

# City Care Partnership Limited

## Fairleigh House

### 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Fairleigh House is a residential care home providing personal care for six people with autism. The home is a large detached building. Five people had their own room and shared the bathrooms, kitchen and two lounges. One person lived in their own independent flat on the lower ground floor of the house.

Fairleigh House is registered to be able to support for up to seven people. The registered manager told us there were no plans to use the seventh room at the home. The six people currently living at Fairleigh House had lived together for many years and it was felt a new person moving was not in their best interests.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were extremely well supported by a stable, dedicated staff team who knew people, their needs and how they communicated very well. People were observed to be very comfortable with members of staff.

Clear, detailed person-centred plans were in place which identified people's health and wellbeing support needs and how staff should meet these needs. Risks had been identified and guidance provided in how to manage these risks.

Where people may have behaviour described as challenging, clear guidance was in place in how staff should distract and support people to reduce their anxieties and make sure they were safe. These clearly identified what physical restraint could be used and that it was only to be used as a last resort.

People had a full itinerary of weekly activities, including walking, canal trips and drives in their own transport. People were also involved and active within their local community, using local shops and leisure facilities. People were encouraged and supported to complete the tasks they were able to do.

The number of incidents of challenging behaviour was low at the service due to the regular planned activities and routines and stable staff team who could identify the signs a person was becoming anxious and were able to distract them to de-escalate the situation.

There were enough staff on duty to meet people's needs. Staff were safely recruited and well trained. Staff were very positive about the induction, training and support they received. The provider encouraged staff development and progression.

Staff were recruited with the activities people did in mind. Staff were provided with walking boots and weather proof clothing, so they could support people to go out in all weathers.

People received their medicines as prescribed. Information was in place to identify how people would non-verbally communicate if they needed an over the counter medicine, such as pain relief.

A quality assurance system was in place to monitor the service. Monthly audits and safety checks were completed.

People were supported to maintain their health and nutrition. Fairleigh House had access to the providers Central Support Team (CST) for specialist advice on behavioural support and speech and language.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

The last rating for this service was outstanding (published 16 January 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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Fairleigh House

## 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

The inspection was carried out by one inspector over two days.

#### Service and service type

Fairleigh House 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.

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. The registered manager for Fairleigh House was also registered for another small home. An assistant team leader supported the registered manager at Fairleigh house.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service. The other people living at the service had limited speech or were non-verbal. We interacted with people, observed and heard staff interacting and supporting people during our inspection.

We spoke with ten members of staff, including the registered manager, assistant team leader, support workers and housekeeper.

We reviewed a range of records. This included two people's care records and five medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

After the inspection we spoke with three relatives and one medical professional who regularly visits the service.

# 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.

### Assessing risk, safety monitoring and management

- Risks people may face had been identified and clear guidance given for staff to manage these risks. This enabled people to take part in activities they enjoyed and access their local community safely.
- Clear, concise person-centred positive behaviour support plans were in place where people may display behaviour that challenges. These detailed the signs that people may show if they are becoming anxious and the steps staff could take to reduce this anxiety.
- All staff had completed CITRUS (Creative Intervention Training Responses for Untoward Situations) training. Clear CITRUS plans were in place detailing the distraction, breakaway and physical restraints to be used if a person became agitated. These explicitly stated where physical restraint was not to be used and that it was always a last resort when all other options had been tried.
- People's anxieties were well managed, as staff knew people well, which meant there were few instances of challenging behaviour at the home.
- Weekly and monthly checks of the fire systems and health and safety were completed. People had personal emergency evacuation plans (PEEPS) which informed staff and the emergency services of the support each person would need to evacuate the building in the event of an emergency.
- Fairleigh House is an older building and some areas, for example the kitchen work surfaces, looked tired. Maintenance work was planned when one person was going on holiday to reduce the disruption for them. The provider employed their own maintenance staff to complete repairs and redecorate the home.
- Equipment was serviced and maintained in accordance with the regulations. A six-monthly environmental check was completed to identify any repairs or re-decoration required. The provider then prioritised jobs across all their homes.

### Systems and processes to safeguard people from the risk of abuse

- Staff were aware of the safeguarding and whistleblowing reporting procedures. They were confident that any concerns would be investigated by the registered manager and assistant team leader.
- Relatives said they felt their relative was safe living at Fairleigh House.

