Mr John Douglas Fahy

Community Choices

Inspection report

Lower Fisherton
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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 comprehensive inspection took place on 25 and 30 April 2018 and was announced. The provider provided care and support to people living in two 'supported living' locations in North Devon. These were Manor Lodge in Bideford and Lower Fisherton in Umberleigh. The service supported five younger people living with a complex learning disability or an autistic spectrum disorder.

People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Manor Lodge was a 'single house in multi-occupation' where four younger adults lived together. Houses in multiple occupation are properties where at least three people in more than one household share toilet, bathroom and kitchen facilities. Each person had their own bedroom on the upper floor and shared a living room, dining room, conservatory and kitchen on the ground floor. There was also a small office and staff sleep in facilities. The service was situated in a quiet residential area and had large outdoor space.

Lower Fisherton was a large house currently occupied by one younger adult only. They had full use of the house and staff had office and sleep in facilities. The service was situated in a very rural area with no close neighbours and had outdoor space.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last comprehensive inspection in April 2016 we rated the service Good. At this inspection we found the evidence continued to support the overall rating of Good. There was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good:

There was a registered manager in post. 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 provider and support workers delivered care and support which took into account people's individual choices and preferences. People were seen to be very happy and content at the service and positive

interactions took place with staff. Staff treated people with respect, dignity and respect at all times. Meaningful relationships had been developed with the support workers who looked after them. Families and friends were involved in people's on going care, support and wellbeing.

People were encouraged to be as independent as possible and develop individual activities, hobbies and interests. They felt safe and trusted the staff who supported them. Two people said, "All the staff are really kind to me … they really respect me here … I like everybody" and "I am very happy here … I'm a lot happier than my last place …I get to go all over." People were encouraged to establish community links and take part in things that mattered to them.

People were kept safe and supported by care workers who were aware of their safeguarding responsibilities. There had been one recent safeguarding concern which had been investigated and resolved by the local authority safeguarding team. Support workers were safely recruited, trained and supervised in their work. They enjoyed their jobs, felt very passionate about their roles and were complimentary of the staff team. Comments included, "They (people) actually do what they want to do" and "If you enjoy your job you never have to work a day in your life … it's brilliant here …we are a really good team who are passionate in what we do."

People and relatives had confidence in the management of the service and the provider's management skills. They were confident any issues would be dealt with appropriately. One relative commented, "(The provider) is approachable, professional, warm and popular with us and his staff … he provides any required action plans and outcomes are communicated effectively."

People were supported by adequate staff levels to meet their needs. Staff were discreet when supporting people with personal care, respected people's choices and acted in accordance with the person's wishes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005. Where people lacked capacity, mental capacity assessments were completed and best interest decisions made in line with the MCA.

People and relative's views and suggestions were taken into account to improve the service. Regular feedback was sought from them both informally and formally through questionnaires. Health and social care professionals were involved when necessary. People and relatives knew how to make a complaint. There had been no complaints received at the service since our last inspection.

People were supported to eat and drink enough and maintain a balanced diet. Their food choices were reflected in the menus. Medicines were safely managed and procedures were in place, although these could be improved upon.

The provider had a range of robust quality monitoring systems in place which were used to continually review and improve the service.

Further information is in the detailed findings below.

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 remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The Service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Community Choices

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 comprehensive inspection took place on 25 and 30 April 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because it is spread over two locations and we needed to make sure the provider was in and available to speak with us.

The inspection team consisted on one adult social care inspector. Inspection site activity started on 23 April and ended on 25 May 2018.

The provider had previously been responsible for delivering a personal care service to people living at another service. A different provider owned this service who subcontracted the personal care element of their service from this provider. The arrangement had been agreed by the Care Quality Commission (CQC) registrations team under a 'shared care agreement'. At the time of writing this report, the provider confirmed in writing that this specific arrangement had ceased; the service had now been sold with legal contracts exchanged. Therefore, these locations were not included in this inspection.

