

Fairview Resources Ltd

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## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service effective?	<b>Inspected but not rated</b>
Is the service caring?	<b>Inspected but not rated</b>
Is the service responsive?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

This inspection took place on 6 December 2018 and was the first inspection since the service was registered with the CQC in December 2017.

Fairview Resources Ltd is a domiciliary care agency. It provides personal care to older people living in their own houses and flats in the community. Not everyone using this service receives the regulated activity; The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

On this inspection we were unable to provide the service with a rating. This is because the service had not been providing care and support to enough people over a long enough time period for us to review.

The service did have a registered manager. 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.

People told us the service did not always provide their care visits on time. The registered manager was in the process of launching an electronic staffing rota and monitoring system which should help ensure visits were on time and for the appropriate length of time.

Safeguarding systems were in place and safeguarding investigations were completed when required.

Recruitment procedures were in place and measures were in place to ensure people were supported by appropriate staff.

Risk assessments were in use however they did not always clearly show what action was required to reduce the known risks to people.

Systems were in place to support people with their medicines however at the time of the inspection nobody was receiving this support.

Systems were in place to implement infection control practices however we received mixed feedback from people about whether staff always followed these practices.

Incidents and accidents were recorded and the registered manager was keen to learn and share good practice.

Further work was required to ensure people with mental capacity assessments clearly had specific decisions

recorded about their care.

Staff received an induction and the registered manager planned to enable staff to complete the Care Certificate. Training was focussed on the needs and potential needs of people using the service.

The registered manager understood the requirement to provide supervision to staff about their performance but at the time of inspection, had not done so as staff had not been in their roles for a long period of time.

At the time of inspection, people did not require support to manage their nutritional needs however staff had a good understanding of this in the event it would be required in the future.

Staff worked with people and their families to ensure people's healthcare needs were met effectively.

People told us the staff were nice. Staff worked to understand people's needs.

Plans were in place to ensure people and their relatives were involved in reviewing people's care.

People were asked about their cultural practices and beliefs in order for staff to offer support.

People were supported to maintain their dignity and staff took action to protect this.

Staff showed compassion and had caring attitudes towards the people they supported.

People had care plans in place however they did not always fully reflect people's care needs

Systems were in place to review care plans however at the time of inspection, nobody had been using the service long enough for a review.

People knew who the registered manager was and gave mixed feedback about whether they resolved issues effectively, particularly around the timeliness and consistency of staff.

Systems were in place for people to provide their feedback however at the time of inspection, this had not been utilised by people using the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> Details are in our findings below.	<b>Inspected but not rated</b>
<b>Is the service effective?</b> Details are in our findings below.	<b>Inspected but not rated</b>
<b>Is the service caring?</b> Details are in our findings below.	<b>Inspected but not rated</b>
<b>Is the service responsive?</b> Details are in our findings below.	<b>Inspected but not rated</b>
<b>Is the service well-led?</b> Details are in our findings below.	<b>Inspected but not rated</b>

# Fairview Resources Ltd

## 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.

We gave the service 24 hours' notice of the inspection visit because it is a small domiciliary care service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. At the time the inspection started, the service was supporting two people with their personal care needs.

The inspection was completed by one inspector. The inspection site visit activity started on 5 December and ended on 6 December. It included telephone calls to people and their relatives using the service, or having recently used the service. We visited the office location on 6 December to see the manager and to review care records and policies and procedures.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service. We also contacted health and social care commissioners who place and monitor the care of people using care services, the local authority safeguarding team and Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

During our inspection, we spoke with two people who had used the service and one person's relative. We also spoke with two members of staff and the registered manager.

We reviewed three staff files and the care records for four people who used, or had recently used the service. We also looked at other information related to the running of and the quality of the service. This included

quality assurance audits, training information, staffing rotas, and arrangements for managing complaints.

## Is the service safe?

### Our findings

People told us they were not confident in the reliability of the service. One person said, "Sometimes they would come late, which sometimes meant I missed an appointment." Another person's relative said, "I'm considering a new company, I can't risk them not turning up, I can't be let down."

