

# Fairmont Residential Limited

## Eveson Road

### 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

Eveson Road is registered to provide accommodation and personal care for one person who is a younger adult with a learning disability and autism. At the time of our inspection one person was using the service. Our inspection was unannounced and took place on 16 August 2018 with telephone calls to relatives taking place on 21 August 2018. This was the first inspection since the service was registered on 16 December 2016.

Eveson Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 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".

Staff were aware of safeguarding procedures and knew what action to take if they had any concerns. Staff supported people in safe manner. Recruitment of staff was carried out appropriately. Administration and recording of medicines given were carried out safely.

Staff had the skills and knowledge required to support the person using the service effectively. Staff received an induction prior to them working for the service and they felt prepared to do their job. Staff could access ongoing training to assist them in their role. Staff could access supervision and felt able to ask for assistance from the registered manager. Staff knew how to support the person using the service in line with the Mental Capacity Act and gained their consent before assisting or supporting them. Staff encouraged the person to eat healthily and supported their healthcare needs.

Staff members treated the person with compassion and kindness. The person using the service was involved in making their own decisions about their care as far as possible. Staff ensured that the person was able to maintain their privacy and dignity and encouraged them to retain an appropriate level of independence with staff there ready to support them if they needed help.

People's preferences for how they wished to receive support were known and considered by the care staff. Staff understood people's needs and provided specific care that met their preferences. Relatives knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

Detailed quality assurance audits were carried out and provided the registered manager and the provider with a clear overview of the service. Relatives and staff felt the service was led in an appropriate way. Staff were supported in their roles. Staff felt that their views or opinions were listened to. We received notifications of incidents as required.

## 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.

Staff were aware of safeguarding procedures.

Detailed risk assessments were in place.

Staff recruitment was carried out safely.

Medicines were given, stored and recorded appropriately.

### Is the service effective?

Good ●

The service was effective.

Staff received an effective induction and ongoing training.

Staff knew how to support people in line with the Mental Capacity Act and gained their consent before assisting or supporting them.

People's ongoing health care needs were supported.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate.

The person using the service was involved in making decisions about their care as far as possible.

Staff maintained people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about the person's needs.

Staff considered the person's preferences when carrying out care.

Relatives knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

### **Is the service well-led?**

The service was well-led.

Relatives were happy with the service received and felt the service was well led.

Staff spoke of the openness and visibility of the registered manager.

Quality assurance audits were in place.

We received notifications as required.

**Good** ●

# Eveson Road

## **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.'

The inspection took place on 16 August 2018 and was unannounced, a telephone call was made to relatives on 21 August 2018. The inspection was carried out by one inspector.

We reviewed information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We had requested and received a Provider Information Return, this is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority to gather their feedback about the service.

We spoke with one relative of the person who lives at the service. We also spoke with three members of care staff, two deputy managers, an admin worker and the registered manager. We completed a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records and medication records of the person using the service. We also looked at three staff recruitment files, staff training information and records held in relation to quality assurance.

## Is the service safe?

### Our findings

This was the first time that the service had been inspected since registering in December 2016.

We saw that the person using the service appeared in good health and were dressed appropriately for their age and for the season and had chosen their own clothing. We were not able to speak with the person directly, but our observations led us to believe that the person felt safe when supported by staff members. We spoke with a relative who told us, "[Person's name] is most definitely kept safe. We [family] have total trust that staff always work in their best interests at all times". A staff member told us, "We most definitely keep [person's name] safe. We provide 2:1 support and constantly assess their needs".

We found that staff were aware of procedures to follow in the event of any safeguarding issues. One staff member told us, "If there were any safeguarding issues I would make the person safe, then speak with my manager and I know how to contact the safeguarding team if I need to, we all know the process". In the event of an emergency staff told us, "I would assess the situation and if needed ring 999 immediately. I would talk to the emergency services and discuss [person's] medical history and allergies with them and give them a complete brief history of what had happened. [Person's name] would be my priority".

