relationships between people and staff were, “warm and friendly” and “couldn’t be better.” Another relative said, “The staff have developed a real bond and you can see the mutual trust and understanding between them.”

We observed positive behaviour management and sensitive physical interventions by support workers, which ensured that people’s dignity and human rights were protected. Staff were praised by relatives who gave examples where staff had remained calm and assured, whilst reinforcing positive behaviour.

When people displayed behaviours which challenged staff, support workers remained positive and calm. Staff followed the detailed guidelines to support people with behaviour that may challenge. We observed staff following the guidelines and dealing with an incident discreetly. They preserved the individual’s dignity and privacy whilst supporting them to manage their behaviour.

Relatives told us that the staff team were always patient and caring, treating people with respect and dignity. One relative who had experience of other services said, “Fairview is the best home I’ve seen because the staff are so caring and supportive.” Another relative said, “I like the way people who live there and staff all work together and obviously care for one another.”

Staff ensured they used language the person understood and continually reminded them of their positive achievements. People and support workers also had

conversations about topics of general interest that did not just focus on the person’s support needs. For instance one person liked to talk about animals and show their photographs of cats and dogs and staff engaged with them on this topic. People were comfortable with the staff supporting them and chose to spend time in their company. We observed staff had time to spend with people and always spoke with them in an inclusive manner, enquiring about their welfare and feelings. One health care professional told us that staff were always attentive to people and fully engaged with them.

Support workers had developed trusting relationships with people. People were proactively supported to express their views and staff were skilled at giving people explanations they needed. Staff demonstrated detailed knowledge about people and were able to tell us about the personal histories and preferences of each person living there. Staff had comprehensive knowledge about people’s support plans and the events that had informed them.

People and, where appropriate, their relatives were involved in making their decisions and planning their own care. Families attended formal review meetings with the permission of people, where appropriate. Monthly reviews were completed by key workers with people. The summary for each month included achievements, future goals and overall well-being. Daily notes were detailed, of good quality and included information about the person’s emotional as well as physical well-being.

Staff had provided innovative ideas to stimulate people’s interests and promote their self-confidence and independence. For example one person who had a passion for animals had been encouraged to work at a local farm, whilst another who enjoyed practical work assisted with maintenance and safety checks of the home’s vehicle.

People told us they were encouraged to be as independent as possible. They told us they were able to make choices about their day to day lives and staff respected those choices. The registered manager and support workers displayed great pride in the development of people’s life skills and the promotion of their independence. One support worker said, “I am really proud of people’s progress and what they have achieved for themselves. That’s what makes it so worthwhile working here.”

Support workers were aware of the need to protect people’s dignity whilst supporting them with personal care.

Is the service caring?

One way this was achieved was to ensure people were encouraged to be as independent as possible. Staff clearly described and gave examples of how they would support people with their privacy and dignity. These included taking people into their bedrooms to complete personal care. All staff were committed to the values of privacy and dignity and were confident to ask visitors to adhere to them.

When staff wished to discuss a confidential matter they did so in private. Records showed staff had discussed sensitive issues such as personal relationships with people to ensure they had the necessary support they required to remain safe and happy.

Is the service responsive?

Our findings

People told us that they received person centred care that was responsive to their needs. One person said “This is my home and I like it here because people always ask me what I want to do and help me to do them.” People told us that support workers took time to talk with them to make sure their views were understood.

Staff were trained in personalised care. They told us that the support plans and their relationships with people meant that each person was treated in the way they wanted and according to their needs.

People and their relatives told us staff consistently responded to people’s needs and wishes in a prompt manner. Staff were alert to people’s non-verbal communication methods and identified and responded to their needs quickly. Relatives told us the staff team responded immediately where required, before people became distressed. One relative said, “The staff really know all of the people at Fairview and appear to anticipate problems before they happen.” Another relative said, “The manager and staff know the people and how they relate to one another so well that they prevent situations arising by interacting and talking to them.”

