City Care Partnership Limited

Fairleigh House

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 13 and 14 October 2016 and was announced. The provider was given 48 hours' notice because it was a small service and people were often out in the local community during the day. We wanted to make sure someone would be in.

We last visited the service on 4 August 2014 where the provider was found to have met all the regulations we inspected.

Fairleigh House provides support and personal care for up to seven people with learning disabilities. There were seven people living at the home at the time of our visit. There were five single rooms, a semi-independent flat on the top floor and an independent flat on the lower ground floor.

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 person we spoke with and relatives told us that the service was exceptionally caring. Staff were highly motivated and demonstrated a clear commitment to providing dignified and compassionate care and support. Staff used creative and inclusive ways to make sure that people had accessible and tailored methods of communication.

The person with whom we spoke and relatives described the responsiveness of staff as "outstanding." Staff found inclusive ways to meet people's needs and enable them to live as full a life as possible. An extremely creative activities programme was in place to help meet people's social needs.

People were actively encouraged to give their views and raise concerns or complaints. Various inclusive and effective feedback systems were in place to obtain people's views.

People told us that they felt safe living at the service. There were no ongoing safeguarding concerns. Medicines were managed safely. We checked medicines administration records and noted that these were completed accurately.

Checks were carried out to ensure that applicants were suitable to work with vulnerable people. This included obtaining written references and a Disclosure and Barring Service check [DBS]. People told us and our own observations confirmed that there were sufficient staff deployed to meet people's needs.

Staff followed the principles of the Mental Capacity Act 2005. The manager was strengthening the service's records with regards to the documentation of any decisions relating to mental capacity to ensure that it was clear how the MCA was followed.

People's nutritional needs were met and they had access to a range of healthcare services.

There was an effective system in place to monitor the quality and safety of the service. Various audits and checks were carried out. Actions were taken when any deficits in standards were identified. We looked at the maintenance of records. We saw that care files were stored securely. The manager was able to locate all records we requested promptly.

There was evidence that people and staff were involved in the running of the service. Feedback systems were in place to obtain people's views. Meetings and surveys were carried out. Staff told us that morale was good and they enjoyed working at the service.

The manager had submitted notifications to CQC in keeping with their obligations under the Care Quality Commission (Registration) Regulations 2009.

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.

There were no ongoing safeguarding concerns.

Recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people.

There were sufficient numbers of staff deployed to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff told us and records confirmed that training, supervision and appraisals were carried out.

Staff followed the principles of the Mental Capacity Act 2005 in their work.

People's nutritional needs were met and they were supported to access healthcare services.

Is the service caring?

Outstanding

The service was very caring.

The person with whom we spoke and relatives told us that staff were exceptionally caring.

Staff were highly motivated and committed and spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did.

Staff used creative ways to make sure that people had accessible, tailored and inclusive methods of communication

Is the service responsive?

Outstanding

The service was exceptionally responsive.

Those we spoke with described the responsiveness of staff as "Outstanding" and said they went "above and beyond."

Staff found inclusive ways to meet people's needs and enable them to live as full a life as possible. A creative activities programme was in place to help meet people's social needs.

There was a complaints procedure in place. Excellent feedback systems were in place to obtain people's views.

Is the service well-led?

Good

The service was well led.

An effective system was in place to monitor the quality and safety of the service.

Staff told us that morale was good and they enjoyed working at the service.

There was evidence that people and staff were involved in the running of the service.

Fairleigh House

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 13 and 14 October 2016 and was announced. The service was a small service and people were often out in the local community and we wanted to make sure someone would be in. The inspection was carried out by one inspector.

Prior to the inspection, we contacted the local authority commissioning and safeguarding adults teams. We also checked all the information which we had received about the service including notifications which the provider had sent us.

We did not request a provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

Most people used non-verbal communication methods to communicate with us which included using eye contact, gestures and actions. One person was able to verbally communicate their opinions of the service. Following our inspection, we contacted four people's relatives by telephone to obtain their opinions of the service.