Staff were all aware of any potential triggers [something that stimulates an emotion] that could result in distress to the person or any related behaviours occurring. A plan had been put in place that altered during different times of the year, in relation to when specific concerns would be more easily encountered. For example, during busy periods such as school holidays shopping centres would be avoided. Staff were knowledgeable about how to support the person to minimise their exposure to situations that they found difficult and told us that the person would be guided towards more suitable activities.

We saw that there was a procedure in place to record and act on accidents and incidents and staff were aware of this. We found that incidents involving staff had been recorded, but there had been no accidents in relation to the person living in the home. Staff told us that should any concerns be raised, such as a bruise on the person's body, they would document it on the body maps provided. Emergency evacuation plans were in place and staff were aware of them, so that the person could be removed from the home as quickly and as safely as possible in the event of an emergency. We found that information to keep people safe was easily available. Examples included a hospital passport, which would provide medical professionals with a brief overview of needs, should a hospital admission become necessary.

We found that very detailed and comprehensive risk assessments were in place. A staff member told us, "[Person's name] is kept safe, we have excellent care plans and risk assessments in place and these are updated on an ongoing basis so that they always meet [person's] needs". We found that risk assessments covered every possible event or activity the person was involved in; that they looked at the event taking place and what support was required, any specific hazards and who was at risk. These issues were then rated at different levels of severity prior to and following control measures being put in place. Examples of risk being assessed included, hazards within the home, using public transport and accessing the community, risks around health and wellbeing including medication. It was evident that staff had assessed

all situations that could give rise to anxiety or physical risk to the person and actions had been taken to minimise risk, whilst still allowing them to take part in everyday life. Risk assessments were re-evaluated and updated monthly or sooner if required.

A relative told us, "There are always enough staff and they are so good with [person's name]. They have 2:1 staff ratio, so we don't ever have to worry". A staff member shared, "I think that there are sufficient staff numbers. The staff are diamonds and care for [person's name] like they are a member of their own family. Their needs are always the priority and they know them very well".

We saw staff recruitment was carried out safely and a staff member told us, "I had to give all my documents and have a police check before I could start". We found that checks included identity checks, references from previous employers and a check with the Disclosure and Barring Service (DBS). The DBS check would show if a person had a criminal record or had been barred from working with vulnerable adults. Records we looked at showed that these checks were in place. Where disciplinary actions had been taken these were done appropriately. We found that where staff used the company vehicle to transport people using the service an annual driving assessment and check of documents was carried out to ensure that they remained safe to drive.

We saw that medicines were given effectively and were recorded clearly with no gaps. A list of medicines taken by the person was provided with administration guidance for staff in place. Where one medicine needed to be carried at all times this was recorded and staff were aware. We spoke with staff who told us that they felt well trained in giving medicines and were comfortable in doing so. Information was given on both prescribed medication and homely remedies, so staff were clear on how to administer and were aware of any potential side effects.

The home presented as being clean and tidy, there were no unpleasant odours and all checks related to infection control were in place and were monitored regularly. The home was currently going through building work to provide an extension to the property but great care had been taken by staff to ensure that this hadn't impacted negatively on the person.

## Is the service effective?

### Our findings

We found that the needs of the person using the service had been fully assessed and considered prior to the moving into the home. We saw that pre-admission information had been taken from professionals previously involved with their care and support, alongside information shared by family members. Staff told us that this allowed them to tailor the service to the person's requirements.

A family member told us, "The staff have a wide skills base and they know [person's name] so well. New staff only work with long term staff, so that they can get to know them. Everything they do is for and about them". A staff member said of their induction, "There was a checklist that I had to work through. This included practical things like fire exits and who to report to, but it also included getting to know the service user and I read through their files and was able to ask questions. There were also bite-size info sheets to get a quick overview of [person's name]". A second staff member said, "My induction included doing lots of distance based learning on modules like safeguarding, risk assessments, fire training and record keeping. I already had qualifications and experience, but if I hadn't I would have been put onto the care certificate". The care certificate is a set of national standards expected from people working within the care sector. A staff member told us, "The training is really good and we can request additional training or suggest training courses". Staff told us that supervisions occurred every four – six weeks and that they also received an annual appraisal, which was a way of analysing the previous years' work and setting goals for the coming year. The Provider Information Return told us that staff were inducted, trained, continually developed, supervised and supported and that staff followed and understood policies and practices and we saw that this was in place.

