Care Quality Commission

Mr & Mrs J Mangat
Fairholme

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Good

Overall summary

We carried out this unannounced inspection of Fairholme on 3 November 2015. Fairholme is a care home which provides accommodation for up to 60 people who require nursing or personal care. At the time of the inspection fifty people were using the service. Most people who lived at Fairholme required general nursing care due to illness. Some people were living with dementia, physical or sensory disabilities.

The service received a comprehensive inspection in April 2014 and was found to be meeting the requirements of the regulations.

The service is required to have a registered manager and at the time of our inspection a registered manager was 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 range of activities available to people were limited. Activities were mainly therapeutic including hand massage. People told us they would like more activities with 'mental stimulation'. We have made a recommendation to the provider about this.

Not all staff were wearing protective clothing in the dining room when serving and supporting people to eat their

Summary of findings

meals. This meant there was a potential cross contamination risk. Protective aprons were available around the service. The registered manager acted on this issue with immediate effect.

The atmosphere at the service was welcoming, calm and friendly. The service had a central hub of lounge and dining space, as well as two separate lounges. People were able to spend their time in various areas of the service as they chose. There were a range of mobility aids and equipment to support people. People's bedrooms were personalised as were the furnishings in lounge areas.

Some people had complex needs and were not able to tell us about their experiences. However comments from those people we spoke with told us they felt safe because there were sufficient staff on duty to meet their needs. Comments included, "I don't have to wait long before they [staff] come if I need them" and "There is always a member of staff around if I need to speak to them about [relatives name]. People's care and support needs had been assessed before they moved into the service. They included risk assessments to ensure peoples safety. Care records included details of people's choices, personal preferences and dislikes.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. However the way staff were allocated around the service at lunchtime meant some people had to wait for some time before they received their meal.

Staff had been suitably trained to recognise potential signs of abuse and subsequently to take appropriate action. Staff received other suitable training to carry out their roles. Recruitment processes were satisfactory; for example pre-employment checks had been completed to help ensure people's safety.

The medicines system was well organised, and people received their medicines on time and there were safe systems for storage. People had access to a general practitioner (GP), and other medical professionals including a dentist, chiropodist and an optician. Where referrals for further investigation were made by a GP, staff had made sure records were regularly updated so there was a clear audit trail for any prescribed treatment. A health professional told us the service managed medicine systems well.

People's nutrition and hydration needs were being met. The cook had information about people's dietary needs and special diets. Staff supported people to eat meals where they needed help. Where necessary staff monitored what people ate to help ensure they stayed healthy.

Staff were positive about their work and confirmed they were supported by the management team. Staff received regular training to make sure they had the skills and knowledge to meet people's needs. The service had signed up and achieved the Gold Standard Framework. This aims to provide optimal care for people approaching the end of life.

People told us they knew how to complain and would be happy to speak with a manager if they had any concerns. Families and staff felt they could raise any concerns or issues they may have with the manager, who they said was approachable. People felt their views and experiences were listened to.

The management team used a variety of methods to assess and monitor the quality of the service. These included regular audits and meetings with all stakeholders of the service. Response from this monitoring showed that overall satisfaction with the service was very positive.

Summary of findings

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 told us they felt safe living in the service and relatives told us they thought people were safe as well.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had the right knowledge and skills.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Is the service effective?

Good

The service was effective.

Staff received on-going training so they had the skills and knowledge to provide effective care to people.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were able to see appropriate health and social care professionals when needed to meet their healthcare needs.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Requires improvement

The service was not always responsive.

There were limited activities available to people. People told us they would like a range of activities which would provide 'mental stimulation'.

Visitors told us they knew how to complain and would be happy to speak with managers if they had any concerns.

Summary of findings

People received personalised care and support which was responsive to their changing needs.

Is the service well-led?

Good

The service was well led.

Systems and procedures were in place to monitor and assess the quality of their service.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Staff were motivated to develop and provide quality care and told us they felt supported by managers.

Fairholme

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.

This unannounced inspection took place on 3 November 2015. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

We requested and were provided with a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before the inspection we reviewed information held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the registered manager, ten people who were able to express their views of living at the service and three visiting relatives. We looked around the premises and observed care practices on the day of our inspection visit. Prior to and during our inspection visit we spoke with a health professional and a commissioner of the service.

We looked at eight records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Good

Is the service safe?

Our findings

People who lived at the service and relatives we spoke with told us they felt safe and secure. One person told us, "[Persons name] has been here for a while. I don't think they would get better care anywhere else. Yes I do feel they are safe, I have nothing to be concerned about" and "It is a safe and secure building that makes me feel comfortable my relative is in safe hands. There are always staff around if I want to talk to them".