We spoke with the nominated individual, manager, the provider's speech and language therapist [SaLT], assistant team leader, apprentice team leader, three support workers and the house keeper. We also contacted a member of support staff at the weekend to find out how care was delivered on various days.

Following our inspection we contacted a local authority care manager, GP, community dentist, neurologist, chiropodist and the provider's clinical psychologist. We also contacted the owner of a local farm shop, a team leader from the local restaurant which people visited and the director of a canal boat company.

Good

Is the service safe?

Our findings

The person with whom we spoke told us that she felt safe. She said, "I feel safe – the staff make me feel safe. The door has a code on and they have a waking staff member." Relatives told us that they considered their family members were safe. One relative said, "There is no way she would be safe anywhere else."

Health and social care professionals told us they considered that people were safe. The chiropodist told us, "They are aware of the signs which may indicate a change in people's behaviour."

There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they would take if abuse were suspected. There were no ongoing safeguarding concerns.

We checked staffing levels at the service. The person with whom we spoke, relatives and health and social care professionals told us that there were sufficient staff to meet people's needs. Comments included, "There is always enough staff and there are always two staff with [name of person]" and "Yes, I think that there are enough staff." We saw that people were able to access the local community because there were sufficient staff to support them. Staff carried out their duties in a calm unhurried manner and had time to provide emotional support.

We spent time inspecting the premises. Checks and tests had been carried out to ensure that the premises were safe such as electrical and gas safety tests. Fire safety checks had been carried out.

Accidents were documents and analysed to ascertain if there were any trends or themes. We noted that none were identified. There was a contingency plan in place which gave staff guidance about what actions they should take in an emergency to help ensure that people remained safe.

We checked the management of medicines and found that they were managed safely. We looked at medicines administration records and saw that these were completed accurately. Medicines were stored in a locked filing cabinet which was secured to the wall. Staff informed us that temperatures within the medication storage area were not checked to ensure that medicines were stored within the recommended temperature. Following our inspection, the manager told us that temperatures were now being monitored. There was a safe system in place to receive and dispose of medicines.

We examined staff recruitment. Checks were carried out to ensure that applicants were suitable to work with vulnerable people. This included obtaining written references including one reference from the applicant's previous employer and a Disclosure and Barring Service check [DBS]. The DBS carry out checks to help employers make safer recruitment decisions and help prevent unsuitable staff from working with people who use care and support services. The manager told us that there was a three stage interview process in place which consisted of an initial telephone interview, followed by a face to face interview with herself and a third interview which involved the prospective staff member joining people on an activity, so she could assess how they interacted with people.

Risk assessments were in place which had been identified through the assessment and care planning process. We read the provider's website which stated, "At the core of our philosophy is our mission statement 'Manage risk, Maximise life', a statement that underpins our approach. We firmly believe that people grow and develop by exposure to new and stimulating experiences. We work closely with the people we support to ensure that they can learn from these experiences. To achieve this in a safe and manageable way we develop comprehensive risk assessments and management plans that allow individuals the opportunity to take measured and calculated risks in order to reach their full potential." This approach was confirmed by our own observations and feedback we received from relatives and health and social care professionals. One relative said, "[Name of person] is safe there. They monitor [name] when they are out – they are very good."

We noted that risk assessments had been completed for accessing the horse riding stables, the canal boat and specific areas relating to people's behaviour. We spoke with the nominated individual who was also the risk manager. He told us, "We have a traffic light system and any slight change in behaviours, staff will contact me. We have set plans in place which have been developed with the psychologist and any change in behaviours, staff know to email or phone." This meant that risks were minimised and action was taken in a timely manner to help keep people safe.

Good

Is the service effective?

Our findings

The person with whom we spoke and relatives told us that staff effectively met people's needs. Comments included, "Yes, they all know what they are doing" and "There is a stable staff team who know [name of person's] needs." The chiropodist said, "The training must be comprehensive – they know all about people's medicines and the record keeping is good."