### Staffing and recruitment

- Sufficient staff were on duty to meet people's health and social needs. Additional staff were rota'd to work where required. For example, one person couldn't walk as far as they used to so an extra staff member was on duty to support them on a shorter walk, allowing other people to continue with their longer walk.
- The staff were assigned to work either in the main house or the independent flat on the lower ground floor. Staff could cover both, but mainly worked in one or the other to maintain continuity and ensure staff knew people's needs and how to best support them.

- Staff continued to be safely recruited, with all pre-employment checks being undertaken before the member of staff started working at the home.

#### Using medicines safely

- People continued to receive their medicines as prescribed.
- Medicines administration records (MARs) were fully completed. Medicines were checked at each staff handover to ensure they had been administered as prescribed.
- People were not prescribed 'as required' medicines. Care plans were in place for the use of over the counter medicines, for example pain relief, if needed. These included details of how the person would indicate non-verbally that they needed the over the counter medicine.
- An annual observation of staff administering medicines was completed by the assistant team leader or registered manager.

#### Preventing and controlling infection

- The home was visibly clean. A domestic member of staff was employed to clean the house.
- A member of staff was nominated as the infection control champion and had completed additional training courses for infection control. They completed weekly and monthly checks, following an NHS infection control audit. They also discussed infection control during staff meetings.

#### Learning lessons when things go wrong

- Incident reports were detailed and were reviewed by the registered manager, assistant team leader and the provider's practice manager.
- Any changes in people's moods or behaviours were discussed at hand overs, team meetings and staff supervisions to ensure all staff were consistent in their approach.
- There had been few incidents at the home, due to the staff knowing people and how to de-escalate any anxieties before they developed any further.



# 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.

Staff support: induction, training, skills and experience

- Staff were very positive about the training and support they received. Staff said, "We get enough training; it's one of the things the company prides itself about" and "There's ongoing refresher training throughout the year; both work books and face to face."
- New staff were extremely positive about their induction training and support when they first started. One said, "The induction was amazing, really mind blowing and very refreshing. It was a lot better than my last job." They completed initial training and then shadowed experienced staff for two weeks. This enabled them to get to know people, their needs and routines and to read people's care plans.
- New staff also completed a workbook, which met the standards of the Care Certificate and included observations of the staff member whilst supporting people. The Care Certificate is a set of standards social care workers should follow in their daily working life.
- Staff had regular job consultations (supervisions) with the registered manager or team leader and an annual appraisal. Staff said these were open discussions about the people they supported, training and if they had any concerns.
- The provider encouraged staff development, with staff able to complete structured internal and external courses to become assistant team leaders or practice leads. Staff were promoted from within the company wherever possible.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People continued to be well supported to maintain their health. Clear health action plans and hospital passports were in place. Hospital passports provide brief details of people's support and communication needs for medical professionals in the event they needed to be admitted to hospital.
- The provider had central services team (CST) to provide specialist support to people for communication, swallowing and positive behaviour support. CST could assess people's needs, develop care plans to meet the identified needs and tailor staff training meet people's specific needs.
- Appointments were made with a range of medical professionals as required. One told us, "It's a pleasure to go there (to Fairleigh house). They (the support staff) know [name] and always have any information I need available." They also said that the staff always followed any guidelines given to them.
- Staff had successfully advocated on one person's behalf to ensure they received the medical treatment they needed.

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

- People's nutritional needs continued to be met. Care plans reflected people's nutritional needs.

- The home and provider promoted healthier eating. The domestic staff member cooked the main meals, using fresh vegetables. They said, "I include veg into a meat dish, so people will eat it, like grating carrots into the shepherd's pie. We also have two different veg each day."
- Two main meals were made each day so people could choose what they wanted to eat.
- Referrals were made to the internal CST team if there were any concerns about people's swallowing. Guidelines were in place for staff to prompt people to reduce the risk of choking.

Adapting service, design, decoration to meet people's needs

- People's rooms had been personalised, whilst also recognising that some people with autism did not want a lot of things in their room as they found them to be overly stimulating.
- One person living at Fairleigh House had some favourite items in one of the lounges. It was very important to them that these items were always in the same place, which the staff team respected.
- One of the two lounges was a quieter room which enabled people to have space to relax in a quieter environment if they wanted to.