People’s needs were met promptly because staff communicated well, both informally and in handover meetings between shifts. Written records of handovers helped ensure that information was passed effectively between shifts to maximise continuity of care. Staff confirmed that team communication was good and support was available from senior staff. A relative praised staff for their swift action when a person was admitted to hospital with an infection which developed into pneumonia.

People were enabled to choose their own keyworker who took the lead on overseeing their individual needs, their care planning and reviews. The registered manager also assigned a co-keyworker to support the keyworker role and provide continuity during periods when the keyworker was absent. It was evident from staff interactions that they were familiar with the needs and preferences of the people they supported. In this way they had identified changes in people’s wellbeing promptly and sought medical assistance or other advice in a timely way.

One relative was impressed with the detailed needs assessment completed by the registered manager, particularly sections which explored people’s feelings and what was important to them.

Each person had a support plan entitled “Living the Life” to set their own goals and record how they wanted to be supported. This also encouraged staff to think about how they could support people in different ways to achieve their goals. For example one person wished to improve their cooking skills and had been unable to attend an external cookery lesson. However staff encouraged the person to become involved in preparation of meals within the home to develop their skills. Another person wished to become more financially independent so they had a support plan in relation to the use of banking facilities. This meant staff had access to information which enabled them to provide support in line with the individual’s wishes and preferences.

The registered manager told us that they were supporting a person with their ambition to live in their own home. We observed there had been an incremental plan which had promoted this person’s life skills in all areas to promote their independence. This person told us, “It is what I really want. The staff are really patient and I am doing it step by step. I couldn’t do it without them.”

When people moved between different services, for example whilst attending hospital, the registered manager assured they received consistent personalised care because they were accompanied by support workers and had ‘hospital passports’ already prepared. These ‘passports’ contained all the relevant information required by health professionals, including people’s methods of communication and preferences.

Staff talked knowledgably about the people they supported. Support workers took account of people’s changing views and preferences. There was a recorded handover at the beginning of each shift where the incoming staff team was updated on any relevant information.

People had a health plan which contained a record of any changes to the person’s health or behaviour and the resulting changes to their risk assessments. This ensured staff provided care that was consistent but flexible.

Each person was treated as an individual. Staff got to know the person and the support they then provided was built

Is the service responsive?

around their unique needs. People, or where appropriate those acting on their behalf, told us there were no blanket restrictions in place and they felt their care was designed to meet their specific requirements.

Some people needed and preferred structured activities whilst others preferred a flexible approach. People were supported to participate in activities in the local community according to their interests. Activities included visits to cinemas, sports centres, farms, meals out and special events, as well as activities within the home. On the day of our inspection each person was either supported by staff whilst attending work at a shop and farm or completing a scheduled activity.

People had been supported to go away on holidays or outings according to individual wishes. Staff support was discussed and agreed with people, as was whether they wished to go with other people from the home. Four people had enjoyed a summer holiday together in Weymouth with required support from staff, detailed within appropriate risk assessments and support plans. One person did not wish to go on this holiday but preferred to have day trips to the seaside with particular support workers, which had been arranged.

There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions. People said they could chat with staff if they were not happy with something. Feedback was sought by the provider and registered manager in various ways ranging from provider surveys, house meetings, resident's meetings and support worker meetings.

People said they felt staff listened to their ideas and concerns, which were quickly addressed. People and their relatives told us they had no reason to complain but would know how to if necessary. They said they were confident any complaint would be dealt with appropriately. There had been no complaints since our last inspection in September 2013. The provider had a complaints procedure and historical complaints made were recorded and addressed in line with this. People had a copy of this procedure in a format which met their needs, which had been explained to them and, where necessary, their relatives. Support workers knew the complaints procedure but told us they dealt with small concerns as soon as they arose to prevent them escalating. Complaints and concerns formed part of the home's and provider's quality auditing processes so that on-going learning and development of the service was achieved.

Is the service well-led?

Our findings

People and relatives felt the home was well run and a safe place to live and praised the registered manager and staff for their dedication and support. They told us the staff and management were approachable and listened to their views. One person told us, “The manager always has a smile and listens to me.” A relative said, “The manager is very friendly and a good listener but she gets things done. You know if you tell them something it will be sorted out.”

