Brookdale Healthcare Limited

Fairford Court

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

Summary of findings

Overall summary

This inspection took place on 31 August 2017 and was unannounced. The service was last inspected on 3 December 2014. At that inspection we found one breach of the regulations relating to the requirement to notify the Care Quality Commission of important events.

Fairford Court is registered to provide accommodation and care for eight people with autism and Asperger's syndrome in a residential care unit as well as personal care and support to eight people in a supported living service on the same site. The supported living service offers an outreach service to people in the community. On the day of the inspection there were six people being supported within the residential care unit, eight people living in the supported living service and one person receiving outreach support.

As the management of the residential care service had separated from the supported living service on the day of the inspection there were now two registered managers, one for each service. The inspection report covers both services. A registered manager is a person who has registered with the 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 they liked living at the service and found staff friendly and helpful. Relatives and health professionals spoke well of the service.

Staff were able to tell us about safeguarding and how they would keep people safe if they had any safeguarding concerns. Staff also understood how to whistle blow.

Staff told us they were supported in their role and received an induction, training and supervision.

The registered manager could show us they were in the process of recruiting to vacant posts that had been filled by agency staff. People told us they preferred having staff who knew them well to support them.

Medicines were safely managed and staff were safely recruited.

People were supported to carry out a range of activities and were involved in volunteering and paid work.

The service was clean and people were supported to be as independent as possible. People were involved in drawing up their care plans and had regular meetings with their keyworker to set out their goals and ambitions.

People had good access to healthcare and there was psychological support commissioned by the provider to assist people in understanding their individual situation, and to support staff in their role.

The provider and registered manager undertook audits in key areas to ensure the service provided was of a good quality.

Utilities such as gas, electricity and health and safety checks had been undertaken in the last 12 months.

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 was safe. People were supported by staff who had been safely recruited and who understood how to safeguard people.

Medicines were safely managed.

Risk assessments were in place to provide staff with guidance in their role.

Is the service effective?

Good

The service was effective. Staff received training in key areas and were receiving supervision.

Staff understood the importance of gaining consent before supporting people.

People were supported to eat healthily and had good access to healthcare including psychological support.

Is the service caring?

Good

The service was caring. We witnessed caring interactions between staff and people living at the service.

People were supported to be independent and were involved in planning their care.

People's cultural and emotional needs were met by staff and family members.

Is the service responsive?

Good

The service was responsive. People were involved in a wide range of activities and were support to take part in volunteering and work.

Care records were up to date and were person centred.

People knew how to make their views known and there was a complaints process in place.

Is the service well-led?

Good

The service was well led. There were audits taking place in key areas to ensure the quality of the service was good.

Staff were able to contribute to the running of the service. People living in the service and their families were positive about the service and said they would recommend it to other people.

Fairford Court

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 took place on 31 August 2017. The inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service. This included information provided by the service through a Provider Information Return, previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

We looked at four care records, three for people living in the residential care unit and one for a person living at the supported living service. We checked the supervision records for four staff members and training records for three. We also looked at the system for recording staff training across the whole staff team. We looked at two people's medicines administration records (MAR). We spoke with four people living in the residential care unit and two people living in the supported living service.

We spoke with two members of staff working at the residential care unit, and one staff member working at the supported living unit. We also spoke with the registered manager of the residential care unit and the registered manager who had just taken over the role of managing the supported living and outreach service.

We looked at selected policies and procedures and quality assurance documents.

Following the inspection visit we spoke with two relatives and one health and social care professional who supported people using the service.

Good

Is the service safe?

Our findings

We asked people if they felt safe living at the service. Everyone said yes. One person told us "Yes. Safer than I've ever done before. My health is so much better. It's better than the last place." Another said "Of course I do. I think the premises are good here." We asked people if they ever felt unsafe due to other people's behaviours. One person told us "If something hits the fan you can go outside or go for a walk. I can go out independently, but I need help for some things." Another said "No, once you know people's quirks its second nature."

Staff were able to tell us about safeguarding and what they would do if they had any concerns regarding people living at the service. Staff were also clear that any disputes that involved physical or verbal violence between people living at the service were considered as a safeguarding matter and required investigation. Staff understood the role of the local authority in safeguarding and how to whistleblow if they were concerned action was not being taken. We saw there was a safeguarding tracker in place to prompt staff what action to take and provided a management tool for oversight of safeguarding adults referrals.

There was a system online for recording accidents and incidents. Appropriate action had been taken and the system prompted management action following incidents. Records of these, as well as safeguarding referrals were escalated to senior managers at head office for review and analysis.

