Fairways Residential Home Limited

Fairways

Inspection report

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Tel: 01524855222

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19 September 2018

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This unannounced inspection took place on 18 and 19 September 2018.

Fairways 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.

Fairways is registered to provide care and accommodation for up to 24 older people living with dementia. The home is based over three floors with a lift for access to all floors. There were 20 people residing at the home at the time of inspection.

A registered manager was not in post at the time of the inspection. The previous registered manager had left their position in January 2018. At the time of the inspection visit the registered provider had applied to the Care Quality Commission (CQC) to register a new 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.

We last carried out a comprehensive inspection at Fairways in July 2017. At the inspection in we identified no concerns within the care provided but the home was rated as Requires Improvement. We rated the home Requires Improvement as the registered provider had previously been rated inadequate and had implemented a lot of changes to meet the fundamental standards. We needed to be sure the changes were embedded.

At this inspection visit carried out in September 2018, we checked to see that all improvements had been maintained. We found the registered provider had embedded all the changes and had continued to make improvements and was now consistently meeting all the fundamental standards.

The registered provider had invested in technology and implemented an electronic system for managing and administering medicines. Medicines were stored and administered in line with good practice.

The registered provider had reviewed staffing levels and had introduced additional staff roles to enable staff to have the time to care for people who lived at the home. Staff told us this created increased opportunities for people and increased job satisfaction.

Since the last inspection visit, the registered provider had recruited an activities coordinator. We saw activities routinely took place within the home and the wider community. Staff understood the importance of providing person centred activities. There was an array of items placed around the home to encourage and motivate people to participate in activities.

There was ongoing refurbishment works within the home. For example, the registered provider had reviewed some colour schemes within the home to make the home more pleasing.

Audits had been formalised and embedded within every day practice and the registered provider understood the importance of effective auditing systems. Audits were routinely carried out and action was taken when concerns were identified.

Care plans for people were person centred, in depth and detailed. These care plans provided staff with the correct information to enable them to care for people in a person-centred way. The principles of the Human Rights Act were embedded throughout service delivery.

Risk was appropriately addressed and managed. Risks assessments were in place to ensure staff were aware of risk to keep people safe from harm.

People who lived at the home told us they felt safe. Staff could identify types of abuse and the associated responsibilities they had in reporting abuse.

People who lived at the home told us there were enough staff. Staff told us they were not rushed. Staff responded in a timely manner when call bells were activated.

We reviewed infection prevention and control processes at the home. The registered provider had taken on board advice and guidance provided by specialist advisors and ensured that good infection prevention and control procedures were carried out.

Staff praised the training provided and the supportive nature of the management team. We saw evidence of staff being provided with training to enable people who were living with dementia experience better lives.

People praised the quality of the food provided. People had been consulted with about the menu choices. We observed two meal times and saw people were not rushed. The registered provider had recruited a hostess who spent time with each person before mealtimes to find out what they would like to eat.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Consent to care and treatment was routinely sought. When people lacked capacity to make their own decisions good practice guidance was followed to ensure best interest decisions were made on behalf of people.

We saw evidence of multi-agency working to promote effective care. A health professional said they were happy with the standard of care provided. Relatives told us the home was good at meeting the needs of people.

People and relatives told us staff were caring. We observed staff providing care and found they were patient, kind and caring.

Staff who worked at the home described the home as a good place to work. They told us the new manager was good at their role and had helped the registered provider improve the way in which the home was managed. They said they considered the home to be well-led. Relatives we spoke with also told us they also considered the service to be well-managed.

The registered provider liaised with health professionals when people required end of life care at the home

to ensure people received care in line with good practice.

At the time of the inspection no one had any complaints about how the service was delivered. People and relatives said they were happy with the standard of care provided. Relatives were aware of their right to complain and the process to follow.

Prior to staff being employed at the home, recruitment checks took place, to ensure staff were of good character and had the correct skills for working with people who could sometimes be vulnerable.

The registered provider was committed to ensuring the service was well-led. Since the last inspection visit the home had received external accreditation to demonstrate leadership at the home was good and staff were invested in. Additionally, the registered provider continued to demonstrate they understood the importance of networking with other similar groups and professionals to ensure good practice was shared and followed.

