

## Fairways Residential Home

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### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 6 and 7 September 2016 and was unannounced. The previous inspection was carried out in September 2015 and concerns relating to the management of medicines, some areas of infection control, obtaining consent from people and quality management were identified. At that time and we asked the provider to send us an action plan about the changes they would make to improve the service. At this inspection we found that actions had been taken to implement these improvements. However, some areas required further improvements.

Fairways Residential Home is registered to provide personal care and accommodation for up to 28 people. There were 23 people using the service during our inspection; who were living with a range of health and support needs.

Fairways is a large detached house situated in a residential area in Littlestone, close to the seafront. There were 25 bedrooms, three being able to offer double occupancy. People's bedrooms were provided over two floors, with a passenger lift in-between. There were sitting and dining rooms on the ground floor and a quiet lounge on the first floor. There was an enclosed patio and garden area to the rear.

The service had a registered manager, who was present throughout the inspection. 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 and associated Regulations about how the service is run.

Risks to people had generally been assessed and minimised but medicines had not always been recorded or stored appropriately. Clear, individual guidance was not available for 'as required' medicines.

A system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit to do so. There were enough staff on duty, although at times, people were left with little to stimulate or occupy them. Planned activities were offered between 3-4pm.

Staff had completed induction training when they first started to work at the service. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and lives. Staff received supervisions but did not receive annual appraisals.

At time people were left with little to occupy or stimulate them. Regular activities were offered between 3-4pm each afternoon, at other times activities reflected staff availability rather than individual choice. Planned events took place such as trips out once a quarter, visiting entertainers twice a month and a summer fete.

People were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns. Staff knew about whistle blowing and were confident they could raise any concerns with the provider or outside agencies if needed.

Equipment and the premises received regular checks and servicing in order to ensure it was safe. The registered manager monitored incidents and accidents to make sure the care provided was safe. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The registered manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Some people at the service had been assessed as lacking mental capacity to make complex decisions about their care and welfare. At the time of the inspection the registered manager had applied for DoLS authorisations for people who were at risk of having their liberty restricted.

The care and support needs of each person were different, and each person's care plan was personal to them. People had care plans, risk assessments and guidance in place to help staff to support them in an individual way.

People were supported to maintain good health and attended appointments and check-ups. Health needs were kept under review and appropriate referrals were made when required.

Staff encouraged people to be involved and feel included in their environment. Staff knew people and their support needs well.

Staff were caring, kind and respected people's privacy and dignity. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff.

People were encouraged to eat and drink enough and were offered choices around their meals and hydration needs. Staff understood people's likes and dislikes and dietary requirements and promoted people to eat a healthy diet.

Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve. Action was taken to implement improvements.

Staff told us that the service was well led and that they felt supported by the registered manager to make sure they could support and care for people safely and effectively. Staff said they could go to the registered manager at any time and they would be listened to.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

## 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 consistently safe.

People received their medicines when they should, but improvements were required in some storage, records and guidance to ensure risks in relation to medicine management were mitigated.

People were protected from the risks of avoidable harm and abuse. Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

There was sufficient staff on duty to meet peoples' needs. Appropriate checks were completed when employing new staff.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Staff had one to one meeting to support them in their learning and development, however they did not have annual appraisals to aid development in their roles.

New staff received an induction and staff received training to enable them to support people effectively.

Staff understood the importance of gaining consent and giving people choice. Staff followed the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it. People were provided with a range of nutritious foods and drinks.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Staff took the time needed to communicate with people and

**Good** ●

included people in conversations. Staff spoke with people in a caring, dignified and compassionate way.

People were treated with kindness, respect and their dignity was protected.

Staff understood the importance of confidentiality. People's records were stored securely to protect their confidentiality.

### **Is the service responsive?**

The service was not always responsive.

Activities were offered, however at times people sat with little to occupy or stimulate them.

Staff had a good understanding of people's needs and preferences. People were relaxed in the company of each other and staff.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well-led.

Quality assurance surveys, regular audits and checks were undertaken at the service to make sure it was safe and running effectively. Not all audits were effective in ensuring safe practice.

Policies and procedures were available, however, some referred to old legislation.

People and staff were positive about the leadership at the service. Staff told us that they felt supported by the registered manager and owner.