Staff told us that there was sufficient training to enable them to meet people's needs. Comments included, "I think the training is excellent here" and "There is definitely enough training."

All staff went through a system of training that started with induction training to make sure they worked competently and safely. New staff completed the Care Certificate. The Care Certificate is a set of standards that health and social care workers follow in their daily working life Staff then progressed to diploma level training in health and social care.

Training had been specifically designed around people's individual needs so that staff had a clear understanding of how to support people effectively. The provider's Central Support Team [CST] provided bespoke training including Makaton and autism. The CST consisted of a clinical psychologist, speech and language therapist [SaLT], autism lead, two assistant practitioners and was overseen by the CST manager. Some staff had also completed positive behavioural support training [PBS]. PBS involves understanding why an individual exhibits behaviours which challenge and addresses the issues that trigger the behaviour. All staff were trained in Creative Intervention Techniques in Response to Untoward Situations [CITRUS]. The techniques were intended to prevent and manage aggression safely and with minimal intervention from staff. This meant that training to meet the specific needs was provided to ensure that people's needs were met effectively.

The service had been awarded the Dignity in Care, Daisy Award by Manchester Local Authority. The Dignity Award is part of Manchester City Local Authority's work to promote best practice in relation to the care of adults and is awarded following a series of assessments. We read comments from the Dignity Award assessment relating to staff training around this area. This stated, "11 completed workbooks were received…All were carefully completed, used examples to illustrate points being made and showed an excellent understanding of the aims of the home, namely to provide a person centred care package for each resident, promoting their independence, freedom of choice, health and well-being and inclusion in the community… Enthusiasm for training to achieve better understanding and performance was clearly evident especially among the newest staff members."

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Staff had regular supervision sessions known as 'job consultations.' Supervision and appraisals are used to review staff performance and identify any training or support requirements.

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. 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. The manager had assessed whether people's plan of care amounted to a deprivation of their liberty and had submitted six DoLS applications to the local authority in line with legal requirements which had been approved.

We found that staff were following the principles of the MCA. Close circuit television [CCTV] was used in one person's accommodation. Staff and relevant health and social care professionals had assessed the use of the CCTV camera and had balanced the person's right to privacy with the assessed risks to their health and wellbeing to ensure that this was the least restrictive option for the individual. The CCTV camera was only triggered when the person was in a certain area of their accommodation which meant that the person was not continuously filmed and was still able to have their own private space.

The manager was strengthening the service's records with regards to the documentation of any decisions relating to mental capacity to ensure that it was clear how the MCA was followed.

We checked how people's dietary needs were met. One person said, "We eat very well here." People's dietary needs were documented in their care plans. One care plan stated, "My food needs to be chopped small." Staff were knowledgeable about people's likes and dislikes. One member of staff said, "[Name of person] loves an apple after any activity." The kitchen was well stocked with fresh produce such as fruit and vegetables and snacks were also available. People's weight was monitored and action was taken if any concerns were highlighted.

We saw evidence that staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed, for example consultants, GP's, the chiropodist and dentist. Each person had their own health action plan. A health action plan is a personal plan which states what people need in order to stay healthy. One person told us, "I've been to the dentist for an appointment – it's up to us whether we want staff to come in with us" and "[Name of speech and language therapist] looks at emotions and your self-esteem. She helps me with how I am feeling." A relative said, "They are outstanding, the will ring me and tell me if anything is wrong – they have phoned me previously and they were already on the way to the doctors – they are very good." The CST team carried out assessments, devised support strategies and developed communication aids. This meant that staff worked with various health and social care agencies and sought professional advice, to ensure that the individual needs of the people were being met, to maintain their health and wellbeing.

Outstanding ☆

Is the service caring?