A new call bell system had been fitted. It served all areas of the service and staff said it had, "been a great improvement" and increased response times by being able to instantly identify where the call had been made. The screen indicated when staff were in attendance and this reduced the time staff spent responding to calls. Where an emergency was identified the screen would change to red and a different alarm would sound. We found call bells were responded to quickly throughout the inspection visit.

The service had safeguarding procedures in place to minimise the potential risk of abuse. Staff had received training in safeguarding adults. Staff were knowledgeable in recognising signs of potential abuse and how to use the organisation's reporting procedures Two staff members told us they were confident any allegations would be fully investigated and suitable action taken to ensure people were safe. One staff member told us, "I haven't long since updated my training. We got the details of the contacts but I would always go straight to the manager. It's too important not to".

Staffing levels were based upon the level of needs for people living at Fairholme. Rotas showed there was a skills mix of staff on each shift. Care staff were supported by two registered nurses throughout the 24 hour period. Ancillary staff including kitchen and housekeepers were also employed. Most people said there was enough staff to meet their needs, and the staff we spoke with said staffing levels were satisfactory. However, during lunchtime five people had been assisted to the dining room but waited for 25 minutes before they received their meal. Some people, who took their meals in the lounge, also had to wait until staff had supported people in their own rooms. Staff told us it had been a disruptive lunchtime and this was not usual. People who required regular support with their care and support received it when they needed it. For example a number of people required pressure care at very specific intervals. Records showed staff were carrying out the care when they required it. One staff member said, "We all know the importance of making sure people have their drinks and turns. The nurses make sure it's happening". A visiting family told us, "There is always staff available. They are always busy".

Not all staff were wearing protective clothing in the dining room when serving and supporting people to eat their meals. This meant there was a potential cross contamination risk. Protective aprons were available around the service. The registered manager acted on this issue with immediate effect.

Care files included risk assessments and control measures in place to minimise risk. For example, how staff should support people when using equipment, reducing the risks of falls. The use of bed rails and reducing the risk of pressure ulcers. Where people had been identified as at risk from falls. The records directed staff on the actions to take to reduce this risk. This helped ensure staff provided care and assistance for people in a consistent safe way.

Where people displayed behaviour which might be challenging, we saw evidence in care records that assessments and risk management plans were in place. These were detailed and meant staff had the information needed to recognise indicators that might trigger certain behaviour. Staff spoken with were aware of individual plans and said they felt able to provide suitable care and support. One staff member told us, "It's about getting to know the residents and looking for triggers". For example we observed a staff member encouraging a person to sit away from another person who was in an anxious state This diffused a potential confrontation.

Staff supported people with mobility difficulties. We observed transfers during the day in the main lounge and dining area. All the transfers from chair to wheel chair and vice versa were carried out by competent staff. For example, we saw two staff supporting a person to move positon with the use of hoist equipment. During the process they talked with the person reassuring them they were safe. The person looked relaxed and comfortable throughout the process. This showed staff understood how to carry out the task safely, but also how to engage with people and reassure them.

Two registered nurses had introduced a medicine management system to ensure there were safe

Good

Is the service safe?

arrangements for the storage and administration of medicines. All Medicine Administration Records (MAR) were completed correctly providing a clear record of when each person's medicines had been given and included the initials of the nurse who had given them. Medicines were securely stored in portable metal cabinets and when not in use were stored in a locked room. The service had arrangements in place for the recording of medicines that required stricter controls. These medicines required additional secure storage and recording systems by law. The service stored and recorded such medicines in line with the relevant legislation. The service carried out regular audits of medicines to ensure they were correctly monitored and procedures were safe. A health professional told us the service managed medicines effectively and safely.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required, to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks, to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Service certificates were in place to make sure equipment and supply services including electricity and gas were kept safe. Equipment including moving and handling aids, stand aids, lifts and bath lifts were regularly serviced to ensure they were safe to use.

Good

Is the service effective?

Our findings

Family members told us, “My wife is not able to make her own decisions. The staff assess when [persons name] needs to go to bed. She is in clean clothes every day and always looks lovely” and “There is always a good choice of food, it looks good. My [relative] has a care plan and everything is recorded”.

During the inspection visit staff were available to support people with their needs. Staff were chatting with people about their interests and what they would like to spend their time doing at various times of the day. People’s bedrooms contained personal pictures and ornaments which helped the service to have a familiar homely feel for people who lived there.

People had access to healthcare professionals including doctors’, chiropodists and opticians. Health checks were seen as important and were recorded on people’s individual records. One staff member told us, “We have a really good relationship with the local surgery and district nurses. They always come out if we ask them and give staff advice where it’s requested “. Staff made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified.