Before the inspection we reviewed information available to us about the service. The provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed safeguarding alerts, share your experience forms and statutory notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

The inspection was informed by feedback from questionnaires completed by a number of surveys sent to care professionals and staff before the inspection took place. CQC sent surveys to eight staff and received five replies and seven surveys to professionals and received three replies.

We visited and spent time with all five people living in both locations. Two people were able to give verbal

feedback of their experiences at the service and three were unable to. We observed their body language and interaction with staff throughout the two inspection days. We also received feedback from three relatives and two social care professionals.

We met and spoke with the provider, deputy manager and five care workers.

We reviewed information about people's care and how the service was managed. These included: two people's care files and medicine records; three staff files which included recruitment records of the last staff to be appointed; staff rotas; staff induction, training and supervision records; quality monitoring systems such as audits, spot checks and competency checks; complaints and compliments; incident and accident reporting; minutes of meetings and the most recent quality questionnaire returned.

Good

Is the service safe?

Our findings

People and their relatives had trust in the staff and felt safe living at Manor Lodge and Lower Fisherton. One person said, "I like living here … I get everything I need to keep me safe." One person had recently moved into Lower Fisherton. Their relative said, "(Family member) … is far more relaxed, receptive and responsive since moving there … much calmer and more amenable when at home and is also perfectly happy to return after their home stays."

People benefitted from a safe service where staff understood their safeguarding responsibilities. Staff knew how to recognise abuse and the correct procedures to take. Policies and procedures were in place to support them. The provider was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. There had been one safeguarding concern in the last 12 months. This related to allegations that the provider was responsible for staff carrying out personal care at another service which was unregistered with the Care Quality Commission (CQC). This had resulted in a large multidisciplinary investigation which found the allegations were unsubstantiated. The provider had a 'shared care agreement' in place which had been agreed by CQC. The provider worked with the local authority to resolve the issues. However, as a result of the investigation, some quality issues were identified which were actioned by both the local authority and the provider themselves. The provider has confirmed this shared care agreement has now been dissolved.

Systems were in place to identify and reduce risks to people. Individual risks were assessed and held within the care records. These were clear and gave guidance on the support people needed to keep them safe. As a result, people were not excluded from trying new activities, for example swimming, horse riding and travel. Staff understood people needed to maintain their independence whilst keeping risks to a minimum. For example, some people were at risk of displaying behaviour which others may see as challenging. This happened when unfamiliar people visited or when the home was 'noisy'.

Staff knew people's needs and strategies for managing behaviour which may challenge others. For example, during our visit one person displayed escalating behaviour; staff dealt with the situation in a calm, reassuring and appropriate manner. The swift action of staff intervention ensured the person's behaviour returned to normal quickly. Guidelines were in place for visitors to understand 'low arousal environments' and what they needed to do to prevent people feeling anxious or distressed when there were visitors in their home.

Staff felt there were sufficient numbers of duty to meet people's needs fully. The staff duty roster confirmed there were the correct numbers of staff on duty to meet people's needs and as per people's personal care contracts. People received extra support when needed and for some people this meant they needed two staff with them if they left the home. Relatives felt there was enough staff on duty.

A robust recruitment and selection process was in place and staff had the appropriate pre-employment checks carried out before they began work. This included references and a Disclosure and Barring Service (DBS) check. This helps employers to make sure staff are safe to work with vulnerable people. The provider

said they rarely had to advertise for staff; most of the staff came recommended by others or by word of mouth. They said they had three prospective employees waiting for a staff vacancy to occur.

Safe medication administration systems were in place. People's medication administration records (MAR) showed people received their correct prescribed medicines on time. Where people had prescribed medicines on an 'as and when required' basis, plans were clear to guide staff when to give them.

Suitable infection control measures were in place and staff used protective clothing only when necessary in line with keeping the service as a 'home from home'.

There were arrangements in place to keep people safe in an emergency. Staff understood these and knew where to access any equipment needed. Manor Lodge had an emergency bag in the communal hallway. This contained all the equipment and information necessary in the event of an evacuation of the building. They contained each person's emergency evacuation plan (PEEP). Lower Fisherton did not require a red bag as there was one person living at the service; the information required was readily available should an emergency occur.

