Methodist Homes

The Fairways Retirement Village

Inspection report

Malmesbury Road
Chippenham
Wiltshire
SN15 5LJ

Tel: 01249705060
Website: www.mha.org.uk

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service:
The Fairways Retirement Village provides personal care to people living in their own home. The Retirement Village consists of houses and apartments which people have purchased. The service is managed by the MHA group which is a charitable organisation. At the time of this inspection 20 people were using the service and 86 people lived at The Fairways.

People's experience of using this service:
The monitoring and recording of safe medicine management needs further improvement. Guidance was not always available for staff to give people their medicines safely. This was a breach of Regulation 12.

A system was in place to monitor the quality of the service that people received. However not all issues around medicines had been identified prior to our inspection.

We saw that where a risk had been identified an assessment had been put in place. At times these assessments needed further detail to be recorded on the actions taken to minimise the risk. There were no care plans in place around behaviours that could challenge.

The provider had effective safeguarding systems in place and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse. People told us they felt safe.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. People and relatives told us the staff were very vigilant

People praised the care and support they received from staff that were kind, caring and respectful. People were encouraged and supported to make decisions about their care.

Staff and people using the service found the leadership of the service to be good and available to support when needed. The registered manager was visible in the service.

Rating at last inspection:
Good (report published 30 November 2016).

Why we inspected:
This was a planned inspection based on the rating at the last inspection.

Follow up:
We have told the provider they must take action to improve the service. We found one breach of the Regulations around safe medicine management. We will continue to monitor the service and complete a

further inspection to assess whether the improvements have been made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

The Fairways Retirement Village

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: The Fairways Retirement village provides personal care to people living in their own home. The retirement village consists of houses and apartments which people had purchased. A range of facilities were provided as part of this package. CQC only regulates the care provided at this service and not the premises.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
We gave the service short notice of the inspection site visit. This was because the location provides a domiciliary care service to people in their own homes, and we wanted to make sure the registered manager would be available to support our inspection, or someone who could act on their behalf.

What we did:
Before the inspection we reviewed the information, we held about the service and the service provider. We spoke with nine people using the service and four relatives.

We looked at records, which included five people's care and medicines records. We checked recruitment, training and supervision records for three staff. We also looked at a range of records about how the service was managed. We spoke with the registered manager, deputy manager and six care staff.

After our site visit we contacted five external health and social care professionals and relatives to obtain their views about the service.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm
RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● People chose if they needed support with their medicines from staff or were able to manage this independently. We saw secure medicine cabinets were in people's homes. However we saw the management of medicines was not always safe. When a person refused a tablet staff would sign the appropriate code on a person's administration record (MAR) but they did not record the reason on the back of this sheet as required. Staff told us they should have been doing this.

● Some people had topical medicines applied by staff. A body map was in place to show staff where to apply this and when it was required. We saw one person had a topical medicine for pain. There was no information recorded about how this person would express when they had pain, so staff could be aware of the signs and administer accordingly.

● We saw one person was being assisted with having eye drops administered. The eye drops needed to be discarded after 28 days of being open. We saw that staff had not recorded on the medicine when they had opened them. We looked back on the MAR and saw the person had been receiving them for 34 days. This meant the effectiveness of the medicine may have been reduced. Staff told us they would discontinue using them immediately, but the person did not have any more in stock currently.

● We saw that totals of medicines were not always being recorded on the MAR's. In addition, there was no initial count recorded to indicate how many tablets there had been at the start. This meant staff did not have an effective system of monitoring people's medicines to ensure none were missing. This was not a safe practice. The registered manager informed us after the inspection that they had implemented medicine count sheets.

● Protocols were in place for people who took their medicines 'as required'. We saw that these did not always contain enough detail. For one person there was no information on possible side effects of the medicine for staff to know or about how the person indicated they wanted to take this medicine.

● One person was prescribed medicine to take 'as required'. We saw staff had stopped signing on 16 March for administering this medicine and there was a gap of ten days in the recording. The registered manager said this person had changed to having their medicine three times a day instead of four but did not know where the MAR was. Following our inspection, the registered manager followed this up and found a senior staff had removed the MAR as it had confused staff when the medicine changed. This person had continued to receive their medicine as prescribed.

This was a breach of Regulation 12 (2) (g) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management: Learning lessons when things go wrong

● We saw that where a risk had been identified an assessment had been put in place. At times these assessments needed further detail to be recorded on the actions taken to minimise the risk. For example, one person had a visual impairment need. The assessment did not record how this affected their day to day living or what support they may need putting in place.