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.

People who lived at the home and their relatives told us people were safe Staff understood how to keep people safe from abuse.

Recruitment procedures were in place to assess the suitability of staff.
Risks were managed and addressed.

Medicines were suitably managed and good practice guidelines implemented.

Processes for managing infection prevention and control were in place.

Is the service effective?

Good

The service was effective.

The registered provider assessed people's care needs and delivered effective care and support in line with good practice guidelines.

Staff were appropriately trained to meet the needs of people who lived at the home.

People's dietary needs and personal food preferences were considered and met.

The registered provider obtained people's consent to the care and support they received when appropriate and did not restrict people unlawfully.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were kind, compassionate

and caring.

People were treated with patience, dignity and respect.

Visitors told us they were always made welcome.

The registered provider had systems to recognise the use of advocacy when people had no family and could not speak for themselves.

Systems were in place to ensure people's end of life care wishes were considered and met.

Is the service responsive?

Good

The service was responsive.

Care plans consistently reflected people's current needs. Staff placed people at the centre of their care.

There were a range of activities available for people to participate in.

The registered provider had a complaints process to manage and address complaints.

End of life care was addressed to ensure people had pain free, dignified deaths.

Is the service well-led?

Good

The service was well led.

People and relatives considered the service well-led.

The registered provider was committed to providing high quality care and support to people using the service.

The management team involved people, their families and staff in reviewing and improving the service.

The registered provider had systems and processes to monitor and make improvements.

Fairways

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.

Fairways provides accommodation and personal care for up to 24 people who are living with dementia. The home is situated in Heysham, near Morecambe. The home is a three-storey building and a passenger lift is available to access all the floors. Communal facilities include four lounges and a dining room.

Before the inspection took place, we spoke with the Local Authority contracts teams, and Healthwatch. Healthwatch is a national independent champion for people who use healthcare services. We received no information of concern.

We looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us plan our inspection visit.

As part of the inspection process we reviewed information held upon our database regarding the service. This included notifications submitted by the registered provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people. We used this information provided to inform our inspection plan.

This comprehensive inspection took place on 18 and 19 September 2018. The first day was unannounced. The inspection was carried out by an adult social care inspector.

Throughout the inspection visits we gathered information from a number of sources. We spoke with eight people who lived at the home, two relatives and one visiting health professional and one external trainer to seek their views on how the service was managed.

We also spoke with the registered provider, the manager, the cook, the housekeeper, the hostess, the activities coordinator and three members of staff who were responsible for providing care and support to people who lived at the home.

Because not all people who lived at the home could communicate with us we carried out a SOFI (short observational framework for inspection.) This allowed us to try and understand what people were experiencing through observations.

To gather information, we looked at a variety of records. This included care plan records relating to four people who lived at the home and recruitment records of three staff members. We also looked at other information related to the management of the service. This included health and safety certification, policies and procedures, accidents and incidents records and maintenance schedules.

As part of the inspection process we walked around the building to carry out a visual check. We did this to ensure the home was clean, hygienic and a safe place for people to live.

Good

Is the service safe?

Our findings

People who lived at the home and relatives considered Fairways a safe place to live. Feedback included, "Oh yes! I feel safe here." And, "[My relative] is very safe."

We looked at how safeguarding procedures were managed by the service. We did this to ensure people were protected from any harm. People who lived at the home and relatives told us people were treated with compassion.

Staff told us they had received training to support them to respond and report abuse. They could describe different forms of abuse and were confident if they reported anything untoward, the senior management team would take immediate action. Staff had access to a comprehensive safeguarding policy and procedure. This signposted staff to good practice guidelines for reporting and responding to abuse.

We noted the senior management team had recently been alerted to some concerns. The registered provider carried out an unannounced night time inspection at the home to check the wellbeing of people. Additionally, we saw they had thoroughly investigated the concerns and spoke with staff to ensure no inappropriate actions were taking place at the home. This showed us the registered provider took safeguarding concerns seriously and responded in a timely manner when concerns had been raised.