**Requires Improvement** ●

# Fairways Residential Home

## 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 inspection took place on 06 and 09 September 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed information we held about the home, including previous inspection reports. We considered the information which had been shared with us by the local authority and other people, looked at any safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection visit we observed staff carrying out their duties, communicating and interacting with people to help us understand the experiences of people. We spoke with six of the people who lived at Fairways. Not everyone was able to verbally share with us their experiences of life in the service. We therefore spent time observing their support. We spoke with three people's relatives. We inspected the home, including the bathrooms and some people's bedrooms. We spoke with three staff members, the registered manager and the owner.

We reviewed a variety of documents. These included four care files, staffing rotas, four staff recruitment files, medicine administration records, minutes from staff and resident meetings, audits, maintenance records, risk assessments, health and safety records, training and supervision records and quality assurance surveys.

# Is the service safe?

## Our findings

People told us they felt safe and liked living at Fairways. One person said "I'm happy here." Staff knew people well enough so that they were able to respond quickly. A relative commented, "Mum is happy, safe and well looked after."

Our last inspection identified that medicines were not consistently managed safely, in line with current guidance and best practice. During this inspection we found that improvements had been made but there were still some areas that required improvement. There were policies and procedures in place; however this referred to out of date legislation. The bulk of medicines were stored securely and at the right temperature to ensure the quality of medicine people received. Some people's topical medicines were stored in their ensuite bathroom; there were no risk assessments in place to ensure this was safe. Where people were prescribed medicines on a 'when required' basis, for example, to manage constipation, pain or skin conditions, there was not individual guidance for staff on the circumstances in which these medicines were to be used safely and when they should seek professional advice on their continued use. When administered, although the MAR was signed, accurate records of times of administration were not maintained. This could result in people not receiving these medicines consistently or safely.

The unsafe storage and incomplete recording of medicines administration is a continued breach of Regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appropriate arrangements were in place for ordering, recording, administering and disposing of other prescribed medicines. The records were up to date and had no gaps, showing all regular medicines administered had been signed for. MAR charts contained photos to help staff ensure the right people received their medicines. Staff checked people's details before taking them their medicines and then ensured that they had been swallowed before leaving people. Since our last inspection new records had been introduced to keep accurate records for the application of creams.

Medicine audits were carried out by the registered manager or senior care worker; we saw clear records of the checks that had taken place. Medicines that were not part of the medicine dosage system were dated on opening, in line with current good practice. Competency checks were completed annually for staff responsible for administering medicines. Staff we spoke with knew what medicines were for and were clear about procedures, such as what to do if a person refused their medicines.

There were policy and procedures in place for safeguarding adults from harm and abuse, along with the Kent and Medway Multi-agency Safeguarding Adults Policy, Protocols and Guidance; this gave staff information about preventing abuse, recognising signs of abuse and how to report it. Staff had received training on safeguarding people and were able to identify the correct procedures to follow should they suspect abuse. Staff understood the importance of keeping people safe. Staff told us they were confident that any concerns they raised would be taken seriously and investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

Our last inspection identified that some risks to people had not been assessed. During this inspection we found that risks to people had been identified and assessed. There was guidance in place for staff to follow, about the action they needed to take to make sure that risk was minimised and people were protected from harm in these situations. This reduced the potential risk to the person and others. Potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards. Risk assessments were reviewed and updated as changes occurred so that staff were kept up to date.

Recruitment files showed that the required checks had been made to make sure that staff were right for their roles. Full employment histories and references from previous employers had been taken, along with checks to ensure that staff were of good character. Documents to prove identity had been seen and copied. This information was not always easy to locate, we recommend that the provider introduces an efficient filing system to ensure required information is more easily available.

There were sufficient staff to meet people's needs. People told us that call bells were generally answered promptly and we observed that staff attended people's needs efficiently throughout the inspection. Some people commented that, at times, during the day, staff seemed to be very busy and "always rushing around." Rotas' showed that staffing had been consistent in the weeks prior to our inspection. The registered manager explained that staffing levels were based on people's care needs and considered, for example whether people needed the support of two staff.

The premises were clean and well maintained. During our last inspection we found that some areas did not meet appropriate standards of hygiene. The registered manager told us that since our last inspection, open bins had been replaced with swing bins, commodes had been replaced and a hand wash basin had been installed in a communal toilet. During our observations of the service we found all of this to be in place. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use.

Checks took place to help ensure the safety of people, staff and visitors. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they had been reported. Records showed that portable electrical appliances and firefighting equipment were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. Records showed Infection Control and Health and Safety audits were completed by management. Fire risks had been thoroughly assessed and people had individual emergency evacuation plans. These gave details of the assistance each person would need in an urgent situation. A 'snatch file' with relevant details and an emergency plan were located in the lobby, in case of an emergency. Staff had regular fire safety training and could accurately describe the way in which people would be helped. These checks enabled people to live in a safe and suitably maintained environment.