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

- People had lived at the home for many years. There were no plans for anyone else to move to Fairleigh House, which was 'a home for life' for the people living there.
- The practice manager for the provider completed assessments of needs for people moving into any of the providers homes. The assessment was reviewed to ensure the person's needs could be met and they were compatible with people already living at the home.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA.
- Capacity assessments had been completed. Where people lacked capacity DoLS applications had been made.
- Decision specific best interest meetings had also been held where a person lacked the capacity to make a decision for themselves, for example for medical treatment.
- CCTV was used to remotely monitor one person's behaviour in a specific area of the flat. A best interest decision clearly set out why this was required and was the least restrictive option available.

# 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 outstanding. At this inspection this key question is now good. 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 observed people were relaxed and settled with the staff team and sought them out when they wanted something. We saw and heard positive interactions throughout our inspection. Many members of staff had worked at Fairleigh for many years and had formed strong relationships with people.
- Relatives were all positive about the support provided at Fairleigh and the staff team. One told us, "[Name] is settled, happy and receives excellent care from the staff. They (the staff team) are all very dedicated; I can't give them enough praise."
- People's cultural needs were being met. For example, two people attended the Manchester Caribbean carnival and culturally appropriate food was prepared.

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

- People's communication needs were assessed. Communication care plans identified how people communicated what they wanted, for example through gestures or taking staff by the hand and leading them to what they wanted. Staff knew how each person would communicate their needs to them.
- People's likes, dislikes and information about their family and friends was recorded. A one-page profile was used to give an overview of people's support needs and preferences.
- People's body language and mood was monitored after an activity or support to gauge what they thought of it. Eight individual mood symbols were used to indicate this on the daily record sheets.
- Relatives said that they were involved in reviewing and agreeing people's care plans. One person said, "Yes I'm fully involved in the care plans."
- Advocates were involved to ensure decisions were made in people's best interests if they did not have the capacity to make the decision themselves, for example consenting to living at Fairleigh House or health issues.

Respecting and promoting people's privacy, dignity and independence

- Staff clearly explained how they maintained people's privacy and dignity, both at home and when they were supporting people in the community.
- People were supported and encouraged to complete tasks on their own or with staff. For example, one person liked to fold clothes after they had been washed and hoover. Another person liked to help staff prepare sandwiches before going out.
- A member of staff said, "It's part of our ethos to allow someone to do something for themselves even if it takes longer. We then give praise afterwards to give them a boost; even if it's the smallest little thing."

- People's information was kept confidential by securely storing it in a locked cupboard.

# 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 outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Clear, detailed person-centred plans and essential lifestyle plans were used to identify the support people needed and their daily routines. These provided a clear understanding of people's individual support needs and preferences.
- Staff recognised the importance of the daily routines for people with autism. Staff knew people really well and knew how to distract and support people if they were anxious, which reduced the incidents of challenging behaviour. A medical professional told us, "You can see the improvement for [name] in their demeanour; they're much more relaxed now as they know their routine and he's comfortable with the staff."
- New staff said they read the plans as part of their induction. All the staff we spoke with knew people's needs, the support they needed and how they communicated what they wanted.
- Relatives said they were involved in agreeing and reviewing the plans.

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.

- Visual planners were used to support people to know what was planned for the day.
- Social stories, using photographs of the person, culturally appropriate symbols and simple sentences, were used to help people gain skills and understand social situations better. For example, a social story was used to explain how one person could keep themselves safe when at home on their own.
- One person used a mixture of Makaton (standard signs and symbols to help people communicate) and their own signs. The CST speech and language therapist had developed a booklet, with photographs, of the main signs this person used.

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

- Regular activities and community engagement were key parts of the organisation's ethos. The provider employed trained staff to lead walks, manage the organisations riding stables and arrange craft sessions. All the staff we spoke with were enthusiastic about the activities people did. They felt that the reason there were so few incidents of challenging behaviour at Fairleigh House was because people had daily activities and had the opportunity to go out every day.
- People had agreed activities for each day. For most people this involved going out on activities, for

example walking, swimming or for a drive and lunch out.