● Some falls risk assessments would state that people had experienced a fall, but there was no date recorded to know if this was a recent fall or had happened several months ago for staff to be aware. For people that had pets in their homes there was no information or guidance for staff around this to ensure they could continue their visit safely.

● The service at times supported people who could display anxious behaviours. Staff had not received specific training on managing behaviour that could be challenging but told us they felt confident in supporting people at these times. We saw that there was no specific care plan in place to give staff guidance on any possible triggers and the appropriate response to ensure they were consistent. The provider policy stated that a record of care to identify, avoid and manage behaviour should be in place.

● For people that had mental health concerns that could affect their daily living we saw that risk assessments had not been put in place. The registered manager told us at these times they would contact the GP or mental health team and follow their advice. We saw that incidents around behaviour did not always have enough detail on actions taken. The registered manager told us people were supported appropriately at these times, but the recording did not reflect this.

● When an incident or accident had occurred, a record was kept in people's care plans. We saw that incident forms documented if medical advice had been sought and treatment but not information around the learning outcomes following events.

● People had speaker alarms in their homes which meant they could contact staff or the office in an emergency. People also had pendants available to wear at all times if they wished or needed.

Staffing and recruitment

● People were supported by sufficient numbers of staff to meet their needs. The service continued to recruit, and any shortages were covered by the registered manager, permanent staff or an agency member of staff. No one we spoke with had experienced missed calls and people confirmed that the calls were on time and that staff stayed the agreed amount of time, or longer. Staff confirmed the staffing was improving and they had time to spend with people.

● Staff had been recruited safely and background checks completed to ensure they were suitable to work with people.

Systems and processes to safeguard people from the risk of abuse

● The provider had effective safeguarding systems in place and all the staff we spoke with had a good

understanding of what to do to make sure people were protected from harm or abuse.

● People using the service told us they felt safe, both physically and emotionally and trusted the staff who came into their home. Comments included, "I feel safe and secure here. If I'm away from home, I will lock my door but not otherwise" and "Staff come and check we are ok, it's very secure and safe." One relative said "I have never had any concerns about the service at all. I'm confident about my relative's care, I have no concerns about leaving them here. I'm confident they are safe and secure and in no way neglected."

Preventing and controlling infection

● Staff were employed to maintain good levels of cleanliness in the communal areas of the service. This service was extended to people's own homes if they chose to purchase this. People praised the staff for keeping the building clean and tidy commenting "We appreciate that it is kept very clean and the apartments are easy to clean.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

● Staff told us they received regular training to give them the skills to meet people's needs. Each staff member had a training record in place and there was a system to show when training was due to be renewed. Some staff told us they would prefer to complete more face to face training than the online training, but overall felt the training received was satisfactory to their role and responsibilities. Staff were able to access further opportunities for higher training courses. An alliance was in place with Bath College for Dementia care and end of life training, that the registered manager was going to assign staff on. Senior roles were also available for staff to progress into when they had the necessary skills and knowledge.

● New starters had a probationary period of training and shadowing another member of staff. Staff told us they completed induction workbooks and the induction had prepared then well. Everyone we spoke with had confidence in the staff's abilities to support them. One relative told us, "I have full confidence in the staff. I've found that they are very capable and able to step in when needs change, for example, the manager contacted the occupational therapist for more and different equipment when my relative needed it. And I am kept informed at all times."

● People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us they found these useful and could raise any issues they had or discuss their work and progression.

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

● People had different choices available for where they wanted to eat their meals. Some people were independent in purchasing and cooking their meals whilst other people had support from staff to prepare food. A restaurant was situated in the building which provided meals throughout the day for people. We observed the lunchtime service in this dining room. The room was very light and airy, and the tables were attractively laid out and set with table cloths, cutlery, napkins, flowers and condiments. Food was served from a counter and there was a varied menu offering a choice of full meals and light snacks. People helped themselves or were helped by a bistro assistant.

● For people that had any dietary needs this had been assessed and could be catered for by the restaurant or staff supported people in their own homes. A care plan was in place to record any concerns and some people had their weight monitored to ensure they maintained a healthy balanced diet.

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

● The building was designed to a high standard, providing a street like design with front doors to people's own homes. People had numbers, letterboxes and doorbells in place. Internally people could let in their own visitors to the village by way of video entry that each apartment had. There were many available facilities in the building including a swimming pool, library and shop that was run by people using the service. One person told us "It is very equipped, we use the facilities, I use the swimming pool every morning. We sign in and out when using the pool and there is a wrist band to use when in there in case of trouble."