Our findings

The person, relatives and health and social care professionals were extremely complimentary about the caring nature of staff. The person told us, "It's like one big family here" and said that staff went "the extra mile" for them, when providing support. Comments from relatives included, "They are outstanding, they know what [name] likes," I think the staff are excellent. He has comradeness here, they do a fantastic job," "I am very happy – he has been there a number of years. He has a good relationship with staff. I have respect for the support and care they give," "I would rate them as outstanding… I have never seen [name of person] sad or unhappy," I feel that the staff really do genuinely care. They have a stable staff team." Both the canal boat owner and farm shop assistant told us that staff were very caring with people." The chiropodist said, "The staff are caring they treat the clients as individuals and know what makes them happy and calm." The dentist told us, "The staff have always been helpful, welcome and accommodating. They know the residents so well and are able to gauge them and know how they are feeling. They will say, 'I don't think now is the right time [for treatment]'…They have the same staff which is helpful." The team leader from a local restaurant said, "They [staff] are brilliant – definitely caring. They are really good with the people and involve them in conversations. They all get on well and they appear really close – they treat them as though they are family."

Staff were highly motivated and committed and spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. Comments from staff included, "The hearts of the team are with the clients," "Everything is [name of person's] choice," "The guys [people] get the best care ever," "There is no divide – no them and us. Staff will eat with people, we all just chip in - it's the way it should be." This was confirmed by the person with whom we spoke. They told us, "I think it's good here because everyone is nice and we are all equal and no one is different." The SaLT told us, "It feeds my soul coming here." We read an extract from the Dignity Award assessment the service had undertaken recently which stated, "Dedication to their work and concern for their residents shines throughout as brightly as it did in discussions with the staff."

Most people with whom we spoke did not use speech to communicate. It was clear however, from their signs, body language and interactions with their staff that they liked and enjoyed the support they received.

Staff used creative ways to make sure that people had accessible, tailored and inclusive methods of communication. The SaLT told us about the "intense interaction" training that she had delivered at the service and the effect which this had on people's communication. She told us, "It's fantastic - it's about bringing communication back to basics. If [name of person] taps, staff will copy and he is then the teacher and he feels empowered and it increases his interactions with staff, so then he is not in his own little bubble, so then we can build on that. We let [name of person] take the lead and now he will seek staff. One staff member told us, "Before we did the intensive interaction training, [name of person] did not make any eye contact and now he does, you might think it's just a small thing, but it's massive from his point of you." We observed staff interact with the person throughout our visit. We saw the person twirl a towel and staff copied, the SaLT said, "It's communication, there is progression – it's awesome."

We observed one person throughout our visit approach staff to be chased and tickled which staff did with enthusiasm and made the person laugh out loud. We asked the SaLT about these interactions and she told us, "It's intensive interaction, he instigates it – being chased and tickled and this is the way that he communicates. It's about him being happy with someone else – it's about the joy of being in someone else's company." A member of staff told us, "Before with [name of person] it was all about control and containment – it was all very negative, 'You can't do that,' but now it's all about positive interactions – if you can make things fun, he is fantastic." Another staff member said, "A bit of humour goes a long way."

One person used certain Makaton signs to communicate. The SaLT told us, "We use Makaton training with staff…I have done a video which staff can access at any time to refresh their knowledge." This was confirmed by staff. We observed the person using Makaton and staff interpreting the signs and responding to the person's requests.

People had a communication passport. Communication passports create a practical and person-centred way of supporting those who cannot easily speak for themselves." We read one person's communication passport which stated, "[Name of person] tells us he is sad by "Spending time alone just sitting on the couch."

We found the care planning process centred on individuals and their views and preferences. Care plans contained information about people's life histories. We read one person's care plan which stated under the title, what people like about me "My huge smile." Another person's care plan stated, "Great at folding paper." A third stated, "He likes to be in charge of the bread." This was confirmed by our own observations when we saw the person with great enthusiasm put the bread away after their shopping trip. A member of staff said, "It doesn't matter if the bread's a bit squashed that's what [name of person] likes doing." This meant that information was available to give staff an insight into people's needs, preferences, likes, dislikes and interests, to enable them to better respond to the person's needs and enhance their enjoyment of life.