Accidents and incidents were monitored and checked to identify any trends or patterns. Any action which needed to be taken was followed up on an action plan and monitored until resolved.

Good

Is the service effective?

Our findings

Staff had the experience, skills and attitudes to support the complex needs of people using the service. Newly employed staff worked alongside (shadowed) an experienced member of staff until they felt confident to work on their own. One newly employed care worker said, "After I got the job, I shadowed staff for two weeks … I got loads of training and a 'proper' induction … I'm so glad I got this job I love it." Care workers who had no previous care qualifications were supported by the registered manager to complete the 'Care Certificate' (introduced in April 2015 as national training in best practice).

Staff had completed the provider's required training by various methods including face to face by outside professionals, electronic learning and in-house training. Any specialist training was undertaken by appropriate professionals, for example safeguarding from the local authority. Staff said they were well trained. Two support workers said, "I have lots of training and support … I am kept up to date" and "There is quite a lot of training … I get as much as I can out of it (training)."
Records confirmed staff received regular supervision every two to three months and an annual appraisal (one to one meetings) to support their job roles. Staff also had their hands-on practice observed in spot checks and competency checks. The provider worked with people regularly as a hands-on member of staff and undertook informal supervision during this time.

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 nest interests and legally authorised under the Mental Capacity Act 2005 (MCA). 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. We checked whether the service was working within the principles of the MCA and found they were. Care workers had received training on the MCA and were aware of how it applied to their practice.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications for this must be made to the Court of Protection. The registered manager was aware of the procedures necessary if a person was subject to a Court of Protection order. All five people had authorised Court Orders in place and the registered manager was complying with their requirements.

Care workers supported and encouraged people to maintain a balanced diet by encouraging or supporting them to have a meal of their choice and type. People chose their favourite meals which were then added to the menu. Some people regularly went out for meals, for example fast food restaurants. For those people who required it, a nutritional risk assessment was in place and their weight monitored. The main shopping for the services was carried out on-line but people regularly went shopping with support workers to buy specific food or items such as toiletries. One person was being helped to continue to lose weight. Staff worked with the person and their relatives to support this. Their relative said, "Staff continue to support them with his food choices and portions and they (family member) continue to reduce their weight."

People were supported to have access to healthcare services and on going healthcare support. Effective links had been made with local professionals who worked with the service to ensure best practice was implemented where necessary. Support workers monitored people's health and welfare conditions whilst reporting any changes to the management, family and relevant professionals.

Good

Is the service caring?

Our findings

The service had a strong visible person centred culture. The registered provider and support staff were committed to ensuring people received the best possible care and support in a safe, kind and caring environment. Staff were extremely passionate and caring in their job roles. They supported people to achieve personal goals. Comments included, "They (people) actually do what they want to do" and "If you enjoy your job you never have to work a day in your life … it's brilliant here …we are a really good team who are passionate in what we do."

People understood it was a person's human right to be treated with respect and dignity. We saw this in practice during the inspection. A relative described an example where the staff had addressed their family member's needs when attending the swimming pool. They said, "The staff responded to (person's) needs for privacy and changed venue when they couldn't cope with the communal changing room." One person said, "All the staff are really kind to me … they really respect me here … I like everybody … (staff member) makes sure I have got everything I need." Another person said, "I am very happy here … I'm a lot happier than my last place …I get to go all over."

Staff provided person centred care which put people at the heart of the service. Comments included, "(Family member) is happy at the service … they are now happier to be there than at home with us so is keen to get back", "(Family member) is really happy at Manor Lodge … they enjoy being at home but is always content to go back" and "The staff have had to familiarise themselves with (family member) very quickly … not an easy task but they have made great efforts to develop an understanding of (person's) particular problems … staff seem to have coped and adapted very well."