We observed lunch being served in the dining area. Tables were laid with coloured table covers, red vases with flowers and serviettes. Only five people actually used the dining room at lunchtime. Some people chose to eat in their rooms or other lounge areas. This was not seen as a problem to the staff. People requiring a soft food diet had pureed food in individual portions on a plate making it look attractive and appetizing. Staff were seen to prompt people to take drinks during the day. People who were very unwell had suitable care plans in place so they received suitable nutrition and hydration. Where appropriate charts to monitor nutrition and hydration were in place, and were being regularly completed and reviewed so they were meaningful to staff.

The registered manager and the staff were aware of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people’s capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The home considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a recent court ruling the criteria for when someone maybe considered to be deprived of their liberty had changed. Mental capacity assessments had been carried out and where people had been assessed as lacking capacity for certain decisions best interest meetings had been held. One application had been authorised and this was kept under review in line with legislative requirements.

Staff told us they felt supported by management and they received regular individual supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs.

The service was aware of the new Care Certificate which replaced the Common Induction Standards. This is designed to help ensure care staff have a wider theoretical knowledge of good working practice within the care sector. The service induction included training identified as necessary and familiarisation with the service and the organisation’s policies and procedures. The registered manager told us future staff would be inducted using the care certificate profile. There were training opportunities for staff working at the service. Staff told us they thought access to training was generally good.

The environment was clean and odour free. Procedures to ensure the maintenance of cleanliness and hygiene standards were in place and staff responsible for cleaning the service received training in hygiene procedures. Protective equipment was available to staff throughout the service. The use of labelling on people’s doors when they had been cleaned or required cleaning was more of a hospitality image and did not evoke a homely atmosphere.

There were a range of aids and adaptations for people who had limited mobility, including hand rails and passenger lifts. There were a range of specialist bath and shower facilities designed for people requiring support with personal care. There were a number of alterations taking place to improve toilet and bathing facilities for people.

Good

Is the service effective?

Some areas of the service required decoration for example replacement carpets on a first floor corridor. The providers had identified these areas and replacements were on order.

Good

Is the service caring?

Our findings

People said they were well cared for at the service. Families told us, "I chose this home for the atmosphere, the care and the carers. I have not seen any better" and "Everything is done for (relative). I looked at several homes before I chose this one. They treat [relative] with care and respect in a dignified way". Also, "I have not been well so came. They [staff] are all kind to me and will do anything I ask. They are as good as gold. They [staff] are ever so kind to me". Another person said, "My family chose this home. I am very happy here and well looked after".

The service provided end of life care for some people. The service had signed up and achieved the Gold Standard Framework. This aimed to provide optimal care for people approaching the end of life. People needing end of life care had an 'Advanced Care Plan' which was developed, where possible with the person and their representatives, when people moved in. Wherever possible people were encouraged to make as many choices as possible for example if they wanted any specific support from religious leaders, friends or family.

Staff spoke in a reassuring way when talking with people. People were not left on their own in any part of the service for any length of time. We observed staff giving people reassuring hugs when they were anxious and gentle hand squeezes. Staff could be seen kneeling or bending down to make sure people they spoke with was at eye level. Where people requested assistance with personal care, staff responded discreetly and quickly. A professional visiting the service told us, "I work well with the nurses".

Staff were clear about the backgrounds of the people who lived at the service and knew their individual preferences about how they wished their care to be provided. For example one person liked to walk around the service and staff discreetly observed them to make sure they were safe but not restricting them.

Staff were highly motivated and told us people were well cared for. Staff told us, "It can be a hard job but we really care about the people here so we go over and above" and "A good team means it's a nice place to work and we all work together for the residents". Staff were friendly, patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing.

Families we spoke with said they were involved in supporting decisions about their relatives care and treatment. They told us they were aware of their relatives care plan and had contributed to reviews that took place. Care records demonstrated what people enjoyed doing and included significant events in peoples' lives. One relative had been supported by staff to overcome an issue. They told us, "Things have got worse, but [name of staff] has used their magic. They [staff] always let me know how things are going. Great service".

Visitors told us there were no restrictions to visit and staff always made them feel welcome at any time of the day. One relative said, "They are so good always offer me a cuppa when I arrive." Another relative said, "I try not to come at mealtimes but I don't think it would be a problem".

Requires improvement

Is the service responsive?