Staff actions promoted people's privacy and dignity. This was confirmed by the person with whom we spoke, relatives and health and social care professionals. One relative said, "They respect her – they are very good." The dentist stated, "During my visits I feel that the staff engage with the residents appropriately, treating them with dignity and their needs are addressed."

We contacted the dignity lead for Manchester local authority who was also a member of the National Dignity Council. She stated that Fairleigh House was a "lovely home." We read an extract from their Dignity Award assessment which stated, "Fairleigh is outstandingly successful in meeting its objectives and aspirations… Fairleigh achieves these things with remarkable attention to all aspects of dignity which is very much the credit of the manager and all of her staff and I have no hesitation whatsoever in commending Fairleigh for the Dignity Award."

The service has a strong, visible person centred culture and was exceptional at helping people to express their views including those who were unable to communicate verbally. People and relatives were involved in people's care and support. The person said, "I am involved in everything." Comments from relatives included, "They always ask me what I think," "I feel involved in [name of person's] care" and "We have relatives' meetings."

The manager and SaLT told us that they were trialling an observational feedback tool at Fairleigh House. The SaLT told us, "The tenants' voice [meeting] is alright for those who have a voice…But we have developed an extra tick box to go on the daily log. It has eight behaviours and is bespoke to each individual, four behaviours which indicate that they like an activity or skill and four which indicate that they don't. It

doesn't need to be a big activity, even a skill where staff think that there is room for improvement. The reason we've done this, is because you can't say to [name of person] did you like that activity, he couldn't reply. So this is much more user friendly and observational, it will help increase their experiences." The manager told us and staff confirmed that they used this observational approach already, however, this new recording format would formalise their observations. The manager said, "We do it all the time, for example [name of person] used to enjoy horse riding, but ever since they have had an issue with their ears, they won't get on a horse now, but they still enjoy being around horses and will walk around with the horse."

People were involved in staff recruitment. One person said, "I have helped with staff recruitment, asking them questions, saying, 'Why do you want to work for the company?'" As part of the interview process, prospective staff were invited to the service to meet people and join in with an activity such as going for a hike. This meant the manager was able to observe how prospective staff interacted and valued those who did not communicate verbally. The manager said, "We look for the core attributes such as caring – that is so important, initiative and communication. It is so important that staff are able to communicate well."

The manager told us that no people living at the home at the time of our inspection had a formal advocacy arrangement in place. She said that people's relatives tended to advocate on their behalf. An advocate is a person who supports the rights and decision making process for another person, should they need support to make their voices heard.

Outstanding ☆

Is the service responsive?

Our findings

The SaLT told us, "Our main ethos is to enhance self-esteem, community presence and quality of life of the people we support. We do so through a variety of avenues such as putting on productions involving the people we support, arranging days out that revolve around individual's preferences and interests, physical activity such as hikes or engaging in paid work or hobbies." These principles were confirmed by the person and relatives with whom we spoke. Comments included, "They do go above and beyond. The relationship the staff have with [name of person] is smashing," "[Name of person] was incontinent when they went there and now they are using the toilet," "They are doing a fantastic fabulous job, they are all so dedicated" and "They are outstanding."

Comments from health and social care professionals included, "I go to quite a few homes and I think that this is one of the best one I go to, I go on a Sunday and they are having Sunday lunch and have been out for a walk, it's just what you or I would do – they are excellent," "When I went on one occasion [name of person] was having a seizure and they dealt with the crisis very well," "They never leave things – [name of person] had an ingrown toe nail and they got me out straight away" and "The staff have always been helpful. They are always welcoming and accommodating. If there is a problem they will contact us…They bring the relevant documentation along and are always knowledgeable."

