

Fairways Care (UK) Limited

# Fairways Care (UK) Limited

## Inspection report

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04 February 2020

06 February 2020

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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

### About the service

Fairways Care (UK) Limited is a community-based service which provides personal care services to children, young people and adults within their own homes. Fairways as a provider is a charitable not-for-profit organisation. Fairways Care (UK) Limited provides an outreach model of care that aims to deliver a whole family approach to delivering people's support which included respite support and supporting people to access the community.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they receive personal care, we also consider any wider social care provided.

At the time of the inspection 34 people were receiving support with personal care and wider family support. Fairways Care (UK) Limited supported children, young people and adults who had a range of needs including people who had a learning disability, autism spectrum disorder, physical disability, mental health and complex health needs.

### People's experience of using this service and what we found

There were systems in place to keep people safe and the service met its safeguarding responsibilities for both children and adults. Relatives told us their loved ones received safe care and staff knew people and their needs well. There were person centred plans in place to direct staff on what action to take to reduce or manage identified risks to people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Where children and young people required support to make decisions, parents or those with parental responsibility were involved in making decisions about their care.

Relatives consistently told us that staff were kind and caring and worked with people and their families in ways that respected their privacy, dignity and independence. Staff were motivated and passionate to deliver good quality, person-centred care to people. Staff supported people to access and engage in the local community where this was funded and understood the importance of enabling positive relationships.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The registered manager and leadership of the service created a person centred culture to the delivery of care. There were systems in place to monitor the delivery and experience of the care people received. The provider sought positive opportunities to engage with people and staff and took an active role in

implementing local community projects.

People's care plans were person centred and captured their needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update)

The last rating for this service was good (published 26 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Fairways Care (UK) Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was completed by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 28 January 2020 with telephone contact to people and their relatives and ended on 06 February 2020. We visited the office location on 04 and 06 February.

#### What we did before the inspection

We reviewed information we had received about the service, including the last inspection report. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with six relatives about their experiences of the care provided. The registered manager sought consent for us to visit two people who were receiving support from staff. We spoke with six staff including the registered manager, assistant manager and the provider's director of health. We received feedback from one healthcare professional who had regular contact with the service.

We reviewed a range of records. This included three people's full care plan and a range of other people's care records, and medication records. We looked at three staff records in relation recruitment and supervision and reviewed staff training records. We reviewed a variety of records relating to the management of the service, including a range of audits and the management of complaints.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed a range of meeting minutes, external and internal audits. We spoke with one staff member and sought feedback from four professionals.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager understood theirs and the provider's responsibility in keeping people safe. There were systems in place to respond, report, and follow up safeguarding procedures for both children and adults. This included information sharing with the appropriate local authorities and commissioners to keep people safe.
- Relatives we spoke with told us their loved ones received safe care and support from staff. One relative commented, "I feel happy leaving the children [with staff] because I know they're safe."
- Staff received training in safeguarding children and adults. This training helped provide them with the skills to recognise and act to protect people from the risk of abuse or avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were appropriately managed. People had person-centred risk assessments in place. Assessment included risks associated with health conditions, behaviour management and activities people participated in.
- People's risk assessments included detailed information on steps staff should take to reduce or remove identified risks. Records also detailed the approaches staff should use to keep people safe.
- Where people required the use of moving and handling aids and equipment, care plans directed staff how to use these safely and to check that equipment was well maintained and safe to use.

Staffing and recruitment

- We reviewed staff rota's and records the service kept to monitor the number of support hours people were provided with. This demonstrated the majority of people using the service received their agreed package of care, however for some people this was not always consistently achieved. We discussed this with the registered manager who told us action was being taken to address this which included review of the referrals system and processes. The registered manager demonstrated they maintained regular communication with the relevant commissioners when rotas identified shortfalls in staffing capacity at particular times so alternatives could be explored in advance.
- Overall, we received positive feedback from relatives that they received timely, consistent and flexible support to meet their family's needs. Comments included, "We always have the same staff, consistency is key for my son.", and, "Recently we needed to change the rota [due to unplanned personal circumstances], Fairways were brilliant they swapped shift's so things were much less stressful, they are very good like that."
- There was a robust recruitment procedure for new employees. This included disclosure and barring service (DBS) checks for new staff before commencing employment. DBS checks included checking staff's suitability to work with both children and adults. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working in health and social care.