Broad ranging risks were reviewed and where there were particular concerns detailed risk assessments were in place. These detailed risk assessments covered a wide range of issues including absconding, assault or risk to others, self-neglect and safety from others. The majority of risk assessments provided detailed information to staff in how to mitigate and manage risks. We identified one risk assessment which did not provide full detailed information for staff. By the time of writing this report this had been updated. The registered manager agreed to review all risk assessments to ensure staff were provided with detailed guidance in the event of a crisis.

Personal evacuation emergency plans were in place for each person in the event of a fire occurring or if there were another need to evacuate the building.

Medicines were safely stored and administered. The temperature at which medicines were stored was taken daily and recorded, and was within a safe range. In the residential care unit, medicines were dispensed by two staff at a time and both signed the medicine administration record. The majority of people's medicines were contained in a blister pack for ease. Where there were boxed medicines we saw records for a daily check of stocks against records for auditing purposes.

One medicine administration record had not been signed the previous evening in the supported living scheme. The senior carer for the scheme told us the person this related to had the choice of refusal and that their medicines could be given the following day if they preferred. This protocol was added to their risk assessment by the end of the day so staff had written confirmation of this protocol. This protocol was confirmed as appropriate by the registered manager for the supported living service.

Staff recruitment was managed by head office although records were held at the service. We saw that two references and Disclosure and Barring Service checks were in place prior to staff starting work with individuals. One staff record had references dated two days after the person had started their induction at head office. The records for this were not stored at the service but were accessible to the registered manager. The registered manager explained that this was exceptional but they were aware that verbal references had been provided prior to their start date. The registered manager said they would ensure that should this occur in the future all discussions regarding references and referees would be held together at the service. The application form asked for previous employment and any gaps in employment were explored at interview.

There were a minimum of three staff on duty during the day, with additional staff working dependant on the activities people were doing, for example, taking a person to visit a family member some distance away, or supporting to attend a health appointment. At night there was one waking night staff member. People told us "Sometimes there's more staff than others. It can be a bit of a problem if there's not enough staff. Usually they're always there to help you, but sometimes they have their attention on other people." Another person told us "There could be more. It's a bit touch and go. Sometimes there are and others there aren't." We were also told "Sometimes we have agency. That's not as nice as their own staff." We discussed this with the registered manager who told us due to an individual's needs a second staff member was due to start shortly to cover the night shift due to this person's changing needs. The service was also in the process of recruiting new staff, with one person starting the week following the inspection and interviews also planned for that week. Two family members noted that there had been greater use of agency staff in recent months which was not ideal as their relatives needed a consistent and routine based approach. The registered manager told us the service used one agency and had regular care staff. On the day of the inspection there was enough staff to meet people's needs.

The service was clean throughout. One person told us "Yes. I keep my environment spick and span once or twice a week. I do it on my own. Staff do the environment check." There were several fridges for use by people at the service, some of which were locked to minimise disputes between people. People held their own keys to the fridges.

We noted that a door between the residential care unit and the supported living service had been damaged. One person told us it had been waiting some time for repair. We discussed this with the registered manager who told us it had been fixed on several occasions but had been damaged repeatedly by a person living at the service. As it was a fire door it required specialist maintenance. The registered manager could show us proof that funding had been agreed for this repair and it was due imminently.

Servicing of key areas including electricity, water and fire safety equipment had been undertaken in the last 12 months. The latest fire drill had taken place in June 2017 and we could see from records these regularly took place.

Good

Is the service effective?

Our findings

We asked people if they thought staff had the skills and knowledge to care for them. All thought they did. People told us "The ones who you get to know it's like a duck to water, but the others you have to explain it to them. I am able to do that." Another person said "Yes. It takes time to get to know me, but they do anyway."

Health and social care professionals and family members were very positive about the staff. A health professional said "It's the best place [person's name] has ever lived." A family member told us "The staff are worth their weight in gold." Staff needed patience to work at the service and they showed this. We witnessed a person being verbally rude to a staff member who ignored the words and continued supporting the person with the activity.

New staff received a two week induction which combined training and shadowing of staff. All new staff completed the Care Certificate within the first six months of starting at the service. This is a nationally recognised qualification aimed at staff providing care to vulnerable people.

Staff received training in safeguarding, food safety, challenging behaviour, health and safety, record keeping and equality and diversity. Training took place in a number of ways; online or face to face at the service or the head office. Challenging behaviour training was face to face and in depth. The provider was in the process of changing the model of intervention and the new system required a three day training course. Two three day courses were set for September and November 2017. Staff told us they received a good level of training and were reminded when refresher training was due through use of an online application which alerted them via their mobile phone. On-line training could be done at work or at home which staff said they found helpful.