We looked at how the service managed people's medicines. Since the last inspection visit carried out in July 2017, the registered provider had reviewed processes for administering medicines and had invested in a new electronic system to support staff with the safe management of medicines. The registered provider said they had learned from failings and did not want to see staff or the service failing again in the future.

The new system used technology and included an electronic monitoring system which prompted staff when medicines were required. The system was able to reduce the risk of staff administering medicines to the wrong person or at the incorrect time. The system would highlight any concerns to a senior manager if medicines had not been administered in a timely manner. Additionally, each day a report was generated and sent to the manager for auditing purposes. The registered provider told us they were happy with the new system and were confident it meant people's medicines were being appropriately administered.

We observed medicines being administered. We observed the staff member following good practice guidelines when administering medicines. Medicines were stored securely inside a locked trolley which was secured in a locked room when not in use. Storing medicines safely helps prevent the mishandling and misuse of medicines.

As part of the inspection we checked the stock of two medicines including a controlled drug which was being stored for a person who lived at the home. We found stock balances matched records. We found the correct processes were being followed to monitor the controlled drug usage. Controlled drugs have stricter legal controls to prevent them being misused and causing harm.

Staff told us they were unable to administer medicines unless they were trained to do so. This included regular training and competency checks to ensure staff had the suitable skills to carry out the task safely.

We looked at how personal risk was managed and addressed to ensure people were safe. The registered provider had a number of risk assessments in place including risk assessments for management of falls, personal care, mental health, handling of medicines, choking and management of behaviours which may challenge the service.

Good practice guidance had been considered and implemented to manage people at risk of falling. Falls diaries were maintained for people who had fallen and referrals had been made to health professionals for advice and guidance to keep people safe. Falls diaries were audited on a weekly basis to ensure they were accurate and up to date and relevant action had been taken.

We looked at how the registered provider managed behaviours which sometimes challenged the service. We saw good practice was followed. When people exhibited behaviours, which may be defined as challenging for the service, behaviour monitoring records were maintained to show how the behaviour presented and what happened afterwards. Health professionals had been consulted with to ensure the source of the behaviour was not health related and for advice and guidance. Staff had a good understanding of people and their needs and how to de-escalate challenging situations. For example, one person who lived at the home sometimes thought they were in charge of the home. The manager said when the person was anxious, they supervised them and gave them a set of keys and encouraged the person to walk around the home to make them feel like they were in control and in charge. This reduced the person's anxieties and made them feel safe.

We looked at staffing arrangements to ensure people received the support they required in a timely manner. On the first day of our inspection, four members of staff were on duty providing care and support. In addition, there were two staff in the kitchen, the registered provider, manager, an activities coordinator and a hostess. We reviewed four weeks rotas and noted no concerns with staffing levels.

People and relatives told us they had no concerns about the numbers of staff available to meet their needs. They told us there were plenty of staff on duty and they were never rushed.

Staff told us staffing levels had improved since the last inspection visit. Two staff members had been recruited to look after the catering and social needs of people who lived at the home. This had provided care staff with more time to carry out their caring and paperwork tasks. Staff praised the current staffing levels and said they had impacted upon the standard of care provided.

On the days of the inspection visit we saw people's needs were met in a timely manner. We observed people requesting assistance. Staff responded immediately. Staff had time to sit and interact with people who lived at the home.

We reviewed response times to call bells. One person told us, "I have never pressed my buzzer but I have seen other people do it, they come quickly." As part of the inspection process we tried calling for help from a bedroom and found staff responded straight away.

We reviewed three staff records and found appropriate checks were in place to ensure staff employed were of suitable character to work with people who lived at the home. Staff told us they were subject to many checks prior to starting employment at the home. This included ensuring they had a completed and satisfactory disclosure and barring service certificate prior to starting work. A valid DBS check is a statutory

requirement for people providing a personal care service supporting vulnerable people.