### Using medicines safely

- Staff supported people to manage their medicines safely. Staff received training in safe handling of medicines. A relative told us they felt staff were skilled at managing their loved one's medicines who had a complex medicines routine to meet their health needs.
- Not all people required assistance with their medicine's management. Where they did, care plans provided staff with clear and detailed guidance to ensure people were supported to receive their medicines as prescribed.
- Where people required medicines to be administered 'as required', such as epilepsy rescue medication or pain relief, there were clear protocols in place for staff to follow.

### Preventing and controlling infection

- The provider ensured staff had access to appropriate personal protective equipment such as disposable gloves and aprons to reduce the risk of cross infection. Staff were also provided with bags to carry in their vehicles which included bodily fluid spillage kits, shoe covers, and seat covers.
- Staff received training in infection control and food hygiene to ensure they had up to date knowledge of best practice guidance.

### Learning lessons when things go wrong

- The registered manager maintained oversight of accidents and incidents. We reviewed records which demonstrated the registered manager or member of the management team reviewed accident and incident forms and completed follow up actions where appropriate.
- Where analysis of accidents and incidents identified opportunities for learning, the registered manager ensured this was communicated with staff. For example, where there had been feedback around maintaining confidentiality, a team meeting was used to remind staff of their role and responsibility in line with the providers policy and training was provided to empower staff to reinforce professional boundaries and hold challenging conversations where needed.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to the delivery of their care. The registered manager and senior staff met with people and their relatives when they were new to the service to review their care needs and explain what the service could offer.
- The registered manager told us people's needs were outlined by commissioners at the point of referral and they used people's social care assessments to inform care planning.

Staff support: induction, training, skills and experience

- Newly recruited staff were supported to gain skills and knowledge of their role and the people they supported through a planned induction programme. A staff member who had recently completed their induction period told us they found the process supportive and included shadowing more experienced staff until they felt confident.
- Staff were skilled and knowledgeable. Staff had access to a range of training opportunities to ensure they were appropriately skilled for the role. Where staff supported people who required skilled interventions, the provider ensured additional training was provided. For example, this included oxygen, suction and gastrostomy training.
- A relative provided positive feedback that new staff working with their loved one were given a lot of time to get to know them and their needs before providing support. They also told us they were included in providing feedback before new staff were considered skilled enough to lead on their loved one's support visits.
- Staff received regular supervision and supervisions demonstrated staff were given opportunities to share their ideas or concerns and their feedback was taken on board. Supervisions supported staff to review their performance and set actions to achieve these.

Supporting people to eat and drink enough to maintain a balanced diet

- Not all people receiving support required assistance from staff to manage their diet and nutrition needs. Where they did, care plans included information on the level of support people required and detailed information on their food preferences.
- Where people had specific needs, such as nutrition to be provided via a gastrostomy tube, which is a tube inserted into the stomach for nutrition and medicines, care plans were detailed and offered step by step guidance for staff on how to support people. Staff also kept daily records of people's food and fluid intake where this was appropriate to ensure people maintained good nutrition.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- We received positive feedback from commissioning professionals that the service was effective in meeting people's needs and fostered positive relationships to promote good outcomes for people. For example, one professional commented, "Fairways always try to assist the team with new care packages whenever possible and [have accommodated] emergency situations. We have a good communication system and working relationship."
- People's care plans included information on their health needs and provided staff with information. For example, where a young person had a diagnosis of autism spectrum disorder, their care plan stated autism "affects how a person communicates with and relates to other people, and how they experience the world around them". Information was then provided on how this may impact the person and steps staff should take to support them effectively.
- Where people had input from other professionals such as occupational therapists, social workers, and GPs, professional advice and guidance given was incorporated into people's care plans to ensure staff supported people to manage their health needs.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of the inspection no one was receiving care which required authorisation from the court of protection to deprive them of their liberty.
- Where children were receiving services, records demonstrated parents and those with parental responsibility acted as the child's representative in the decision-making process.
- Where people had been assessed as lacking capacity to consent to their care, people's care was delivered in their best interest. Records were decision specific and reflected who had been consulted with, such as people's relatives and any relevant health and social care professionals.
- Staff encouraged people to have choice in all aspects of their care and understood how to support people to make choices to have maximum freedom and control of their lives.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We received consistently positive feedback from relatives that staff were kind, caring and compassionate in their approach with people. One relative commented, "Staff are fantastic, I wish we would have known about the service a long time ago." Another relative told us, "Staff have known him so long now, they all know him, and they can read him well and what he needs. It takes a long time to learn about him and I feel they are skilled and no what they're doing."
- Staff were passionate about delivering high quality, person-centred care and were motivated to support people to achieve good outcomes. One staff member said, "I get a real sense of fulfilment. We are all very person-centred. I know this because we try things different ways until we get the best outcomes for the young person."
- A social care professional commented about the care given to a young person they worked with and said, "The staff are professional, approachable and understand the importance for the young person to have a normal life as any [young person] should."
- People's care plans included information on their cultural and religious needs to ensure they received support that respected their individual beliefs. For example, where an individual's religious beliefs meant they required support from a female based staff team, this was accommodated and reflected in their support plan.

