

One Housing Group Limited

Baycroft Fairfield

Inspection report

Hitchin Road, Fairfield
Hitchin
SG5 4SW

Tel: 01462530465

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24 November 2021

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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

About the service

Baycroft Fairfield is a residential care home providing personal and nursing care to 18 people aged 65 and over. This was for people who may be living with dementia, a physical disability or sensory impairment at the time of the inspection. The service can support up to 75 people.

The home is built over three floors with all bedrooms containing an ensuite wet rooms. In addition, there were shared lounges on each floor, a cinema room, a hair dressing salon, a bistro café, an overnight guest room, a fitness suite and shared outdoor courtyard and garden space.

People's experience of using this service and what we found

People told us they felt safe living at the home. Measures had been put in place to address identified risk. Staff were knowledgeable of systems and processes in place to reduce the risk of harm and injury.

Care plans and risk assessments had been completed which were individual to the person. People and their families told us they had been involved in the assessment process.

People and their relatives spoke positively about the home. One person told us, "I love it, this is my forever home." A relative told us, "The atmosphere is very positive, a living entity with everybody being included. It is a thriving community like a little village."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were enough suitably qualified and skilled staff on each shift. Staff told us a robust recruitment process was in place which prepared them for their role. .

Staff had received training in the safe administration of medicine and had had their skill and practice regularly checked by senior staff and the registered manager.

Staff had completed training to provide them with the skill and knowledge to provide appropriate care for people at the end of their life.

People and their relatives said they found staff and the registered manager to be approachable. People told us they were confident that if they raised a concern this would be listened to and addressed.

People and their relatives felt listened to and involved in their care. People and their relatives told us the staff were kind and caring. One relative told us, "The staff provide care and support with grace and humour."

The registered manager was supported by the strategic head of service who completed a variety of quality assurance audits which helped drive improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 06 November 2019 and this is the first inspection.

Why we inspected

This was a planned inspection as a newly registered service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Baycroft Fairfield

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

Baycroft Fairfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

Inspection activity started on 16 November 2021 and ended on 24 November 2021. We visited the service on 16 November 2021.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us with key information about their service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, clinical deputy manager, strategic head of service, registered nurses, care staff, staff from the activities team and catering department.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to reduce the risk of harm. Staff had received training and were confident in reporting and recording safeguarding concerns.
- People told us they felt safe. One person said, "I know if I need somebody the staff are here for me."
- Systems were in place for reporting and recording safeguarding concerns. The registered manager analysed information regularly to identify trends and implemented actions to reduce risk.

Assessing risk, safety monitoring and management

- Risk assessments had been completed for all people living at the service. These contained information to safely manage risk and were reviewed and updated regularly.
- Staff had made referrals to professionals when needed for specialist equipment and to dieticians for further guidance and advice.

Staffing and recruitment

- There were enough trained and skilled staff on each shift. One person told us, "I don't have to wait long when I request assistance." A relative told us, "Staff are always popping into [family member's] room to check they are alright."
- A process was in place to ensure that pre-employment checks were completed for all staff prior to starting work at the service.

Using medicines safely

- Systems and processes were in place which supported the safe management and administration of medicine.
- Staff had received training in the safe administration of medicine and had been assessed by senior staff to ensure they demonstrated the skills and knowledge required.
- Medicine records contained information about how best to administer the person's medicine safely. For example, one record stated to administer tablets one at a time from a spoon and to offer a drink afterwards to reduce risk of choking.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Lessons learnt and good practice was shared with staff during clinical governance meetings and team meetings.
- The minutes of staff team meetings contained evidence of discussions held reflecting on previous incidents and agreeing actions to take to reduce the risk of re-occurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans and risk assessments were in place. Information was tailored to individuals needs and provided detail of people's medical needs, health conditions, likes, dislikes and preferences.
- People and their relatives told us they were involved in the care planning and review process. The care records evidenced updates had been completed following reviews to ensure they remained accurate.

Staff support: induction, training, skills and experience

- People and their relatives told us they felt the staff had received appropriate training. A relative told us, "Staff know when to make referrals to medical and health professionals in a timely manner and always keep me updated. This makes me feel they are trained and recognise change."
- Staff felt their induction prepared them for their role and a robust induction process was in place. Staff told us this included shadowing, orientation to the home, training, familiarisation with paperwork and getting to know people.
- The registered manager recognised the importance of developing staff knowledge and their career opportunities. Two staff members described the support which was available in accessing additional training and how they were being developed to progress to a more senior role in the future.

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

- People's dietary requirements had been recorded within their care plans and shared with the catering department. Where people's needs had changed, referrals had been made to dieticians for further guidance and advice.
- People told us the food was enjoyable and that choice was always available. A relative told us, "The food is superb. The head chef takes the time to speak to people and ask what they would like. When [family member] was not eating, the chef even took time to visit [family member] in their room and ask what could be cooked especially for them."
- People were able to choose where they sat at a mealtime and were not rushed.