We read three people's care plans and noted that these were extremely detailed and person- centred. This is when treatment or care takes into account people's individual needs and preferences. Each person had a care plan for every aspect of their lives. These gave staff specific information about how people's needs were to be met. People therefore had individual and specific care plans in place to ensure consistent care and support was provided. The care plans were regularly reviewed to ensure people's needs were met and relevant changes were added to individual care plans.

People had a personal behaviour support [PBS] care plan in place. A staff member told us, "PBS is all about them getting the most out of life, and understanding the reasons behind their actions and about them achieving more." Another staff member said, "It's all about understanding their world, how they see things – it's about understanding what they like." The manager told us, "Everything is person centred – it is a good fit." This was confirmed by the relatives with whom we spoke. One relative said, "They know [name of person] so well, everything revolves around them."

Staff were very knowledgeable about people and knew when they felt secure or were becoming anxious. Staff were able to anticipate if an experience or activity was starting to overwhelm a person. Staff were aware of triggers which could cause a negative effect on people's behaviour. Staff explained that one person liked to be involved in everything, another person liked to have paper and a towel and a third individual did not like any changes to their routine. This meant that certain situations were avoided and triggers minimised to help ensure people's wellbeing.

The service was flexible and responsive to people's individual needs and preferences. Staff found creative ways to meet people's needs and promote their wellbeing. Staff told us how one person used to constantly

chew tobacco. The SaLT told us, "As a result, there were concerns with mouth cancer and other associated health risks. We came up with the idea of gradually replacing the tobacco with beef jerky." One staff member said, "It took ages, we had to weigh out the beef jerky and grate it – but the idea worked." The programme took 12 months and the SaLT stated, "Now [name of person] has 100% beef jerky and no longer eats tobacco."

Staff used inclusive ways of ensuring that people felt involved in their care and support. There was a shopping programme in place for one person. We saw the person had a specially designed Velcro picture pad with an image of a shopping trolley. The SaLT therapist said, "This supports [name of person's] understanding of what happens now and next during a shopping trip. It's a visual support - the things to buy are here and then they will move them into the 'shopping bag.'" We spoke with an assistant from the local farm shop which this person visited each week. She told us, "They come every week. They have been coming for years and we know them all by name. The staff are brilliant with them. [Name of person] is the main one who does the shopping and staff encourage them to say hello and yes they do encourage them with the shopping. [Name of person] has a routine where we give [name of person] the invoice and they give it to the member of staff, that's the way they like to do it."

Staff explained that one person loved Christmas and as soon as he had been on his summer holiday he liked to decorate the home. One staff member said, "He is Christmas's favourite son." Although the shops were not yet selling Christmas decorations, the person enjoyed sticking various household items up around the home. One member of staff said, "It might not look very good, but [name of person] loves doing it, so we don't take the things down." Staff were enthusiastic about the extra 'decorations' which the person put up during our inspection. "That looks lovely [name of person]." The SaLT therapist told us, "There is no research behind why he does this – it's just [name of person] and he loves Christmas – it's all been risk assessed."

We found that staff were very determined and always tried to overcome any obstacles to ensure that people had an enhanced sense of well-being. We read that one person loved music and used to listen to music tapes. Staff told us that the person however, used to unravel the tapes. They therefore looked at different music systems. Staff first tried an iPod system. The SaLT had recorded, "[Name of person] not managing with iPod. Reluctant to change from tapes to iPod." Staff then purchased a blue tooth speaker, but we read "[Name of person] handing back speaker to staff." Finally, staff tried CD's, we read, "[Name of person] chose own CD and taught how to play the disc in the machine." This strategy had been reviewed and staff had stated, "CD's appear to be working. [Name of person] will request CD's and music from staff." This was confirmed by our own observations. We saw the person get the CD player out of the drawer and take it to a member of staff to indicate that they wanted their music. The manager told us, "We never give up, we will try everything." The SaLT said, "There will always be a way around things, it's just sometimes we haven't found out the answer, but we will never stop trying."