Supporting people to express their views and be involved in making decisions about their care

- People's care and support needs were reviewed regularly. Review meetings included fairways staff, relatives and relevant professionals as appropriate. The registered manager told us this offered opportunities for all parties to share their views and ensure people's care and support achieved good outcomes.
- A healthcare professional told us, "[Managers] attend package review meetings and are always willing to supply staff to support our young people. Feedback at the meetings from parents is always positive and they report they are happy with the Fairways input and service.
- Relatives spoke highly of the positive communication they had with managers and staff alike. Where the provider used electronic based care plans, relatives told us this enabled them to access their loved one's care plans and daily notes and feel involved in their care planning, where appropriate.

Respecting and promoting people's privacy, dignity and independence

- A social care professional told us staff promoted people's independence and said, "[Staff] have a very positive relationship with him and this has allowed him to build confidence, have new experiences, and

begin to support him towards independence skills."

- People's care plans included information on "Things I can do for myself" and "How I make decisions". This information supported staff to identify people's strengths and encouraged staff promote people's independence.
- During our observations we found staff were confident and knowledgeable about people and their needs and treated people with dignity and respect. People and staff had developed relaxed, positive relationships and staff encouraged young people to have fun.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were individualised, and person-centred. Where people had complex needs, guidance was clear for staff to follow and information captured people's personalities, likes and dislikes. For example, care plans included descriptions of people's experience of a good day and bad day and what this looked like for them. This enabled staff to know people and their needs well to achieve positive outcomes.
- Care plans had detailed information and robust guidance to support staff to recognise and respond appropriately to people's social and emotional needs. For example, they included a description of possible behavioural triggers, consideration of the environment, actions to support de-escalation and individual levels of risk posed.
- People's care plans enabled staff to be responsive to their needs. Care plans included a breakdown of people's preferred daily routines and clearly identified people's strengths and abilities, where and what support was required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans included detailed information on people's individual communication needs and steps staff should take to support people to have meaningful engagement. For example, where people benefitted from visual aids such as a picture exchange communication system (PECS) this was in place.
- We observed staff engage with people positively and had a good understanding of how people communicated using body language and non-verbal cues.