Accidents and incidents involving people were recorded and management reviewed these reports to ensure that appropriate action had been taken following any accident or incident to reduce the risk of further occurrences. We observed that staff followed care plan information when assisting people to move around; which helped to keep them safe.

## Is the service effective?

### Our findings

People told us they were happy living at Fairways, one person said, "It's very good here". People told us the staff looked after them and they got what they needed. People's relatives told us that they received good care. They said that the staff knew their relative well and gave them the care and support that they needed. A visitor commented, "Staff are always welcoming and keep me up to date about how Mum is."

Staff worked well together because they communicated and shared information. Staff handovers made sure that they were kept up to date with any changes in people's needs.

Staff did not receive annual appraisals, although the registered manager showed us forms that they were intending to introduce. Staff had individual supervision meetings and the registered manager explained that she caught up with staff regularly throughout their shifts. The registered manager explained that they were in the process of introducing a new system of supervision, where senior staff took on some responsibility for supervisions; they told us that this seemed to be working well. Staff said this gave them the opportunity to discuss any issues or concerns that they had about caring for and supporting people. Appraisals can support staff to develop within their role; the introduction of these is an area we have identified as requiring improvement.

The failure to provide regular performance appraisals is a breach of Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had an induction into the service, this involved time where they spent time reading people's care records, e-learning, policies and procedures and getting to know the service. They would also spend time shadowing experienced colleagues to get to know people and their individual routines. Staff were supported through their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs effectively. The registered manager told us that they were looking to introduce the Care Certificate when they recruit new staff. This certificate is designed for new staff to complete when they start work in care services and sets out the learning outcomes, competencies and the standard of care that is expected of them. Most care staff had achieved level 2 or 3 health and social care qualifications. The registered manager was supportive of staff who wished to obtain qualifications and develop their knowledge and skills.

Staff received training in a range of subjects in order to perform their roles safely and to provide the right care and support to meet people's needs. Training in all mandatory subjects was up to date. Our observations found that staff were both competent and confident in delivering care. Staff told us that they completed online and classroom based training and that this included training relevant to their roles and the needs of the people they supported, such as, courses to increase their knowledge and understanding about dementia, falls awareness, challenging behaviours and effective communication.

We observed staff providing care and support to people throughout our inspection. Staff adapted the way they approached and communicated with people in accordance with their individual personalities and

needs. The staff team knew people well and understood how they liked to receive their care and support. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective individual care and support.

At our last inspection we identified that there was a lack of understanding and application of The Mental Capacity Act 2005 (MCA). During this inspection we found that further training had been provided and records showed that people's mental capacity to make day to day decisions had been considered and there was information about this in their care plans. Staff had knowledge of and had completed training in the MCA.

The management and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest.

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS).

Applications had been made for deprivation of liberty safeguards (DoLS) authorisations for people who needed them, and were being processed. These authorisations were applied for when it was necessary to restrict people for their own safety. These were as least restrictive as possible.

People's health was monitored and care was provided to meet any changing needs. When it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. People were supported to attend appointments with doctors, nurses and other specialists they needed to see. People were weighed regularly and the registered manager audited weight records so that they were aware of any weight losses that required professional intervention. Monitoring charts were in place for people whose intake needed to be monitored and these had been completed with enough detail to provide meaningful information about how much people were consuming each day. During the inspection we saw that one person had been provided with some specialist equipment to support their health needs following a referral to the local district nursing team.

People with specific health needs, such as diabetes, had detailed care plans for staff to follow to ensure people received the support they needed. They detailed what action staff should take when blood sugar levels were outside of the expected range.

Staff were aware of what people liked and disliked and gave people the food they wanted to eat. During the inspection we heard staff discussing with people what was on the menu. One person told a member of staff that they didn't want that day's lunch menu so a number of alternatives were offered. Staff respected people's choices about what they did eat. People were supported and encouraged to eat a healthy and nutritious diet. During the afternoon of the first day of the inspection a tray of cold drinks was put out with a note saying 'please help yourself'. Hot drinks were also regularly offered to people.

People's bedrooms were personalised with their own possessions, photographs and pictures. They were decorated as the person wished and were well maintained.