Relatives told us communication with the registered manager and support workers was good and they experienced a strong team spirit amongst the staff and people. A support worker told us, “The manager makes you feel valued and that everyone’s contribution is important. That’s why the team is so committed to the people here.”

The registered manager confirmed that they worked shifts alongside staff which enabled them to speak with people, observe staff interactions with people and to seek staff feedback. There was an open and transparent culture in the home and people felt able to express their views freely. The registered manager actively encouraged people to be involved in the running of the home. For instance, people were involved in the recruitment of new staff by participating in the interview process.

There were regular house meetings, which were recorded, where people were able to discuss any concerns or ideas to improve the service. Such concerns or ideas were then discussed by people at the provider’s service user committee meetings, as one of the people at Fairview was the secretary of this committee. People had also been encouraged to become expert auditors and completed visits to other homes within the provider’s care group. The expert auditors had shared their findings and recommendations about other homes with staff and other people at Fairview.

We observed people, relatives and staff approaching the registered manager throughout the day to ask questions or chat. Staff told us the registered manager was always available if they needed guidance. They told us that the support the registered manager and management team provided was flexible and the level of their support was increased during challenging periods.

Staff were positive about the management of Fairview and the support they received to do their job. Staff we spoke

with said the registered manager was determined to encourage and support people to be involved in their own care. Leadership from the registered manager, deputy manager and senior support workers was highly visible and inspired staff. Support workers told us the registered manager demanded very high standards but led by example.

Staff said there were plenty of opportunities to discuss issues or seek advice. There were regular staff meetings which were an opportunity to share ideas, keep up to date with good practice and plan service improvements. Staff told us there was an open culture within the home and the registered manager encouraged learning from mistakes. One care worker said, “If you make a mistake the manager will discuss it and help you to put things right and then ensure everyone learns from it. There is no blame culture.” This demonstrated the management team believed in openness and a willingness to listen.

The registered manager carried out regular audits to monitor the quality of the service and plan improvements. The provider also completed quarterly compliance audits to monitor the quality of the service. The area manager told us that an annual survey was completed of staff, people and their relatives. This survey asked people what they thought about the quality of support provided. People and relatives had made positive comments about the home and any identified areas for improvement were addressed promptly. The provider and registered manager produced an annual service improvement plan and business continuity plan which addressed any areas for improvement identified through the various audits. One area identified for development was the implementation of end of life plans for people who had initially declined the opportunity to discuss their wishes. The registered manager told us they were in the process of having sensitive discussions with people and their families to progress these.

The registered manager was supported and monitored by the provider’s area director. The registered manager sent weekly reports to the area director to demonstrate they were driving improvements in the quality of service provision. The area director also conducted monthly checks on staff performance and service quality, for example by unannounced day and night visits. These visits confirmed at first hand that improvements had been made where necessary and that the provision of a quality service

Is the service well-led?

was sustained. For example one audit identified that some appraisals needed to be completed. The registered manager then ensured outstanding appraisals were completed.

The registered manager and staff worked closely with health and social care professionals and other agencies to achieve the best care for the people they supported. The home had a good relationship with the local authority Learning Disability Team, who had been kept well informed regarding any concerns or issues raised by the registered manager and the provider's psychology professionals.

People's needs were accurately reflected in detailed plans of care and risk assessments, which were up to date. Support plans and risk assessments were kept confidentially and contained appropriate levels of

information. For example, if a bank member of staff arrived after reading these plans they would be able to support people safely. Throughout the inspection the registered manager and staff were able to find any information we asked to look at promptly.

The open and caring culture throughout the home was driven by the registered manager and staff. Staff understood the provider's values and practised them in the delivery of people's care. At the start of all team meetings the provider's values were discussed. All support workers were able to demonstrate their knowledge of the provider's vision and values. One support worker told us that these values were really important, particularly "commitment and passion to provide positive and quality outcomes for people with learning disabilities."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.