Although the provider endeavoured to provide supervision on a four to six week basis, this had not always happened throughout 2017 due to staff changes. However, we could see that staff were now being supervised on a regular basis. Of the four records we checked, three had been supervised four times in 2017 and one staff member three times. We could see from a supervision record the new team leader in post had as a priority task setting up dates for more regular training. Staff told us they felt supported and the registered manager was accessible so if they had concerns they could also talk with her or other senior staff.

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

Staff understood the need to obtain consent from people before providing care. Support plans were person centred and people's rights and the need for consent were clearly signposted to staff. For example one support plan noted "Staff are to remember that is [person's name] choice if they wish to follow the

guidelines about her diabetes management."

Psychological support was available to the service and a psychologist was located on site on a regular basis. A psychiatrist worked regularly with the service and knew the people living there and their needs well.

Records of medical appointments were kept on files. We noted one person's blood sugar readings were to be taken four times daily with their consent and the document stipulated two staff members were to witness this. Whilst blood sugar readings were being taken, this was not always happening four times a day. The registered manager told us the person often refused to be tested, but acknowledged their refusal should be recorded. They also said they would remove the requirement for two staff members to take blood sugar readings as this was not necessary. Health professionals and family members confirmed that people were supported to access health care if they needed support.

Staff supported people with meal preparation if required and food was prepared communally three days a week. People who needed staff to prepare some of their food received a smaller food allowance than people who were able to shop and prepare all their own meals. One person told us "We get £X shopping money and go to the shops and get our own food. They help us choose and we are allowed to cook our own meals on certain days. I love cooking." A family member was very positive about the support offered to their relative in relation to shopping, food preparation and cooking.

Where people needed support with weight management they were encouraged to be weighed regularly. We noted this had taken place on a frequent basis, but not as regularly as the support plan stipulated. We discussed this with the registered manager who told us that sometimes people refused to be weighed, but confirmed that in the future if this was the case it would be recorded on care records.

Good

Is the service caring?

Our findings

Support plans were drawn up in a way that was respectful and we could see that people were involved as they were signed by both people living at the service and staff.

Staff were able to tell us how they showed dignity and respect to people living at the service. They knocked on people's doors, they offered choices and didn't impose their views on them. People told us "They respect me here." And "Yes. I feel at home now. I want to be here."

Support plans highlighted what people could do for themselves and staff and people living at the service told us how they were supporting people to be more independent. One person had been practising self-medicating and this being successfully achieved had enabled them to go away on holiday with their friends. This evidenced staff were keen to work with people to optimise their independence.

People told us care was provided by staff in a way that suited them. They said "Yes they allow me to make decisions." Another said "We have choice." A third person said "Yes I can come and go as I please."

People received a welcome pack on joining the service which was accessible and set out what you could expect from staff, as well as activities and facilities in the local area.

Three meetings had taken place for people who lived at the service this year. The registered manager told us they do offer more meetings but people don't always wish to attend. There was a meeting due the day of the inspection but it was rescheduled due to our visit. . People told us "Yes, we have one today, towards the end of the month. You try to get your own say. I don't like going to them, but I am today as I have some good stuff to air out." Another person told us "Yes. I get involved with that [meeting]. Yes, [I can] influence changes, yes."

There was a garden available for people living at the residential care unit which had benches and tables for use. There had been one barbeque this summer using the garden space. The supported living scheme did not have access to a garden space.

The living room at the residential care unit was clean but not very homely as it didn't have enough seats for everyone to sit down and minimal furniture. It had two, two person sofas and two separate chairs and a computer for use by people living at the service. The registered manager told us they were in the process of buying more furniture for the living room.

The living room at the supported living scheme was comfortable and spacious. One person living there told us they would prefer the staff did not sit in the living room. We discussed this with the registered manager of the supported living scheme who told us there was a flat available which was not occupied so staff used this for meetings the majority of the time, and undertook to review how much time the staff spent in the living room. Up until very recently the supported living service had been able to use office space in the residential care unit.

People's cultural needs were met by the staff who themselves came from a range of cultural and religious backgrounds. People were encouraged to have relationships with family and friends and staff had a good awareness of equality and diversity issues.

Good

Is the service responsive?

Our findings

Support plans were person centred, up to date and contained information regarding people's needs. They covered a range of areas including support with finances, personal care, seeking employment, mental health, and medicines. Support plans usefully set out what the person had committed to do to meet their needs and what staff had committed to do. They were written in a way that acknowledged people were adults with choices and preferences.