Staff told us the rota was set up to allow for travelling time, to help avoid staff being late for their visits. The service was in the process of transferring to a new system which would help keep better control and awareness of where staff were, and if necessary, could alert people or their relatives if staff were running late. Staff told us if they were running late they always tried to call people to let them know however we could not confirm this with people who used the service..

The registered manager understood the importance of the consistency of care and told us they made attempts to ensure people were supported by the same carers. At the time of the inspection, the service employed a small number of carers which ensured this could happen and the registered manager was committed to this if the service grew bigger.

The service had appropriate recruitment practices in place. Records confirmed that references were obtained from previous employers before new staff were able to provide care for people and Disclosure and Barring Service checks were also completed. These are checks to make sure that potential employees are suitable to be working in care.

People had risk assessments in place however these were not always fully completed. For example, one person's risk assessment to review if they were at risk of developing pressure sores did not clearly highlight if the person was at risk, or what action was required.

Staff understood the requirement to manage people's medicines correctly however at the time of inspection staff were only supporting one person with a prescribed cream. Staff told us they completed a Medication Administration Record (MAR) chart and these were sent to the community nursing team to review.

Safeguarding systems were in place however staff had not always recognised when they should report an incident to the registered manager. The registered manager investigated safeguarding incidents and took appropriate action when necessary.

Staff had access to personal protective equipment which helped maintain infection control practices. However, one person's relative told us they were unhappy that staff did not always follow good hygiene practices and sometimes used the same flannel whilst washing different body parts. We saw that one person's care plan recorded that staff should use gloves before supporting them with their personal care needs.

The registered manager recognised that the service was in its infancy and was committed to learning how it could continually improve. We saw that following one incident, they had reviewed the incident, asked for

people and their relatives views and identified what changes could be made. The registered manager told us they were committed to learning from incidents, and discussed areas with staff where they could improve.



## Is the service effective?

### Our findings

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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. Fairview Resources Ltd had an understanding of the requirements of the Act but further work was required to ensure that specific decisions were clearly recorded.

People's needs were assessed before people used the service. The registered manager had an understanding of some of the limitations of the service and did not always accept everyone that wished to use the service. For example, at the time of inspection, the registered manager had recognised they would not be able to offer support for specific mental health conditions. The pre-assessments reviewed the support people required with their personal care needs to ensure people's needs could be met before they began to use the service.

Staff were supported with an induction into the service. New staff shadowed the registered manager and completed double up calls until they had completed their training and were competent in their roles. The registered manager had committed that new staff would complete the Care Certificate and this was in the process of being implemented at the time of inspection.

Staff were supported with training to meet people's specific needs. The registered manager tailored training to reflect the needs of the people that used the service. For example, in addition to basic training the registered manager had arranged for healthcare professionals to train the care staff in Motor Neurone Disease and PEG feeding (A PEG (Percutaneous Endoscopic Gastrostomy) is a way of introducing food, fluids and medicines directly into the stomach by passing a thin tube through the skin and into the stomach). The service had not been running long enough to review if staff completed regular and refresher training to ensure staff maintained their skills.

The registered manager understood the requirement to provide supervision and feedback to staff about their performance. Staff had not been working at the service for a significant period and were still on their induction. The registered manager told us they had planned to complete regular supervision meetings and complete unannounced spot checks when staff were fully trained.

At the time of inspection, the service was not supporting anyone with their nutritional needs. People's care plans had information about the support they received to meet their nutritional needs by their families.

People were supported to manage their healthcare needs. People using the service were supported by family members to help with their healthcare needs however staff had an awareness of what they were, and had on occasion requested the assistance of a healthcare professional when they had identified one person may require medication. Staff worked with people and their families to ensure people's healthcare needs were met.

The registered manager had a good knowledge about the involvement of other professionals involved in the care of people using the service, and liaised with them where appropriate. For example, the registered manager had a good knowledge of the involvement of a Speech and Language Therapist (SALT) and the guidance they had provided.