As part of the inspection process we looked around the home and found it was clean, tidy and maintained. People who lived at the home and relatives told us they were happy with the standard of cleanliness. Good practice guidance was considered and implemented throughout the home. For example, staff wore personal protective equipment when providing personal care and people were encouraged to clean their hands prior to eating their meals. The registered provider oversaw the environment and carried out audits to ensure the home was appropriately cleaned.

We looked to check the premises and equipment were appropriately maintained. On-going refurbishment works were still progressing. One bathroom was not in use at the time of the inspection but plans were in place to refurbish this in the future. All safety certification was in place to demonstrate that equipment had been tested to promote safety. On the first day of the inspection visit a maintenance engineer turned up unannounced to carry out a routine inspection of the lift.

We looked at how accidents and incidents were managed. Accidents and incidents were logged and documented. Action was taken accordingly to ensure risk was minimised to prevent further accidents from occurring.

Good

Is the service effective?

Our findings

People who lived at the home and their relatives told us they received effective care. Feedback included, "They look after us, they do." And, "[Relative] loves it here. They are well cared for."

We looked to ensure the registered provider was meeting people's dietary needs. People and relatives told us they were happy with the way in which dietary needs were catered for. Feedback included, "The food is very good. I usually get what I want." And, "I like all my food here."

Since our last inspection visit staffing had been increased in the kitchen. Two people were in the kitchen on the first day of our inspection. Additionally, the hostess told us they sometimes worked in the mornings to support the cook with breakfasts. Kitchen staff were now deployed to work in the mornings to cook hot breakfasts for those who requested them. Two hot meals were offered each day as well as the cooked breakfast option.

On the first day of the inspection visit we observed lunch being served. Lunch was flexible and people could choose where they liked to eat. One person did not feel like walking to the dining area so staff brought the person a table so they could eat their lunch in a lounge area. This showed us the registered provider was flexible and accommodating to meet people's individual needs. People were offered choices of what they would like to eat and individual dietary needs were met. The cook had a file in the kitchen detailing each person's dietary requirements including likes, dislikes and dietary needs.

People were supported and encouraged to drink suitable amounts of fluid. Drinks were readily available in all communal areas and we observed staff reminding people about the importance of drinking fluids. People told us they were offered hot drinks and snacks in between meal times. One person said, "If I am hungry they will bring me something." When people had additional health care needs records were maintained to show how much fluid people had received.

We looked at how peoples' healthcare needs were met by the registered provider. Individual care records demonstrated that health professionals were consulted with when people's health needs changed. Good practice guidance was referred to and used when providing people with care and support. Care records seen confirmed visits to and from healthcare professionals had been recorded.

We spoke with a visiting health professional. They said there had been a noted improvement in the service provided and said they currently had no concerns about the service. They said they were communicated with when people's needs changed.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. Care records maintained by the provider addressed people's capacity and decision making. When people lacked capacity to make decisions documentation was suitably completed to highlight this. We saw good examples of capacity being reviewed and best interest decision making taking place when people could not make their own decisions.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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 registered provider had a good understanding of the DoLS procedures and had followed process when people were being restricted of their liberty. Additionally, when people's needs changed and restrictions were no longer required, restrictions were removed and applications to deprive people of their liberty were updated. This demonstrated that least restrictive measures were always considered and implemented.

As part of the inspection process we reviewed the living environment to ensure it was suitable for people who lived at the home. The registered provider had continued to complete their refurbishment plan at the home. The lounge areas and dining areas had been repainted with low stimulus colours to make the rooms feel brighter and more spacious. One relative told us the home looked much better since the refurbishments had taken place. Corridors were free from obstructions. Call bells were available so staff could be summoned in an emergency. We saw dementia friendly signage was placed throughout the home which promoted independence for people living with dementia. Rooms were individualised with photographs and pictures of friends and relatives. On some occasions people had brought their own furniture from home. These homely comforts supported people to feel at home. We spoke with the registered provider about further refurbishment plans. They said they were committed to ensuring refurbishment continued and had plans to increase the communal areas for people who lived at the home.

As part of the inspection process we looked at staff training. We did this to ensure people who lived at the home were supported by staff with appropriate up to date skills and knowledge. Relatives spoken with told us they had no concerns about the skills and knowledge of staff working at the home.