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

● People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. People and relatives told us the staff were very vigilant in spotting if they were unwell and heling them access medical advice. Comments included, "If I had a problem, I'd get help. They are very competent in an emergency. I fell out of bed once and they came very quickly and stayed with me until the ambulance came", "They notice if my relative isn't well. They would contact whoever was needed and are very efficient. They cope admirably with him" and "They spot if I'm not well and respond very well." One health and social care professional told us, "Staff know the residents well and are willing to share information as appropriate."

Ensuring consent to care and treatment in line with law and guidance: Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

● Staff had a good understanding of how to support people in practice, who at times lacked capacity to make daily decisions. Staff told us they continued to offer choice but simplified the options to make it easier for people.

● We saw that care plans had requested people's consent to taking photos, accessing their records and supporting them with any care needs. People had signed this or if they were unable, a representative with the appropriate legal authority to act on their behalf had signed this. We saw that one person did not have a capacity assessment in place, but a restriction had been put in place. This had been put in place by the person's relatives, but the staff had some responsibility for monitoring this restriction. The registered manager told us this would be addressed without delay.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

● People praised the care and support they received from staff that were kind, caring and respectful. People told us, "They are so kind and caring, they know us both very well. They know me and my needs as a carer. They encourage me to get out in the afternoons and are always pleased when they see me out and about" and "There are about 15 regular staff and I know them all, I enjoy their company. I treat them as individuals, and they do the same with me. There's no one I feel uncomfortable with." One relative said, "The care has been excellent, but over the last few weeks the staff have been exceptionally kind and thoughtful."

● The registered manager was able to monitor the care people received by spending time with people and worked alongside staff when needed, commenting "We are one team, I don't see myself as being anything other than part of that team. I promote this by leading by example and will do anything and everything."

● The registered manager worked to encourage an inclusive culture and told us people using the service liked to be referred to as 'villagers. The registered manager said, "I like our villagers to be a community and we have meetings. I feel we help people, not just people who receive care but everyone. I feel responsible for everyone in this building. I am passionate about that." One person told us "I don't have any special needs but if I did, they would be met here. They take that sort of thing very seriously." One health and social care professional told us, "There is a positive friendly atmosphere at The Fairways, and the needs of people are met."

Supporting people to express their views and be involved in making decisions about their care: Respecting and promoting people's privacy, dignity and independence

● People were encouraged and supported to make decisions about their care. One person told us they had been supported in setting up a group commenting "Staff know me well and when I set up a discussion group for the villagers, I was encouraged and supported. I have a reputation for being independent and they keep me going at that. They come into my home if and when I need them, but I know they would call round if they haven't seen me."

● The registered manager told us "The care is one element of a person, people are a lot more than that. We want them to be independent as long as they can." People told us they were always treated with dignity and respect and staff would always ring or knock at their doors and wait to be asked in. People commented, "I have 100 percent confidence in the staff. They always wait until I shout out to ask them to come in and even though they always do the same things for me, they respect my privacy" and "The manager and the team

are wonderful and we both have complete confidence in them. They always knock and explain what they're doing." One relative told us, "It is tough looking after someone and they always support me and encourage me. They listen to me and involve me in my relative's care, I feel they treat me with dignity and respect."

● The service had taken into account any communication needs that people had. The registered manager told us "We have large print documents available or for people that have Dementia, we have asked families to put pictorial signs on their internal home doors to aid them recognise the bathroom.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People had care plans in place that explained how they would like to receive their care, treatment and support. We saw some assessments that identified a particular need such as a mental health condition, needed further detail to be included. Care plans contained information on people's life history, interests and dietary preferences.

● Staff recorded the care they had given on daily records. We reviewed these and found they were focused on tasks rather than about the person and their wellbeing. At times some of the terminology was also not appropriate. We did not however see this demonstrated by staff in practice, with all observed interactions showing respect. The registered manager told us, "I am trying to encourage staff to move away from writing about tasks and writing about the person, it is a work in progress."

● People we spoke with were aware of their care plan and told us they were involved in writing this. Comments included "I have a care plan and they tell me what's happening, it's reviewed every couple of months", "I have a care plan. The manager drafted it and I made lots of changes and then the amended version was approved by me" and "I agree with my care plan. It's discussed twice a year. If I change something, it gets updated. I'm in charge of it." Care plans were reviewed six monthly and looked at all aspects of care and if a person's needs had changed. A system was in place to highlight when reviews were due.

● Staff communicated well between each other and at times of shift handover. A communication book and handover sheet were in place and a verbal handover also took place. We saw at the front of the handover value statements about the service were recorded as a visual reminder for staff, which included values of respect, dignity and being open and fair.