## Is the service caring?

### Our findings

People told us they were happy living at the service and their comments about the staff were positive. One person told us, "I'm happy living here; the staff are kind and caring." One relative commented, "It's informal, more like a home than an institution." Staff knew about people's background, their preferences and their likes and dislikes.

We observed the interactions between staff and people throughout the days of our inspection. There was a happy and relaxed atmosphere in which people joked with staff and clearly felt comfortable in their company. Light-hearted conversations took place and there was a relaxed and friendly atmosphere. Staff knocked on bedroom doors before entering and closed bedroom and bathroom doors when they were delivering personal care, to protect people's privacy. Staff used people's preferred names and spoke with them respectfully. We observed warm and kind exchanges. Staff were discrete and spoke to people quietly to remind them to use the toilet, which meant people's dignity was protected in communal areas. Staff talked about and treated people in a respectful manner and supported people in a way that they preferred.

Staff spent time with people to get to know them. There were descriptions of what was important to people and how to care for them in their care plan. Staff told us when they were new they had read the care plans to get to know how to support people and had worked with more experienced staff in the team to see how people were supported with their lifestyles. Staff talked about people's needs in a knowledgeable way and explained how people were given the information they needed in a way they understood so that they could make choices. Some people who could not easily express their wishes or did not have family and friends to support them to make decisions about their care were supported by staff and advocacy services. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

People were encouraged to be as independent as possible. Staff explained how they supported people to wash their own hands and face, for example, and to choose their clothing. People, who needed it, were given support with washing and dressing. Care plans had sections which recorded 'I can do this... and I need help with this...' to assist staff to understand people's individual levels of independence. This could also help staff to identify important changes in people's abilities. When people had to attend health care appointments, they were supported by family or staff that knew them well.

People's privacy was respected. When people were at the service they could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. People could have visitors when they wanted. People were moving freely around the home, moving between their own private space and communal areas at ease. Relatives told us that they could visit or call at any time and were always made very welcome, they told us that they were kept up to date with their relatives care.

There was no one receiving end of life care at the time of the inspection. However, written records had been made about people's wishes, where known. Care files clearly noted if people had a Do Not Attempt Resuscitation order in place. This helped to ensure that people's end of life choices were respected.

Staff felt the care and support provided was person centred and individual to each person. Staff had built up relationships with people and were familiar with their life stories and preferences. One member of staff commented, "They're well looked after." People's care plans told us how their religious needs would be met if they indicated they wished to practice. People's information was kept securely and well organised. Staff were aware of the need for confidentiality and meetings were held in private.

## Is the service responsive?

### Our findings

People told us they felt staff supported them and responded to their needs, they said they were asked about their preferences and were offered choices. One person told us, "I get offered choices and can choose what I want to do." Another person commented, "Sometimes I like to stay in my room, the staff do respect that." Throughout our inspection people were cared for and supported in line with their individual wishes.

People received the care they needed and the staff were responsive to their needs. People were relaxed in the company of each other and staff. Staff had developed positive relationships with people and their families. Staff kept relatives up to date with any changes in their loved one's health. Relatives gave positive feedback, "The staff are wonderful, everything is done with such good grace."

The home did not employ anyone specifically to carry out activities with people; however staff said that, twice a month, outside entertainers visited such as singers and musicians. Staff said they would try to spend time or do activities with people however they didn't always have time. We observed people during the morning on both days of the inspection and they appeared to be lacking in anything to stimulate or occupy them. Activities reflected staff availability rather than being planned to meet people's needs. Throughout the morning, and for a period of time after lunch, many people sat together in the sun lounge or TV room. There was limited interaction with people from staff at these times, except to enter the room to offer refreshments or to support people to the toilet, some people had relatives visit but others dozed in their chairs, or sat for long periods with nothing to do. At this time staff were busy elsewhere in the service. Meetings minutes from a recent residents meetings, recorded that 'All enjoy activities and X thinks there should be more.' Support offered was task orientated rather than person centred.

The provider had not ensured that the care and treatment was person centred to meet with people's needs and reflect their preferences. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that daily activities took place between 3-4pm, displayed on the noticeboard was a schedule of activities and the current day's activity was written on the white board in the dining room, along with the main meal for the day. Planned activities, for those that wished to participate, included alive and active, word games, garden walks, manicure and hand massage, reminiscence and communion.

Relatives and friends were encouraged to visit and participate in activities, for example a Summer garden party had recently been held in the garden, entertainment with external entertainers had been organised and from photos we were shown, was well supported. People told us how much they had enjoyed their afternoon. Photos were displayed of other activities, such as a recent trip to a seaside town for fish and chips. Some people also chose to attend a local day centre once or twice during the week. People were offered a daily newspaper.