Staff praised the training provided and felt it was suitable to meet the needs of people who lived at the home. One staff member told us there had been an increasing emphasis on staff training and confirmed they had been provided with additional training when they received a promotion within the service. On the first day of the inspection there was an external trainer at the home supporting staff with training. The trainer confirmed they were supporting the registered provider with staff training.

The registered provider had a clear training plan for all staff and there was evidence this was being followed. Training sessions included on line e-learning training, face to face training with the manager and external training organisations. The external training provider confirmed the registered provider was currently supporting staff to complete an externally accredited course to encourage health and well-being for people living with dementia.

We looked to ensure staff were provided with a suitable induction when they started working at the home. Staff spoken with confirmed they undertook an induction when they started work. They said this included a period of observing and working alongside more experienced staff members. They told us they were satisfied with this induction process and complimented the supportive nature of the staff team and managers. One staff member who was a recent new starter said, "Anytime I have asked questions they've

not lost patience."

We spoke with staff about supervisions. Supervision is a process between staff and manager where discussions are held to review their role and responsibilities. Staff told us they received frequent supervision. We saw evidence of both group and individual supervisions taking place. Staff told us they could approach senior members of staff in between supervision sessions if they had any concerns.

Good

Is the service caring?

Our findings

People and relatives told us the service was caring. Feedback included, It's great. I love it here." And, "The staff are alright. We have nothing to bother about." And, "We couldn't wish for a better place for [relative.]"

We spoke with one family member who's relative had a previous negative experience of care. They told us they had seen a difference in their relative since they had moved into Fairways. They said, "[Relative] smiles a lot now. Plenty of visitors come to see [relative] now."

During the inspection visit we observed positive interactions between people who lived at the home and staff. Staff routinely enquired about people's welfare and took time out to spend time chatting with people. On one occasion a member of staff noted one person was looking tired. Staff offered to bring the person their lunch early so the person could then go for a lie down. The person happily accepted this offer and the person was provided with an early lunch. This showed us care was person-centred and flexible to people's needs.

On another occasion, staff intervened when one person became restless. The person was living with dementia and was unable to communicate directly what was wrong. Staff took time and offered the person a number of options before they person could inform the staff member what they wished to do. This showed us that staff displayed empathy and understanding and were committed to ensuring people's needs were met.

There was a light-hearted atmosphere throughout the home. We observed one person mobilising slowly. They laughed and told the member of staff to hurry up. They said, "Hurry up! I need to see what's going on. I might be missing out on all the fun!"

Relatives told us people were treated with dignity and respect. One relative said, "I am very happy with it, [the service]. Staff treat people with dignity and respect." People were offered the opportunity to wear aprons at lunchtime to protect their clothes. Staff discreetly offered to support people to freshen up after they had eaten their meals. Additionally, we observed staff supporting people to protect their modesty, ensuring their clothes were suitably placed whilst they were being transferred between equipment.

We spoke with staff about people who lived at the home. Staff spoke fondly about people they cared for and were aware of people's life history and people's individual preferences. Person centred care was consistently delivered in accordance with people's preferences. For example, one person's one-page profile told staff the person liked to wear jewellery. We saw staff had supported the person to put on their jewellery.

We looked to see if people's human rights were promoted and upheld. Equality and diversity was addressed within people's care plans. People's individual needs were addressed at the pre-assessment stage so services could be developed around individual need. This was then monitored when people received a service. We spoke with the registered provider and manager, they were aware of the importance of meeting peoples cultural and diverse needs.

We looked at how information was shared with people who lived at the home. We spoke with a member of staff responsible for providing care and support. One person who lived at the home had a sensory impairment. Staff told us they spent time reading information to them. Additionally, another person's care records referred to the use of picture symbols to assist a person with decision making.

Staff told us the increase in staffing had allowed them more time to develop relationships with people who lived at the home. They told us they now had more time to build positive relationships with people. One staff member said, "The new roles give us more time to care. Everyone is very well looked after. I would be happy for my mum and dad to be cared for here."