Improving care quality in response to complaints or concerns

- Relatives we spoke with told us they felt comfortable raising concerns and felt appropriate action would be taken. One relative commented, "If you want something done there really happy to work on it."
- The provider had systems in place to record, respond to, follow up and close complaints. We reviewed complaints, concerns and feedback that had been raised in the last twelve months. Records demonstrated feedback had been responded to in line with the provider's policy. However, we noted the service did not have accessible complaints information such as an easy read procedure for people using the service. We raised this with the registered manager who told us they would review and action this following our feedback.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We received positive feedback from relatives that staff supported people and their families to engage in the community. Comments included, "Staff help me look after all the children, when we go to the park they are an extra pair of hands", and, "I was really impressed, staff are confident and take [loved one] to town on the bus and not just use the car." Another relative highly praised staff's knowledge of local resources and told us, "[Staff member] is well aware of what goes on around Southampton. Some days [loved one] has done five or six things such as sensory sessions, arts and crafts, staff drive for miles for some of the things on. They find things they know he will like."
- A professional commented, "The carers actively work to facilitate opportunities for [young person] to spend time with friends, and to be out in the community taking part in activities that he enjoys. The carers know him well and understand the complex family situation and respect the environment in which they work."
- There was a person centred approach to encouraging people to engage in the local and wider community. Where some people attended regular planned activities such as day services, staff supported people to engage with their peer group and attend a range of activities.
- The registered manager spoke passionately about the role of the service in taking a whole family approach to the support they provided. They explained the importance of support being provided not only to the person, but also considering their parents and siblings needs to support families to have opportunities to maintain positive relationships.

#### End of life care and support

- No one was receiving end of life care and support at the time of the inspection. Due to the age and circumstances of a majority of children and young people using the service end of life care planning would not be appropriate.
- In the event that a person required end of life care, the registered manager was able to confidently discuss how this could be managed which included knowledge of the local resources people and staff could access for support.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Leaders created a culture that reflected a whole team approach to the delivery of care. A staff member told us, "You feel really part of something in Fairways and know there is the best intentions for everyone. Staff, families and young people."
- The registered manager spoke highly of the staff team and encouraged staff to share their skills, ideas and initiatives. This was supported by feedback from a social care professional who told us, "I was impressed [staff member] offering to work flexibly in order to provide the young person with an experience of overnight support. This initiative was supported by the outreach manager."
- The provider held annual conferences to encourage staff across the range of their services to have opportunities to come together and build on professional relationships. The registered manager discussed how these forums empowered staff to be fully on board with the vision and values of the organisation. This was supported by staff having input in developing and shaping the organisations value base and they commented, "It was great because we weren't told what our values are, it was a collective approach, so staff own them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty of candour requirements. The duty of candour sets out actions that the registered manager should follow when things go wrong, including making an apology and being open and transparent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We noted oversight of staff competencies was not always robust. For example, one staff member had not completed rescue medication training where they supported a person with a diagnosis of epilepsy. Records demonstrated the person had not experienced seizure activity, there was a clear protocol for the use of rescue medicines if needed and the risk was low. The registered manager was responsive to feedback and took immediate action to address this.
- The registered manager and senior staff maintained oversight of the day to day running of the service. Oversight included regular auditing of people's care records, rotas, complaints, staff performance and staff supervision.
- Where audits identified areas for improvement, action was taken. For example, following an internal

review of systems and processes completed in February 2020 by the provider's director of health, the robustness of systems had been reviewed and updated. This included improving oversight of information on people's equipment maintenance checks and exploring ways to streamline new referral information. Where systems were new, the leadership team were working collaboratively to embed these.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider encouraged people using the service, their families, staff and local communities to have opportunities to come together through planned events. This included the annual 'fairways fest' which aimed at providing a social fun day for people and their families using the providers services and through community engagement such as funding a community project for a fairy garden at a local country park involving local schools.
- The provider invested in opportunities to engage with staff across their services. Examples included the roll out of an 'outward bound' training programme aimed at developing future leaders in the organisation and nominated staff having opportunities to play an active role in the provider's staff committee meetings.

Continuous learning and improving care

- Following self-nomination, in 2019 the provider won the Solent Business corporate social responsibility award. This award acknowledged the achievements the provider had made in embedding their value base throughout their staff training and development and their investment in providing positive opportunities to bring communities together.
- All of the provider's services across the organisation were overseen by the charities board of directors. The board held regular meetings to review all services and provided opportunities for good practice and lessons learnt to be shared across the range of their services.

Working in partnership with others

- Relatives told us they had positive relationships with staff and leaders and that they experienced good communication about their loved one's care.
- We received consistently positive feedback that leaders of the service worked in partnership with other organisations. A healthcare professional told us, "We commission several packages of care with Fairways. I usually deal directly with [Registered manager] or [Assistant manager] and find them both approachable and responsive. My queries are dealt with professionally and timely."