The arrangements for social activities were inclusive and met people's individual needs. The person we spoke with and relatives were extremely complimentary about the activities provision at the service. The person told us, "The company is fantastic – it's very activity based. They will find you an activity you like. They have singing and dancing. They do film making, choreography, singing, I've made a few CD's – singing." The staff member said, "Yes – [name of person] is a diva!" Comments from relatives included, "I am very happy – they make such a fuss of [name of person]. There is always something going on" and "He goes on holiday and will send me a postcard. They take him for drives out and he goes all over – I think it is brilliant."

The provider had their own horse stables, kennels and music and art studio which people from Fairleigh House accessed. We spoke with the SaLT about activities provision. She told us, "It is well documented in research that individuals who have learning difficulties and/or autism benefit greatly from physical exercise"

and "The people we support are encouraged to engage in their care as well as horse riding, which has therapeutic benefit - animal assisted therapy."

The service took a key role in the local community. People were encouraged and supported to engage with services and events outside of the service. One person said, "I like going to Primark – I like makeup and having my hair done. I also have a spray tan." People were supported to access the local community on both days of our inspection. One member of staff said, "There's no them or us, we don't wear uniforms or wear name badges." Another staff member said, "We don't care when we're out, we just communicate the way we need to, so if people look at us, then it doesn't bother me, what's important is [name of person]."

We contacted the local canal boat company which the service used. One of the owners of this company told us, "The staff are brilliant. You can see the difference in the clients, the difference in some of them is incredible - they love getting on the boat. One client used to be very inward focussed and now he drives the boat – in fact, he's a better driver than the carers! We gave him a certificate to say he's qualified to drive our day boat." We spoke with the team leader from the local restaurant that people visited. She told us, "They are brilliant – we know them all; they have been coming here for a long time."

We noted that activities were reviewed daily to ensure they continued to meet people's needs. One member of staff informed us that one person used to enjoy horse riding; however, staff had observed that they no longer enjoyed this activity, so they went shopping instead. This meant there was a system in place to ensure that activities continued to meet people's individual needs and helped make sure that people had an excellent quality of life.

Housekeeping skills were promoted. These skills were important because they helped promote independence and confidence. One relative explained that their family member enjoyed carrying out housekeeping duties. The relative said, "She is happy, she has her freedom she loves it, she is very domesticated." This was confirmed by staff. One member of staff said, "[Name of person] has a big role in the home which gives her self-worth." The person we spoke with told us that she helped with the cooking at the service. A member of staff told us, "She made an absolutely beautiful cheese and onion pie the other day…She has helped train me how to cook!"

We spent time looking around the home and found that the premises met the needs of people who lived there and supported their independence. There was a semi-independent flat on the top floor. We spoke with the person who lived in this flat and she told us, "This is my living room. I have my television, settee, cooker, fridge and kettle. I chose the wallpaper and colours… I make my own dinner sometimes and I do my toast every morning, I do my own ironing and washing." We visited another person who lived in the flat on the lower ground floor. The flat consisted of a living room, bathroom, kitchen and bedroom. We saw the person tidying his flat and mopping the floor. This meant that the environment met people's assessed needs and promoted their independence.

People were actively encouraged to give their views and raise concerns or complaints. There was a complaints procedure in place. No complaints had been received. None of the relatives or the person we spoke with raised any complaints. The person said, "Nothing needs improving, I have no complaints."

There was a 'Tenants voice group' to encourage people to have a greater involvement in their lives and a "real voice in the service they received. To ensure the process was accessible to all people, information at the meetings was presented in a variety of formats, including written, verbal and pictorial based interactive materials. We spoke with one person who attended these meetings. She told us, "We have to say what we want and what is important to us – we talk about what we like about living here, the other clients, your

family and friends and any complaints."

The provider had a magazine that was focussed on people's achievements and upcoming events. We read a copy of the most recent magazine which contained an interview with one of the people who lived at Fairleigh House. This stated, "One day I would like to write my autobiography to show people what it is like to be in care. To show other people who end up there that it's OK, they can still succeed. They can have a life."