During the inspection visits we saw visitors attending the home to spend time with their family members and friends. Family members and visitors told us they were always welcomed at the home. One relative commented their family member had an increase in visitors since they had moved there. We observed visitors being offered drinks and snacks during their visit. One visiting family member said, "They look after us as well!"

We looked to see how people were supported to express their views. People who lived at the home told us they could make decisions and express their views. One person said, "We can decide what we want to do."

When people lacked capacity to make decisions for themselves the manager worked proactively to have people's voices heard. They told us they actively sought help from advocates when people had no family or when collective decisions could not be made by family through the best interest process. Advocates are independent people who provide support for those who may require some assistance to express their views. This demonstrated the registered provider was committed ensuring people's voices were heard and listened to.

Good

Is the service responsive?

Our findings

People who lived at Fairways told us care was person centred. One person said, "We get to do what we like." Another person said, "I can have a bath when I want."

Since the last inspection visit the registered provider had recruited an activities coordinator to take responsibility for activities at the home. The activities coordinator worked five days per week to ensure people who lived at the home were provided with things to do.

People and relatives told us activities regularly took place. Feedback included, "There is plenty of activities, games, darts, Ludo." And, "Activities are always going on; although [relative] doesn't like to take part they will sit on the side and watch. They particularly like the music man who comes in."

During our inspection visit we observed activities taking place. We observed people taking part in quizzes, reminiscing and having a sing-a-long with an external entertainer. Additionally, we saw staff supporting people to have short one to one support sessions. For example, a staff member took time out from their duties to paint a person's nails for them. People were offered activities to complete in between formal organised activities taking place. For example, one person liked animals. Staff offered the person a book about animals to look at. The person enjoyed the book so much they wanted to show it to other people.

We spoke with the activities coordinator at the home. They showed us a variety of photos taken when activities had taken place. People had been supported to access the community and had attended local events including a carnival and local fetes. In addition, the home had hosted a summer fare to raise money for further activities at the home. Plans were in place to take people to the zoo and for afternoon tea at the Blackpool tower ball room. The activities coordinator said, "I like people to be busy. If it was my mum I wouldn't want them just sitting there doing nothing all day."

We spoke with staff about the provision of activities. They praised the improvements made within the home to enable people to participate in activities. One staff member said, "I am proud of the activities. People have a sense of purpose. People have lives to live again, it's made such a difference." The registered provider said activities were now taking place seven days a week and had made a difference. This demonstrated the registered provider was committed to ensuring people were provided with meaningful activity.

We looked at care records related to four people who lived at the home. Pre-assessment checks had taken place prior to a service being provided. Care plans were detailed, up to date and addressed a number of topics including managing physical and mental health conditions, personal care, mental capacity and personal safety. Care plans detailed people's own abilities to promote independence. Professionals were involved wherever appropriate, in developing the care plan. We saw evidence records were regularly reviewed and updated when people's needs changed.

We reviewed systems for end of life care for people who lived at the home. The new manager had created links with the local hospice to increase training and awareness of staff in the event of supporting people at

the end of their life. End of life care was included within people's plans of care and covered topics including pain management and cultural needs. We saw evidence of families also being involved in these discussions. We were informed the service worked alongside other health professionals to coordinate end of life care. Staff understood the importance of providing high quality care at the end of people's lives.

We spoke with people and relatives to assess the effectiveness of the service's complaints procedure. People who lived at the home and relatives told us they had no concerns about the service provided. Feedback included, "No concerns or complaints." And, "I've no complaints. I am safe here." Also, "I've no concerns. [Relative] appears to love it here." One person we spoke with was aware of who was in charge and how they could complain. They said, "If I had a complaint I would go to the manager. The girl; she is very good. I can't grumble." The complaints process was clearly on show in each person's bedroom for reference.

The registered provider had consulted with people who lived at the home and relatives at a residents and relatives meeting. People were encouraged to raise any concerns at the meeting so concerns could be actively addressed. The registered provider confirmed they had not received any formal complaints since the last inspection visit.