People were encouraged to find work and key worker session notes showed how people and staff were working towards specific goals including managing their own finances or volunteering. Key working sessions were taking place regularly with people and detailed notes were kept.

We saw evidence on records and through talking with staff and people living at the service, that people were supported to do everyday activities and pursue hobbies and pursuits of their choosing. For example we saw people were volunteers at external organisations. One person volunteered at a national museum in London, and another worked with a homeless charity.

People were also supported to continue their education and move towards getting employment. One person who moved to the service in 2017 was supported to complete their educational course three days a week even though this meant staff driving this person one and a half hours each way to the college for six months. This showed the service were offering a person centred approach to care.

One person was recently supported to attend a rock festival unaccompanied by staff for three days. People told us "We are able to go out a lot, we go bowling, pub, drives. I go out and do my own thing, to London. I'm not bored." Another person said "We can go out when we want to. We have a budget to go and we use it for anything, it's fine." A third person said "Staff are busy with hand overs and so I just get on and do stuff."

The service focused on preparing people for independent living in a number of ways and the registered manager told us the service was a bridge between more secure units and supported living services. People were being encouraged to self- medicate, budget and manage their time. One person was supported on a weekly basis to develop a schedule for the week as this helped manage their anxiety, and provided a focus for them. We also saw this person had intensive support in managing their money which was positive as it balanced risk with autonomy with a compromise being reached regarding how much they could spend freely each week.

We asked people if they knew how to make a complaint or had ever made a complaint. They told us "Yes I know what to do. They ask us every week with our one to one. I haven't made a complaint in the past." Another said "I've got no complaints. I complained yonks ago (years). It's OK now."

The provider had an accessible complaints process in place. This was in a document people received when they joined the service, a poster on the board outside of the registered manager's office, along with staff pictures and dates of the next Person we Support meeting. The provider also commissioned an advocate

service to visit once a fortnight and people were encouraged to talk to them about anything they wish. The registered manager told us they operate an open door policy so people and their families can drop in and talk to them when they want or need to. Six monthly reviews also provide an opportunity for family and other stakeholders to raise issues so there are various opportunities to air any concerns.

There had been no formal complaints raised in the last year. There was a system to log complaints. Two relatives told us they had lodged a complaint in the past which had been dealt with quickly and professionally.

Good

Is the service well-led?

Our findings

At the last inspection there was a breach of regulations as the provider was not always notifying CQC of significant events at the service.

There was now a system in place to log incidents and there were records kept to show that CQC had been notified of important events.

The provider had a quality assurance process in place that required action by both the registered manager and the provider's quality assurance staff. The service was audited quarterly and the audit covered a range of areas including care records, supervision, health and safety and medicines. From January 2017 a rating was given at each audit of the service. If the service dropped below 65% of points achievable, then auditing increased until the issues were resolved. We checked quality assurance reports from January 2017 and whilst the first audit showed 50% achieved, the later audit reports improved to be above 65%, rising to 85%. The registered manager had a system to prompt care plan reviews and we could see audits of medicines took place. There were management systems in place electronically which required manager approval or provided management prompts, so the registered manager had oversight of incidents and accidents, safeguarding and training. We could see people's care was reviewed every six months and although there had been a period of reduced supervision due to staffing shortages, we could see from evidence this had now improved and plans were in place for regular supervision.

Family members told us they felt the service was run well. Staff told us regular meetings took place so they could influence and give their views as to how the services were run. We asked people if they thought the service was well run. People told us "Yes, it's well run nearly all the time." And "I think [registered manager] manages the service very well, yes."

We asked people if they would recommend the service to other people. They told us "Definitely." Another said "Yes. Here's quite good. It's freedom, hospitality and independence." A third person said "Definitely would recommend very highly." One relative told us "It's the best place [X] has ever been in."

There had been a change in management of the service recently and the registered manager of the residential care unit was settling into their new role managing Fairford Court and another residential care service on the same site. On the day of the inspection the management of the supported living service had formally transferred to a registered manager responsible for a range of outreach and supported living services. We asked both registered managers why these changes were being implemented and were told the requirements for the residential and supported living service were different, and it was felt best practice by the provider to employ two separate staff teams with differing skills to meet the differing level of need at each service.

The registered manager of the supported living service was not located on site and explained they visited the service weekly and would hold team meetings in the spare flat at the service. If this became occupied, a space locally would be rented for staff meetings and reviews for people living at the service if it wasn't

appropriate to hold them in people's rooms.