- People were also supported to be part of their local community. People were known locally, for example the local pub now reserved one person's favourite table for them each week. People were involved with staff when out locally, such as getting food items from the shelves and packing the shopping bags. A staff member at a local supermarket said, "We see [name] every week; he's always willing to help."
- One person preferred to stay at home and 'potter' around the house. They had been supported to understand how to safely stay in the house on their own for short periods and completed many jobs around the house, for example washing up, folding clothes and putting them away.
- The recruitment process clearly specified that staff would be supporting people to go out in all weathers. The company bought staff supporting people who went out walking every week walking boots and waterproof clothing.
- People had access to their own transport and enjoyed going out for a drive with a stop for lunch or a drink. Staff said, "We give [name] a choice of where he wants to go, for example Southport or Rhyl for the day rather than telling him where we are going." This had reduced the person's anxiety and agitation when going out.
- Staffing was adapted to meet people's individual needs when out on activities. An extra staff member now worked on one day to support one person who could not walk as far as they used to. They were supported to walk for as long as they were able to, allowing the other people to continue to walk further.

Improving care quality in response to complaints or concerns

- Fairleigh House had a complaints policy in place.
- Relatives said they would speak directly to, or email, the staff or managers if they had any concerns. Any issues had then been sorted out. One relative said, "If I ask a question they will always get back to me if they can't answer straight away."
- As a result, no formal complaints had been received in the last 12 months.

End of life care and support

- No one was at the end of their life at the time of our inspection.
- A 'Thinking Ahead' document was used to discuss with relatives and record people's wishes at the end of their lives. This detailed preferences for funeral arrangements, any favourite music or items that they wanted.

# 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

- The ethos for the provider and Fairleigh House was clear throughout the service; to support people to engage in the activities they wanted to and be involved in their home and local community.
- The service used a plan of daily activities to reduce people's anxieties and potential agitation. Staff knew people very well and were able to recognise if people were anxious and provide the distraction and support to manage this. As a result, there were very few incidents of challenging behaviour at Fairleigh House.
- The provider had arranged for staff to complete stress management training as they recognised the importance of the staff members mental and physical well-being. Staff also had access to a comprehensive employee assistance programme which included a confidential 24-hour self-referral advice line to help them access support.

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

- Staff were clear and enthusiastic about their roles in supporting people to be involved around the house and active; each person had a plan of the activities they did each day.
- A quality assurance system was in place. A monthly 'periodic service review' (PSR) was completed. This checked a range of areas of the home, including care plans, medicines, activities, incidents, infection control and staff job consultations (supervisions) completed. The PSR was reviewed by the central practice manager and actions agreed for any shortfalls identified.
- The apprentice assistant team leader from a sister home had completed a file audit for one person at Fairleigh House in July 2019 as part of their development course.
- A comprehensive set of policies and procedures was available for staff to access via a secure log in on the computer. This enabled staff to have access at any time to the latest up to date policies.

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

- People were known in their local community, using the local supermarkets, shops and pubs. Regular activities enabled people to develop relationships with the staff running these, for example using a local canal boat each week.
- Relatives said they were involved in the service and kept fully informed about any changes in their relative's support needs or health. Relatives were invited to attend all reviews.
- Staff were enthusiastic about their role and were able to discuss people's support, ideas or concerns they

had during team meetings and job consultations (supervisions). They said the registered manager and assistant team leader were approachable and supportive.

- A 'Voice and Action' staff group was run by staff for staff, so they could discuss any topic they wanted to raise, without managers being present. Ideas from the group were taken to the management steering group for consideration.
- Staff spoke positively about the training provided and the opportunities to develop their skills and progress in the organisation if they wanted to.
- The provider sent out an annual survey for families. The results were collated across the whole organisation and for each house. The responses for 2018 were seen to be positive.

Continuous learning and improving care; 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

- All changes in people's needs and behaviours were reviewed, and their support altered accordingly.
- The registered manager was aware of their responsibility to be notify the CQC of serious incidents or injuries.
- The registered manager attended the local authority provider meetings. Information from national organisations such as the British Institute of Learning Disabilities (BILD) was discussed at the quarterly provider management meetings.

Working in partnership with others

- The service worked well with medical professionals and specialists to meet people's complex care needs. The provider's central support team enabled people to access some specialist support (speech and language, behavioural support) quickly when required.
- The provider contracted an external organisation to provide positive behaviour support training and support. This collaboration had resulted in the organisation and the provider getting an innovation award in 2018 from BILD.