● The service offered opportunities for engagement and activities of interest to people who chose to participate in these. This encouraged people not to become socially isolated. We saw there were many facilities available to support people's interests including a cinema room, arts and craft studio, a swimming pool and gym and a snooker room. A minibus provided a service for people to access and travel to the nearby town daily if they wished. A Methodist minister provided services four days a week including a number of discussion and prayer groups and individual support as well. People told us they appreciated and took part in some or all of these events. One person told us, "There is a good community here and a committee that plan things."

● During this inspection we observed people partaking in a chair yoga session and a line dancing class

which was well attended. A wellbeing service was provided by staff in which visits would be made to check people were ok, have a chat or spend time doing an activity of their choosing. The registered manager told us "If we haven't seen people for a while, we will go and knock to say hi, even if they are fully independent." A guest room was available for relatives or visitors to book, if they wanted to stay over and spend time with their family members. The registered manager spoke about the importance of maintaining family connections commenting, "Some families live abroad or if a person is unwell they can stay and be nearby."

Improving care quality in response to complaints or concerns

● We reviewed the complaints folder and saw when a concern was received it was responded to, investigated and the outcome recorded. People were confident about the procedure if they needed to make a complaint and had confidence it would be effectively managed. People told us "I have never had any complaints or issues, but I would talk to the manager and it would be dealt with" and "I've never had to complain about anything but if I had a problem I'd talk to the manager or deputy." We saw that compliments and cards of thanks and praise for the staff and service had been received and shared.

End of life care and support

● People and their relatives were given support when making decisions about their preferences for end of life care. We saw that where people felt comfortable to disclose any wishes they had, these were recorded in care plans. The registered manager had recently put a memorial book in place for people that had sadly died and provide a reflection point for people who wished to remember them.

● People and their relatives praised the manager and staff for the kindness and compassion showed to them at times of bereavement commenting, "Staff made sure my relative wasn't on their own, talking to her, providing extra cups of teas and lots of hugs; just what they wanted and needed. Way beyond the level of the "job description", and totally on their own initiative" and "My relative has an advanced directive and that is being adhered to. They are still very much involved in the process, as I am. They are respecting their decisions about end of life care and I feel able to talk to them about this."

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

● A system was in place to monitor the quality of the service that people received. However not all issues around medicines had been identified prior to our inspection. The registered manager told us that checks were completed by senior staff about people's care and support, but these were not currently being recorded.

● An internal audit was completed annually and from this an action plan would be put in place. The registered manager's line manager would sample care plans and staff records and audit these three-monthly. In addition, the registered manager submitted a monthly report which included information relating to care, staffing and occupancy. We saw that one audit had identified that more information needed to be included on accident and incident forms.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

● People praised the care and support they received from staff and said the registered manager was available and approachable. Comments included "I think it's well managed. Everything seems to go smoothly, and the manager is always available", "The manager is available, I know her, and she pops in to see me" and "It's excellent. I would absolutely recommend it."

The registered manager was supported by a deputy manager and staff spoke positively about the leadership saying, "The manager is approachable, she's wonderful", "The managers are very supportive, they are there any time we need them, she would put the staff first before any paperwork" and "I feel supported, the manager is approachable."

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

● Information was available to inform people of events happening within the service. A photo board of staff was displayed so people could recognise the staff that would support them.

● Feedback surveys were sent to people every two years. We reviewed the comments from the survey in 2017 which were mostly positive about the service received. Resident meetings were held bi-monthly and were well attended. The registered manager told us "I get feedback from people and I act on this. I always have an ear out." Everyone we spoke with mentioned the residents' meetings and thought they were positive and useful as a way of expressing their views and raising any general concerns. One person said "I can express my views at any time but every two months there's a residents' meeting with a proper agenda and good notes. It all works very well."

Continuous learning and improving care

● People told us they felt the service was well managed and that they would recommend it. One person said "I'm lucky to be here. I would recommend it without any kind of hesitation. I don't think there could be any improvements. I find everyone is so kind and considerate. Not a day goes by when I don't think how lucky I am."

● The registered manager had opportunities within the service to further their own knowledge and learning. The registered manager had attended a leadership course and told us "it was about mindfulness, work life balance and being brave to challenge. I found that useful."

Working in partnership with others

● The service had a good rapport with external professionals and staff were aware when they needed to seek farther advice for people. One health and social care professional said, "Managers and staff are approachable and friendly."

● The service had good links to the local community, reflecting the needs and preferences of people in its care

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The monitoring and recording of safe medicine management needs further improvement. Guidance was not always available for staff to give people their medicines safely. Regulation 12 (2) (g).