A staff member told us that "There is always a consistent staff team who [person's name] trusts and when we think the time is right we try new things like going out on trains. We know what they can and cannot cope with". Staff told us how they were aware of the amount of stimulus that might be too overwhelming for [person's name]. They added that they limit the amount of staff around [person] and change their schedule, as they are aware that there is a risk that [person's name] may become too reliant on a structured timetable which may led to obsessive behaviour. Staff members told us that [person's name] cannot communicate effectively and additionally will choose not to speak, all of which could lead to some frustrations. We saw that staff had put communication aids in place and they also have adopted the TEACCH program, which uses different approaches and methods to focus on people's individual skills, interests and needs. We also saw staff members speaking with [person's name] and they were very adept at understanding their needs.

We saw [person's name] enjoying their breakfast and having choices offered to them at the table. A relative told us, "Meals are planned really well and [person's name] enjoys them. However, they [staff] are also flexible enough that if they want to pop out to the pub for lunch they can do that as an alternative". A staff member said, "[Person's name] needed to reduce their weight to benefit their health and wellbeing when they first moved in. We have been able to support them to try more healthy foods and have broadened their horizons in a culinary sense, in that they will try things and enjoy foods that they previously dismissed". We saw that records showed how fast foods had been limited for more healthy options and that any allergies or potential allergies were noted. Food and fluid intake was logged as required.

We found that [person's name] attended all required medical appointments and had access to any medical aids required. Their last dental report had noted that their teeth were in 'fantastic condition'. Staff told us how they had been working alongside hospital staff in introducing and monitoring new medication and finding the correct dose. This included maintaining charts related to any issues such as seizures and reporting information to professionals. Staff told us that sometimes medical professionals also requested that only staff attend appointments when they felt the appointment may be too long or frustrating for the person and staff were able to do this and fully contribute to discussions using the knowledge that they had. Protocols were in place in relation to the person's specific health conditions and staff were able to talk us through them.

The premises were decorated appropriately, with the person's belongings evident around the place. Staff told us how following [person's name] attending a large family event recently there were plans to obtain a large canvas photograph from the day and display it in the lounge. The property appeared homely and [person's name] could access their own private spaces.

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. 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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. An appropriate application for DoLS had been made and was awaiting approval. Staff members had a good understanding of mental capacity and deprivation of liberty. One staff member explained, "We keep the doors locked for [person's name] safety and that is why we have a DoLS in place. They [person] can't go out without assistance, so we needed to make the application [to the external agency]". Staff were able to tell us how they used the least restrictive practices such as accompanying [person] out into the community so they can enjoy activities.

We saw staff members gaining consent from [person's name] and one staff member told us, "[person's name] would be able to make their wishes known and would say yes or no if we were trying to gain consent. However, sometimes if they are too stressed to communicate we would understand any tense body language or lack of eye contact if they didn't want to give consent".

We saw that where decisions had been taken in relation to keeping [person's name] safe, but where they might infringe their liberty, best interests discussions had been held. An example being where video surveillance had been used in a private area of bedroom in case of health emergencies, this had been discussed with family, staff and professionals and a specific protocol had been put in place.

## Is the service caring?

### Our findings

A relative told us, "The staff are so kind and caring. They worked with [person's name] to prepare them to attend a big family event and their attendance was planned meticulously by them. They even arranged for extra staff to be on the rota for support. They were respectful and took a step back, so that they had family time, but they also supported them so we could spend time with other family members. It was so amazing because they understood what was happening and they accepted seeing us all in the same place, which can sometimes bother them. The staff helped us all to have a lovely day". A staff member told us, "All of the staff are so kind and caring here, we do 13 hour shifts, so it becomes like your second life. It is a nice environment and we get to focus on just one great person, it's a great place". A second staff member told us, "We look at the person, more than the reports on a paper, because there is only [person's name] here, they are always the main focus".