We asked the registered provider about the use of technology at the home. They told us since the last inspection visit they had invested in electronic technology to improve how medicines were administered. This system had supported the home to reduce the number of medicines errors and promoted effective recording of all medicines administration. They said, "The system was well worth it." This showed us the registered provider understood the importance of considering technology to improve care.

Good

Is the service well-led?

Our findings

People who lived at the home and relatives told us Fairways was a well-led service. Feedback included, "I couldn't wish for a better place for [Relative.] The home is well-managed. There is nothing they could do better." And, "The home is well-managed. Everybody is happy here. Things just seem to run smoothly."

There was no registered manager in place at the time of the inspection visit. The previous registered manager had left their post in January 2018. The registered provider had overseen the home whilst proactively recruiting a new manager. The registered provider said they were proud of their own achievements in maintaining a good standard of care in the absence of a registered manager.

At the time of our inspection visit we were aware the newly recruited manager was in the process of registering with CQC as the registered manager. Staff spoke highly of the new manager describing them as "knowledgeable," "approachable" and, "fair." One member of staff said, "[Manager] has been a God-send."

At the inspection we looked to ensure the registered provider was aware of their responsibilities as set out within the Care Quality Commission Registration Regulations 2009. We noted we had received statutory notifications in a timely manner. However, during the inspection process we identified one notification had not been sent. We spoke with the manager and they said this had been an oversight. They took immediate action and submitted the notification as required.

We recommend the registered provider implements a suitable system to ensure registration requirements are consistently applied.

Staff spoke proudly of improvements made at the home and the way in which it was now managed. They spoke enthusiastically about the developments made and how this had improved the outcomes for people who lived at the home. They told us teamwork was good and the home was a good place to work. Staff said there was a relaxed stress-free atmosphere at the home with positive relationships between staff and management. One staff member said, "It's all a lot calmer now, not as stressed. There is a massive difference in care provided."

There was a positive leadership style within the home which focussed upon dignity, independence and empowerment for both people who lived at the home and staff. Staff had been allocated additional responsibilities, so workloads could be shared and staff skills could be developed. The registered provider had acknowledged staff needed time to carry out these roles and had increased staffing levels within the home to allow staff to complete their roles proficiently.

We saw evidence the new manager had consulted with people who lived at the home, relatives and staff to gain feedback from them on how the home was run. Questionnaires had been given to people who lived at the home, relatives and staff to complete. We reviewed feedback from questionnaires and saw feedback was positive. One relative had commented, 'The staff and the owner are excellent in their care and attention given to [relative.] All relatives who had completed questionnaires indicated they would recommend the

service to others.

The manager had developed an action plan to enable them to make improvements within the home. Action plans were regularly reviewed to ensure actions were completed or amended if necessary. This showed us the manager was aware of the need to continually assess and improve service delivery.

We spoke with the new manager about the way in which the home was managed. They considered the home to be well-led with responsive staff. The manager said, "I expected a bigger challenge. It's been a lovely surprise. The staff want to know everything. They are blossoming."

Staff told us communication at the home was good. Since the last inspection visit the registered provider had implemented a handover board where important information was held for staff. Additionally, staff were communicated with daily and through regular team meetings. Staff told us minutes of meetings were maintained and distributed for staff to review.

The registered provider had a range of quality assurance systems in place. These included audits of medicines, care records, health and safety and the environment. Additionally, the registered provider undertook weekly audits looking at accidents and incidents, safeguarding incidents and falls. When areas of concern were highlighted action was taken to make the required improvements. The registered provider said they were proud of how the service was now increasingly responsive to change and proactive.

Since the last inspection visit, the registered provider had completed an external quality assurance process and had achieved 'Investors in People' status. Investors in People is a nationalised standard assessment which is awarded to organisations who invest in staff and demonstrate good leadership throughout the service. This demonstrated the registered provider was committed to ensuring the home was well-led.

The registered provider understood the importance of partnership working. The registered provider actively attended local provider meetings and had staff representing the home within provider forums including the activities forum. Additionally, the registered provider said they had built better relationship with visiting health professionals.

As part of the inspection process we looked to ensure the registered provider had their performance assessment on view as set out in the 2008 Health and Social Care Act. We saw the performance assessment was on view as required.