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

- People had access to healthcare services and professionals. One person was supported to continue to access an external physiotherapist whom they were working with prior to their move to the home.
- Care records contained evidence of referrals being made to specialist teams including district nurses, tissue viability teams, occupational therapists and GP's.

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

- The home had been well decorated and maintained. There were several shared lounges on each floor which people could use as well as quieter areas should they prefer. A relative told us, "There are a lot of smaller lounges which offer privacy. It is a comfortable place to visit."
- A member of the maintenance team ensured equipment was regularly service and held records to evidence this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People were supported by staff to make decisions and choices about their care.
- Staff had received training relating to the principles of the MCA and DoLS and understood their responsibility in prompting choice and gaining consent.
- Staff were knowledgeable of methods to help people make decisions. This included showing a choice of plated up food options at a mealtime of menu choices available.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; respecting and promoting people's privacy, dignity and independence

- People told us they felt the staff were kind and caring and they enjoyed living at Baycroft Fairfield. One person told us, "The staff are very kind and patient." A relative said, "The staff are very kind and caring. They have a team approach. [Family member] has told us they are very happy and comfortable living here."
- Staff were passionate about their role and worked with the value of putting the person at the centre of all they did. One staff member told us, "It is important to ask what a person wants and to provide support how they wish, whilst being respectful at all times."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they found all the staff to be approachable and felt comfortable in the staff presence.
- People's records evidenced their involvement in making decisions about their care. Where people were unable to make a decision about their care and support families were involved.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records provided detail and guidance to staff to provide care with a person-centred approach. One person said, "I like to get up at 6.30am and shower. The staff are always happy to help me."
- Staff told us the information in the care plans was reflective of people's needs and was updated in a timely manner when required.
- Technology including sensor mats and lifeline care emergency call pendants were in place to support a prompt response to people's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information regarding aids required by people to support them with communication including wearing glasses or hearing aids.
- Staff were aware of people's communication needs and were observed speaking to people respectfully and sensitively, allowing time for responses to be provided.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were available in the home; however, these were limited to scheduled days in the week. The registered manager told us following feedback from people and their relative's, recruitment was taking place for an additional activity staff member. This would enable the home to offer activities seven days of the week.
- People and their families had been supported during the COVID-19 pandemic to maintain contact through the use of telephone and video calls.
- A relative told us the registered manager had supported them by accommodating a family birthday celebration at the home, allowing them the sole use of a designated room. This had enabled the family to come together as they would have done prior to their loved one moving to the home.

Improving care quality in response to complaints or concerns

- People and their relatives told us they were aware of a complaints process and felt confident in raising concerns.

- A complaints record showed complaints raised had been addressed and outcomes shared.

End of life care and support

- Care plans contained discussions held with people at their end of life wishes and preferences.
- Staff told us they had received end of life training.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a positive culture of working within the home. Daily walks of the home were conducted to identify any areas for improving the quality of service, and any concerns were addressed with staff in a timely manner.
- A staff member told us, "The registered manager maintains a tight ship but is fair to all. The registered manager has installed the importance of working together as a team to achieve good things."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Correspondence in records evidenced the registered manager was aware of their responsibility to apologise to people and their families when things went wrong.
- The registered manager had reported notifiable events where required to the CQC. Actions had been implemented to support with making changes and improvements.

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

- Monitoring systems were in place including various audits which identified any failings within the service and actions were in place to address these. The registered manager was supported by the organisational quality team and strategic head of service who over-saw the progress of action plans and improvement in the home.
- Staff were enthusiastic and passionate about their role in the home. They understood and respected the values of the organisation and demonstrated in the way which they worked. A relative told us, "The staff are proud of what they do. Everyone knows what their role is and the registered manager's expectations."

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

- The registered manager told us there had been a lapse in residents' meetings. This was being addressed by the newly recruited activity co-ordinator who would be scheduling meetings to take place regularly.
- Relatives' meetings had taken place regularly throughout the COVID-19 pandemic via video calls. Relatives told us they found the meetings to be informative and felt able to ask questions and felt listened to. Relatives told us they had also received minutes of the meetings where they had not been able to attend.

Continuous learning and improving care

- Minutes of clinical governance and staff meetings evidenced where discussions and reflective practice had taken place and actions were agreed to support making improvement.
- The registered manager participated in several internal forums. Topics discussed at these were shared with the staff team and used to review practice in the home.

Working in partnership with others

- The registered manager and the staff team had built close links with the GP and health professionals and were prompt to seek advice and guidance when people's needs changed.