We saw that there was a positive friendly relationship between [person's name] and those caring for them. There was lots of friendly chatter and [person's name] appeared at ease in the company of staff. One staff member told us, "[Person's name] is very different now, they will welcome friendly touch and will even dance with staff. I think it is a combination of the right staff and the right medication".

We saw [person's name] making choices and staff listening to them. This related to food, an upcoming outing and actions taken around the home. A family member told us, "[Person's name] is encouraged to make choices. The staff will take them out to the pub and ask them to choose from the menu or they see if they want to order their own drink and pay for it. It all helps with social skills and they enjoys it". A staff member told us, "We always ask [person's name] about their preferences, but I don't think they would let us get away with it if we didn't. They know what they like and can make us aware of their clothes of choice or snacks". Staff explained to us how [person's name] had chosen the colour used to decorate the lounge from paint samples. They had also chosen the designs of their new bedroom, deciding on the soft furnishings.

A relative told us that [person's name] was encouraged to be independent and said, "They don't get everything done for them now like they did at home and it is helping them. They are much more grown up now". A staff member told us, "[Person's name] is very able, so we encourage them to have some routine to their day and do things around the house. We saw [person's name] vacuuming the living room and appearing happy enough to do so.

We saw staff acting in a respectful manner towards [person's name] in the way that they addressed them and assisted them. A relative told us, "We never worry that they aren't maintaining their privacy. They are given private time and staff are very respectful of them. We asked for the cameras to ensure they aren't taken ill when they want some privacy and staff manage this very well indeed". A staff member shared, "We maintain people's privacy and dignity wherever we can. We will leave the bathroom door slightly ajar to give [person's name] their privacy, but we are always just outside in case they have a seizure and fall. We will prompt them to keep themselves covered when leaving the bathroom too".

A relative told us that they got on well with staff and said, "We [family] have a good rapport with the staff and

are always made welcome, the staff offer us a cup of tea and are about if we need them, but they never forget it is [person names] home". Staff members told us of the good communication they shared with family members and said, "The family visit twice weekly and have a good relationship with staff. We help [person's name] to text their parents regularly". A second staff member shared, "We have been nothing but open with the family and at times we may have agreed to disagree, but we all want the best for [person's name] and work together to achieve that".

## Is the service responsive?

### Our findings

A family member told us, "We were heavily consulted on the care plan and are invited to the reviews or to come in for discussions if there are any major changes". We saw that the care plan included; maintaining a safe environment, personal safety [having minimal awareness around hazards], accessing the community, stranger danger, expressing sexuality comma health, medicines, social inclusion and behaviours. We found care plans to be extensive and cover numerous aspects of the person's life. The plan gave a real insight into the person's personality and included a one-page profile asking the question, 'What people admire and like about me?' Answers included, 'My smile, my love of retro music, my dancing skills, my laugh'. It also looked at, 'Things most important to me' and answered, 'family, routine, collecting items, my clothing'.

We saw a specific plan related to choices and opportunities, which included the person's hopes for the future. We found information for staff as to how best support [person's name] including being encouraging, but not asking questions. We saw that the form had been completed by the person with support from staff. The plan was updated in a timely manner monthly or when required. We found that daily records were detailed and up to date.

A relative told us, "[Person's name] does so much and enjoys it all. We [family] never worry about activities because there is always a 'crack squad' of staff on the end of the phone ready to come and support the key workers if anything happened in the community. We saw that [person's name] participated in activities they enjoyed and photographs of their experiences were displayed in the lounge. A staff member told us, "[Person's name] has a great time. They attend rock school and are having drumming lessons. They have visits to pubs for a drink and food and they also likes going fruit picking, the route has to be planned out first though". We saw an activity folder in place, with pictures of places visited like museums, safari parks, railways, theme parks.