Both locations provided a home from home environment. People spent time sitting at the kitchen table chatting with staff whilst meals were being prepared. They chatted about what they had done that day and spent time watching television of playing on the computer together. The walls in the living rooms contained many photographs of the people looking happy and smiling. Photographs included pictures of them undertaking activities or achieving milestones in their lives; the staff showed us these photographs with pride of what people had achieved. The provider took photographs when people undertook activities to send to their relatives to show their engagement and wellbeing.

Staff knew people's behaviour, attitudes and moods very well. Positive relationships and trust had built up over time. Staff were aware what people were feeling when their moods changed and how to manage this. Staff worked with people to overcome their fears. For example, one person had a fear of going to the dentist and refused to go. The provider worked closely with them, which resulted in the person now attending regular dental appointments. They accompanied the provider when they attended the dentist themselves and had built up trust to have their teeth looked at.

Staff encouraged people to develop their particular interests and key workers supported this in different ways. For example, one key worker supported a person on the computer to write video games. The latest told the story of Prince John the second versus (the person's name) and their trials and tribulations of being

enemies in the Civil War. The person was very proud of this achievement and said, "(Keyworker) helps me to do this and they are my favourite person … I chose them because they like ponies and the cinema too." The keyworker said, "I love working here … I like helping them (people) to progress … we google for information and cut and paste pictures so (person) can write and tell his story."

People were included in the running of both homes and encouraged to take part in cooking, gardening and laundry if desired. One person took particular responsibility for the laundry at Manor Lodge and this was their particular job which was supported by staff. Two people had been supported to learn what to do in the case of a fire in the home and the action to take. The provider worked closely with them so they were able to make an emergency telephone call, give their name, where they were and the postcode of the home. This gave them responsibility in the running of the home and one person told us they were proud they knew how to do this.

Good

Is the service responsive?

Our findings

People and their relatives were involved in developing their care and support plans from the initial assessment. Plans were individual and personalised. They reflected people's needs, choices and routines whilst remaining as independent as possible. Care records were comprehensive, organised and easy to follow. They gave a true reflection of the care people received. Included in the plans, were "Guide for a good day" which was a summary of the care records and easy for staff to refer to. For those people where financial transactions were carried out, for example shopping, accurate receipts and records were in place. Following a local authority review on the people who lived at Manor Lodge last year, it was evidenced care and support plans were being followed and people led active lives.

The service was small and the majority of people they supported lived with complex learning disabilities and an autistic spectrum disorder. As this was a specialist service, referrals were predominantly made by the specialist learning disability placement team and the intensive assessment and treatment team (IATT). Transition into the service from elsewhere was carefully managed to achieve the smoothest transfer possible and prevent minimal disruption to the person themselves and the other people already living at the service. People came to live at the service who the provider and staff considered would 'get on' with the people already living there and that their needs could be fully met.

The service complied with the Accessible Information Standard (AIS). They met people's individual information and communication needs in ways to achieve independence. People used a variety of communication techniques. The AIS is a framework put into place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can understand information they are given. People had a communication passport in their care records detailing how they communicated and any aids required supporting this.

People were empowered and encouraged to lead full lives. The service supported people to carry out person centred activities and encouraged people to try news hobbies and interests. For example, one person had been successful in learning swim. This had been closely managed and monitored by support staff in order to gain the person's confidence which had been gained over a period of time. One staff member said, "It took months and months just to get them into the pool." The majority of activities took place outside of the service and included activities such as horse riding, swimming, football, arts and crafts, pottery, visiting restaurants, visiting coffee shops, walking on the beach, visiting the cinema and shopping. Other ad hoc activities included hiring a holiday cottage and plans for a boating holiday.

One person showed us what they had bought from the day's shopping trip which included new additions to their collection of ponies and aeroplane models. They had a particular interest in war memorabilia and military museums. Staff had organised for this person to visit a war museum when it opened for the summer period. Staff were also in the process of organising tennis lessons as the person had showed an interest in doing this.