## Is the service caring?

### Our findings

People and their relatives told us that staff were nice people. One person who no longer uses the service said, "The carers were always kind to me." Staff working at the service understood the importance of treating people well and showing empathy. The registered manager told us there had been an incident when there had been a misunderstanding between the staff and a person. This had caused all parties upset and the registered manager was keen to rebuild relationships and ensure their needs and preferences were fully understood.

The registered manager confirmed that people and their relatives would be involved in reviews of their care. People confirmed that they had been involved in deciding on their care plan but had not yet been involved in any regular reviews as they were new to the service.

People were asked if they had any cultural preferences or beliefs that the service could support them with, or be aware of. At the time of inspection, the service was not supporting people with this need.

Staff told us they treated people with dignity. For example, whilst supporting people with a body wash they ensured people's bodies were kept covered up with a towel, to help respect their privacy. In addition, arrangements had been made to ensure people had privacy whilst receiving support with their personal care if other family members or visitors were present.

Staff were keen to provide additional support when people were struggling or had times of need. For example, following the death of one person's loved one, staff had spent the day providing emotional support and assistance to the person and their loved one.

People's information was stored securely at the office and staff understood the importance of confidentiality and privacy.

The registered manager had a good understanding of advocacy services and how this could be used for significant decisions, or if people required independent support to make decisions about their care. An advocate is a trained professional who supports, enables and empowers people to speak up. At the time of inspection, nobody required the use of an independent advocate.

## Is the service responsive?

### Our findings

People had care plans in place which reflected their care needs. The care plans provided guidance to staff about how people liked their care. Care plans contained information about people's preferences, for example, if they had a preference for male or female care staff. We found that each care plan was tailored to reflect each person's needs however they did not always clearly reflect who was responsible for what care needs when those needs were shared with family members.

The registered manager committed to reviewing and updating people's care plans at regular intervals, or when their care needs changed. At the time of inspection, nobody using the service had done so for longer than two weeks and the care plans had not required an update.

Staff had an understanding of people's communication needs and made efforts to make this as easy as possible for people. The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. Staff told us that they encouraged one person to type out their requests for support if they were unable to use their voice. Staff told us people's communication methods changed on a daily basis depending on their health, and they worked with people to empower them and ensure their preferences were respected.

The registered manager had a complaints procedure in place. If people expressed concerns about the service they were asked if they wished to make a complaint. The registered manager was keen to obtain feedback from people and reflect on where improvements could be made. At the time of inspection no complaints had been made.

The service did not currently provide end of life care.

## Is the service well-led?

### Our findings

The service had 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.

People and their relatives gave mixed feedback about the registered manager. People were not always assured that they could have their issues resolved, for example with the timeliness of their care visits or the consistency of care. The registered manager worked to make improvements to the service and had plans to introduce an electronic monitoring system which would make it easier to review if staff were on time for care visits, and if they stayed for the appropriate amount of time. This system was not yet in use and had not yet been tested.

The registered manager confirmed that either they or a senior member of staff ensured they regularly completed care for people. They wanted the culture to be open and transparent and this approach would help to keep open communication with the management.

Feedback forms were given to people who used the service and the registered manager hoped to use these as part of the supervision for staff. At the time of inspection, these had not yet been completed by people using the service. However, we saw an external feedback review had been completed which commended the service. It said, "Carers were professional and very caring and thorough. They turned up on time most of the time and when they were late they let me know."

The registered manager recognised that quality assurance procedures were required and the spot checks, electronic monitoring, feedback forms, visits to people using the service and reviews of care plans and daily records would be used to review the quality of the service. However, at the time of the inspection there was insufficient information for the registered manager to thoroughly review.

At the time of inspection, no statutory notifications had been received, however following the inspection, the registered manager submitted a notification that was required. The registered manager understood the requirement to display their CQC ratings in a prominent place following an inspection, and to clearly display this on any website they may operate.