Residents meetings gave people the opportunity to raise any issues or concerns. During these meetings

people were able to discuss and comment on the day to day running of the service. Minutes showed that discussions around activities and menus had taken place.

Staff knew people well and were able to tell us about people's individual personalities and care needs. Bedrooms had been personalised to suit people's own tastes and to include items that were important to them. People told us that they were treated as individuals by staff and that they could choose when they got up and went to bed.

When people were considering moving into the service they, and their loved ones had been involved in identifying their needs, choices and preferences and how these should be met. This was used so that the provider could check whether they could meet people's needs or not.

Within people's care plans were life histories, guidance on communication and personal risk assessments. In addition there was specific guidance describing how the staff should support the person with various needs, including what they can and can't do for themselves, what they need help with and how to support them. Care plans gave staff an understanding of the person and were personalised to help staff to support people in the way they liked. Care plans contained information about people's wishes and preferences and guidance on people's likes and dislikes around food and drink. Care plans contained healthcare guidance, which would give healthcare professionals details on how to best support the person in healthcare settings if needed, such as if the person needed a stay in hospital. Generally care plans were kept up to date and reflected the care and support given to people during the inspection. However, some records we reviewed did not contain current guidance for staff to follow, for example, where people had been identified as requiring a fortified diet. It was not always recorded on their 'food and drink profile' that they required a fortified diet. Although this information was clearly in the kitchen and staff were aware. This is an area that requires improvement. People had review meetings to discuss their care and support; care managers, family and staff were invited to attend.

Complaints had been managed effectively. We read complaints which had been logged by the registered manager. A record had been made of the actions taken to address any complaints. These included acknowledging the concerns and carrying out an investigation.

People and their relatives told us that they knew how to make a complaint; but those we spoke with said they had not had cause to do so. There was a complaints protocol on display which gave directions for how the process worked. People and their relatives told us they could raise any 'niggles' with staff, the registered manager or owner and it would 'get sorted'. One relative told us, "We can raise any little thing and it gets done. They are all very approachable."

## Is the service well-led?

### Our findings

The service had an established registered manager who was supported by senior care workers and a team of care workers along with ancillary staff. Staff felt that they were well supported. One staff member commented, "The manager is approachable, we can make suggestions." Relatives told us they found the manager and owner to be open and approachable, one commented "The manager keeps things tight, knows what's going on."

Since our last inspection systems had been introduced to measure the quality and safety of the service, however they were not always robust. Regular audits were carried out to identify any shortfalls in areas such as health and safety and infection control. However, not all auditing had been effective in recognising issues. Medicines audits had been carried out both daily and weekly but had failed to identify the unsafe storage of some topical medicines and the gaps recording of 'as required' medicines we found during the inspection.

The failure to effectively audit the service is a continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

However, other audits, completed by the registered manager and the providers business partner had been effective, for example infection control audits had been effective in ensuring standards of hygiene were acceptable.

The registered manager made sure that staff were kept informed about people's care needs and about any other issues. Staff handovers, communication books and team meetings were used to update staff. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. Some policies referred to old regulations, we raised this with the registered manager who told us they would make sure they were updated to reflect current regulations. This is an area for improvement.

The registered manager demonstrated a good knowledge of people's needs. During the inspection we observed that people engaged well with the registered manager who was open and approachable. Staff were clear about their role and responsibilities and were confident throughout the inspection.

There was a positive and open culture between people, staff and management. Through our observations it was clear that there was a good team work ethic and that staff felt committed to providing a good quality of life to people. All staff we spoke to told us they felt they all worked well as a team, the care people received was good and they enjoyed working at Fairways.

Systems were in place for quality monitoring checks. Recent quality assurance surveys from relatives gave positive feedback and suggestions had been either responded to or implemented. Feedback forms were available on the noticeboard for visitors to complete. One visiting professional had commented, "It's always a pleasure to visit Fairways, the staff are welcoming and work well as a team."

The registered manager was a member of a regional provider organisation where good practice and learning could be shared. They had also developed links with other local care home providers.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done so.

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
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider had not ensured that the care and treatment was person centred to meet with people's needs and reflect their preferences. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The unsafe storage and incomplete recording of medicines administration is a continued breach of Regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The failure to effectively audit the service is a continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The failure to provide regular performance appraisals is a breach of Regulation 18 (2)(a) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.