Staff ensured people maintained relationships that mattered to them, such as family, community and social

links to protect them from social isolation. One person was supported to work at a local supermarket and in a charity shop. They told us they really enjoyed this work and it meant a lot to them. They felt part of the community and had friends who they liked to spend time with. They told us they were looking forward to going out on the evening of the inspection to a local restaurant with a friend to "eat and have a drink". They enjoyed living at the home and having independence. They said "I like to go out places on my own … it keeps me fit."

Adjustments were made to remove any barriers preventing people using or accessing services. At the beginning of the year, people and their relatives were asked what their three 'hopes and dreams' were for the coming year. These were recorded and the provider and staff worked hard to support people to achieve these. For example, one person had highlighted they wanted to go on an aeroplane and the staff had arranged to take the person on holiday to Spain for three days. Staff worked carefully towards this by preparing the person for the holiday and removing any obstacles preventing them doing this. They made lists of clothes and items they needed to take, ensured the person understood the process, the culture of the country, the weather and the handling of money. Staff planned the trip with specific times and tasks and showed pictures of aeroplanes/airports and how they worked. They had approached the local airport and arranged to fast track the person and their support worker through quickly to the 'quiet' area. This was specifically for people who lived with autism. Staff had also arranged an early morning flight when it was felt the airport would be quieter with less people around. The person was eagerly looking forward to their holiday and spoke of their forthcoming adventure with excitement and interest.

Staff were supporting one person with travel training and travelling on public transport. Their relatives said, "(Person) goes out on the bus now which is progress … they now have a bus pass … they have also been on the train once."

There were opportunities for people to raise issues, concerns and compliments. There was a comprehensive complaints policy and procedure in place in a format people could understand. This contained all the information and contact details necessary for people to use if necessary. Relatives confirmed any concerns were dealt with swiftly and resolved to their satisfaction.

Good

Is the service well-led?

Our findings

The service was not legally required under their registration with the Care Quality Commission to have a registered manager in place. However, the provider had chosen to undertake this registration. A registered manager is a person who has registered with the CQC 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 provider and staff team demonstrated a shared responsibility for promoting people's safety, well-being and quality of life. Since the last inspection, there had been some changes in the staff group. The new staff team worked closely together and brought different and varied skills to the service. This enhanced people's lives and staff and people were able to share mutual interests. For example, swimming, football, horse riding and furniture restoration.

The provider promoted a positive and open culture. The service worked closely with relatives and families and involved them in people's care decisions. They were complimentary of the provider and how the service was managed. There was good communication and relatives felt part of their family member's life. Two relatives said "…they are a very approachable and likeable person … is a good communicator and we are in regular contact via phone and email and are kept well informed of all matters pertinent … they are also readily contactable", and "(The provider) is always approachable and we have a good relationship with him … we have his home and mobile number and we can always ring him at any time … they keep us updated and provides effective communication." The provider managed the service and was regularly at each of the service locations and knew people, relatives and staff very well.

Systems were in place which continually assessed and monitored the quality of the service. These included audits, managing complaints, safeguarding concerns and incidents and accidents. This highlighted any deficiencies and measures were put in place to lead to an improvement in practice. One recent relative survey said, "Any concerns have been addressed quickly and effectively with feedback given.

Feedback was regularly sought through meetings. Relatives were asked for their views of the service and how it could be improved. One relative said, "(The provider) is approachable, professional, warm and popular with us and his staff … he provides any required action plans and outcomes are communicated effectively."

Care workers were motivated, enthusiastic and enjoyed their job roles. They spoke consistently about the service being a good place to work. They were involved in decision making and the running of the service. For example, during our visit we saw a discussion with a senior care worker and the provider take place. They discussed changes in one person's behaviour and how best to manage this. The care worker put a solution forward which showed a rationale for their decision. Staff comments included, "I really like it here … we all care … it's good team work … the best team", "It's lovely to work here … it is so relaxed for our clients … we're a good working team", "This is no comparison to the previous service I worked for … the atmosphere is brilliant … we all support each other" and "It's amazing here … I love it … management are

very good."