A relative told us, "Staff enable us to keep an excellent relationship with [person's name]". A staff member said, "[Person's name] has a life here as an independent individual. They love their family and have a fantastic relationship with them, but here they are able to be an adult". A second staff member told us, "[Person's name] has a friend who lives at another property, they laugh at each other and really get along. [Person's name] couldn't cope around people previously but has made such improvements in now having a friend". Staff spoken with told us how they promoted the friendship.

A relative told us, "If I had any complaints I would immediately call [nominated individual's name] as I know her so well. We are just getting to know the manager. [Nominated individual's name] always deals with things immediately we are very satisfied. A staff member told us, "[Person's name] can't complain personally, but staff would pick up on their behaviour and make any necessary changes". A second staff member said, "The manager would always listen to complaints they are approachable".

We found that most of the concerns recorded gave clear information, however, the last few recorded did not provide information on the action taken in relation to the concern and how this was communicated to the person with the concern. The registered manager told us that this would be completed retrospectively and

informed us following the inspection that this had been done.

We saw that an End of Life Plan was minimally covered within the care plan, stating that as the person has minimal understanding any plan would require a multi-disciplinary team approach to help them understand. The registered manager told us that as [person's name] is of such a young age and due to the sensitivity around such a subject, a plan had been considered, but it had yet to be implemented. Following the inspection the registered manager contacted us to say that a plan was now in place.

## Is the service well-led?

### Our findings

We found that the atmosphere of the home was relaxed and staff appeared very friendly. A relative told us, "It is a wonderful home for [person's name], they are relaxed in it and we can see how settled they are". A staff member told us, "The home is of a very good standard and they are a good company to work for. You can ask for any support or training and receive it".

People gave us their opinions on the registered manager and one relative said, "[Registered manager's name] is quite new, we haven't spoken to them that much yet, but I think they are trying hard from what I have heard. We contact the deputy as we know them better and the service is excellent". Staff members told us their views of the service with comments such as, "The service is really well led the new registered manager has such a positive attitude and it rubs off on staff and the service user", "The new registered manager has brought a very 'on point' style of management and gives so much guidance through their experience and knowledge. We have a new fresh aspect" and, "[Registered manager's name] is the best manager I have ever had, they dealt with a minor issue I had and is just so approachable".

We saw that regular team meetings occurred and one staff member told us, "We can put ideas forward in team meetings and they get listened to. We all put ideas forward on how to help [person's name] adapt to their new home and these were taken forward". A second staff member said, "Outside of meetings and supervisions we are also constantly discussing with managers how things can improve or be adapted more to the person's needs". Staff also told us that new ideas and plans were shared with staff in meetings. We saw minutes of meetings showed how the person's wellbeing and issues related to them had been discussed alongside staff related information.

Staff told us that in the event of a colleague carrying out care that was not in line with good practice they would be willing to whistle-blow. One staff member told us, "If I had a concern and nothing was done about it I would report it higher as per the whistle blowing policy. A second staff member said, "I could go to the manager who is lovely, with any concern and I know it would be dealt with, but we have also been given the whistle blowing policy". A whistle-blower is an employee who takes their concerns about any bad practice witnessed to an agency independent of their employer.

We found that feedback surveys were completed by relatives of the person using the service and this enabled them to give their opinions on the care provided in line with CQC's key lines of enquiry. For example they were asked if they felt the person was safe, if staff were effective and caring and if the service was responsive and well led. We saw that the responses were positive and the relative had rated the provider as 'Outstanding'.

We found that an extensive number of audits were in place. These included a monthly report which looked at what had gone well and not so well and an overview of the person's health and wellbeing. There was also a manager's 'walk through' which looked at MAR charts, daily logs, décor and infection control, fire safety, laundry and bedrooms amongst others. There were also regular detailed audits on policies and procedures and periodically throughout the year monitoring visits were made by the nominated individual. Here,

recordings such as notifiable incidents, DoLS applications and other documents were reviewed. Audits relating to the buildings environment were in place.

We found we were informed of any notifiable incidents as required, so that we were able to see if staff had taken appropriate action to maintain people's wellbeing.