Good

Is the service well-led?

Our findings

There was a registered manager in place. She had worked at the service for 18 years. The person we spoke with and relatives were complimentary about her. Comments included, "[Name of manager] is very good, she is very hands on," "I have her mobile number and can always speak with her if I need to," "I think the management is good. They are always trying to improve," "I think it's well led," "[Name of manager] is nice." The chiropodist said, "I think it is well managed because of the general harmony in the home."

Staff told us that they enjoyed working at the home. Comments included, "We're a good team – we complete each other" and "I love my job…I never dread coming to work." Some staff told us that they would like more appreciation and thanks from the manager. We informed the nominated individual of this feedback.

There was a staff recognition scheme in place. The nominated individual told us, "We call it the Investors in People award, it's for those people [staff] who go above and beyond, it's a celebration of their part." Staff told us that they felt valued by the provider and City Care partnerships was a good company to work for.

The manager told us, and records confirmed, that they had sought third party assurance by participating in the Investors in People, a nationally recognised people management standard. These standards had been externally assessed. We read an extract from the most recent Investors in People accreditation report about the service which stated, "City Care is clearly a well-established, highly respected and successful organisation within both the local and wider community, various inspectorates, staff, service users and their families have a very high regard for this company. The ethos of care and support was there [at City Care Partnership], every bit as much for the employees, as for the service users."

The provider had signed up to The Health Charter which is designed to support social care providers to improve the health and well-being of people with learning disabilities, thus improving people's quality of life generally. They had also signed up to the Social Care Commitment. This is a promise made by health and social care organisations to provide people who need care and support with high quality services. We checked the Social Care Commitments website which stated, "By signing up to the Social Care Commitment providers are making a public statement of intent, not ticking a box because they have to, but choosing to make a commitment to achieving high standards. They care passionately about improving care services and want to demonstrate to the public that excellence can be standard; to raise expectations and restore confidence." The provider was a member of the British Institute of Learning Disabilities [BILD] and the SaLT told us that she was an 'I Care Ambassador.' I Care Ambassadors is a Skills for Care initiative which consists of a national team of care workers who talk about what it's like to work in social care.

We considered the achievement and participation in various external organisations helped City Care Partnerships to demonstrate their commitment to providing a quality service and improving the lives of people they supported.

People were involved in all aspects of the service. One person told us how they were helping the provider

develop their website. This was confirmed by the nominated individual who said, "We are trying to make it more visual and interactive and [name of person] is helping us do this." Staff were also involved in the running of the service. A 'Voice and Action group' was run by staff for staff. We looked at a poster advertising the meetings. The poster stated, "It's an opportunity for your views and ideas to be heard, discussed and a solution found. It's an opportunity to be empowered to make decisions on how the company is run… Recognition and Respect is given to anything raised." The SaLT told us, "It is a forum in which staff can air issues that are then brought to the steering group to support resolution. This is to prevent small issues escalating. There have been several success stories such; as changing house environments for staff, creating protocol booklets with flow diagrams that are easier to access than the company policies and procedures." We spoke with a member of staff who said, "I run the voice in action group…We can raise issues and feedback to the directors directly. We had an issue with lighting here which I raised and new lighting was fitted." The nominated individual told us, "It's really important that we respond quickly to any feedback. Staff have a meeting and then will meet with myself, the HR finance director and the principle service manager to feedback. We will then have another meeting in a month to check that everything has been actioned."

All areas of the service were audited and checked. A quality assurance tool called a "Periodic Service Review" was completed. This involved regular assessments of every significant aspect of the service against a set of quality standards. We looked at the maintenance of records. We saw that care files were stored securely. The manager was able to locate all records we requested promptly.

The manager had submitted notifications to CQC in line with their obligations under the Care Quality Commission (Registration) Regulations 2009.