Our findings

Relatives told us they felt the service was good at communicating with them and would always contact them if anything changed with their family member. Comments included; “Happy with the skills of the staff, we are very pleased with the care [relatives name] receives” and “They [staff] keep me up to date with everything about [relatives name] treatment”. Visiting healthcare professionals did not have any concerns about Fairholme and confirmed the staff responded appropriately when necessary and followed advice given to them.

The service had a limited range of activities available to people. Two care staff were responsible for activities taking place. They told us, “Activity time is just for that. It is allocated”. There was an activity diary recording manicures, lounge games, craft afternoons and hand massage. However activities were planned for week days but not week-ends. Most of the activities were therapeutic and not active which would encourage discussion and social interaction. People told us they would like more activities to provide them with ‘mental stimulation’. We have made a recommendation to the provider about this.

The service had created its own chapel for people to use for religious observation and regular visits were made by clergy for holy communion.

People who wished to move into the service had their needs assessed to help ensure the service was able to meet their wishes and expectations. There were examples where the registered manager and nursing staff had responded to changes in people’s needs. Care plans had been updated to provide information of the changes in care plans. Where people required additional support from specialists including dieticians or physiotherapists, referrals had been made and responded to. A visiting health professional told us they had developed a good system of communication with the service clinical leads.

Staff were responding to individual needs based upon information in the care planning and risk records. Risks associated with peoples individual needs were being recorded and regularly reviewed in order to respond to changes. Risk planning covered areas such as falls, communication, capacity and responding to hydration and nutritional risk.

Care plans were personalised to the individual and gave clear details about each person’s specific needs and how they liked to be supported. Care plans were informative and accurately reflected the needs of the people we spoke with and observed. They were reviewed monthly or as people’s needs changed.

Records showed people or their families had been involved and were at the centre of developing their care plans. This demonstrated people were encouraged to express their views about how their care and support was being provided for them. One person said, “I am involved in my care plan, having read it and commented on it”. Where people did not have the mental capacity to make decisions, or understand their care planning needs, families had been involved. Members of staff told us care records were accessible, informative, and easy to follow and up to date. One staff member said, “We are always told to make sure we read care plans to get the information”. Daily notes were consistently completed and enabled staff coming on duty, to get a quick overview of any changes in people’s needs and their general well-being. At the end of each care shift a formal handover meeting was held. This ensured the following staff team duty were aware of any changes to people’s needs or other issues that were of concern to staff.

People and their families were given information about how to make a complaint. Details of the complaints procedure were seen in the entrance to the service and comment cards were available if people wanted to complete one. One person told us, “I tell the staff if I am not happy about something and it gets sorted out”. The service had a record of three complaints raised in the previous twelve months. The complaints had been investigated and resolved to the complainant’s satisfaction.

We recommend the service looks at good practice guidance to provide stimulating activities for people in residential/nursing care.

Good

Is the service well-led?

Our findings

There was a management structure at the service which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the home, supported by a deputy manager. The registered manager was supported by clinical leads and care staff. The providers were regularly at the service and accessible to the registered manager and staff.

People using the service and their relatives had confidence in the management and staff at the service. We were told "What I like is the manager is always around and not just stuck in the office" and "The home has come a long way since I came to live here." People said if they had any concerns they could ask to speak with senior staff or management, and they found them approachable.

There were systems in place to monitor the quality of the service provided, at both the level of the service and with senior management. The auditing process provided opportunities to measure the performance of the service. The registered provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service. These included audits of accident and incidents, medicines, care records and people's finances.

The service providers worked at Fairholme on a regular basis and conducted regular audits to ensure the service was monitored and continued to develop. For example an improvement plan to update areas of the environment was going ahead following an environmental audit.

Staff meetings were taking place and minutes of the meetings were available for inspection. The meetings provided staff with the opportunity to gain information about operational issues for the service.

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with felt the management team worked with them and showed leadership. One staff member said, "The manager has an open-door as far as having time to talk with her. She is always available to listen to any issues or concerns that need discussing." Staff told us morale was good and there was a stable staff team, with some staff having worked in the service for a number of years. Staff said they were supported by the management team and were aware of their responsibility to share any concerns about the care provided by the service.

Visiting families told us the manager talked with them when they visited and kept them updated with any changes in the service. Visitors told us, "I know [person's name] is getting all the care they need when I walk out of this home. It gives me piece of mind". Also, "We think they are good at telling us what's going on. When [persons name] had a fall they [staff] got hold of me straight away to let me know what had happened".

Peoples' views were sought about the quality of the service. Comment cards were in place in the entrance hall. A recent relative survey included positive comments, "A very well run and caring establishment" and "The manager and staff are a credit to this service".

Policies and procedures were in place for all aspects of service delivery and these had recently been reviewed within the last six months and reflected current legislation and best practice.