

Mr D & Mrs S Mayariya

# Fairfield Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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 15 February 2017. The inspection visit was unannounced.

Fairfield Care Home is a residential care home which provides care for up to 21 people and supports some people who live with dementia. There were 19 people who lived at the home at the time of our inspection visit.

When we inspected Fairfield Care Home on 6 February 2015 we identified a breach of regulation in relation to how the provider monitored and assessed the quality and safety of the service provided. At that time the home did not have a registered manager. The management of the service had been inconsistent and we found some actions identified for improvements at our previous inspection on 18 September 2014 had not been taken. We asked the provider to send us an action plan of how they would address the issues we had identified.

We returned to Fairfield Care Home on 17 September 2015 and we identified a continued breach of regulation in how the provider monitored and assessed the quality and safety of the service provided. At this inspection we found that improvements had not been made and the provider continued to be in breach of this regulation. We met with the provider and issued a warning notice to become compliant with the regulation.

On 5 January 2016 we completed a focussed inspection of Fairfield Care Home to see if improvements had been made to address the issues identified within the warning notice. We found that some action had been taken to improve how the service was led, however further improvements were required and the home continued to be in breach of this regulation.

The provider had undergone changes in the management team at the home. At the time of this inspection on 15 February 2017 the service had a registered manager 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 registered manager had been registered with us since October 2016.

In addition to there being a new manager in post, there have also been changes to the deputy manager and senior care staff. Staff felt the new registered manager was open and supportive to them. However, not all felt the provider was as supportive, and felt they had not listened to their concerns about the service when they had been raised. At times, the provider's oversight into improvements required to the service people received was ineffective.

Staff knew the importance of seeking consent when providing care to people, but did not have in-depth knowledge of the principles of the Mental Capacity Act. Where people had been diagnosed as having a

condition which impacted on their capacity to understand, there were assessments to determine what decisions the person could make, and what needed to be made in their best interest. Deprivation of Liberty safeguards were in place for people whose reduced capacity had meant their liberty had been restricted, however these were out of date and had not been re-applied for.

In October 2016 the home was visited by a community pharmacist team who identified a number of issues in the way medicines were stored, audited and administered. The registered manager had worked with the pharmacist team at addressing the issues raised.

The provider did not have an effective infection control system in place that protected staff and people who used the service from the risk or spread of infection.

There were enough staff to meet people's needs. Risks to people's health and well-being were known by staff, and written risk assessments and care plans had up to date information to support staff in their knowledge of people. Pre-employment checks were completed to ensure, as far as possible, that people employed to support people living in the home were of good character.

Staff had received training which the provider had deemed necessary to meet people's specific individual needs or ensure their safety.

Since the registered manager was employed in September 2016 no complaints had been received. There was no record of complaints prior to this time so we were unable to identify if they had been addressed appropriately through the provider's complaints policy and procedure.

People enjoyed the meals provided and people who required support to eat and drink were getting sufficient support to maintain their health and well-being.

Limited activities were available to people in the home and the registered manager had identified this as an area to improve.

Individual staff members were kind and attentive to people. However, due to demands on their time, staff interaction with people was mostly when supporting people with care tasks. Friends and relatives could visit the home at any time during the day and evening.

During this inspection we found the service to be in breach of one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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 safe.

There were enough staff to meet people's needs and staff had a good understanding of risks associated with people's care. Medicines were managed safely. Pre-employment checks were completed for new staff to ensure they were suitable to work within the home. Staff knew how to safeguard people from abuse. The premises and equipment were not always maintained in a way that protected people from the risk of infection and the registered manager took action to address this during our inspection visit.

Good 

### Is the service effective?

The service was not always effective.

Deprivation of liberty safeguards were in place for people whose freedoms had been restricted however these were out of date. Staff had limited knowledge of the Mental Capacity Act, although they knew the importance of getting people's consent before carrying out any actions or tasks on their behalf. People enjoyed their meals and received meals that met their nutritional needs. People had access to healthcare professionals when required.

Requires Improvement 

### Is the service caring?

The service was caring.

People told us that staff were kind and friendly. Staff understood how to support people's dignity and how to treat people with respect. People were supported to follow the faith of their choice.

Good 

### Is the service responsive?

The service was not always responsive.

Opportunities for people to pursue their hobbies and interests were limited and staff told us they did not have sufficient time to provide individual activities for people. Care plans provided staff with accurate and up-to-date information about each person

Requires Improvement 

and people received care that was centred around their individual needs and preferences. People and relatives knew how they could raise complaints with the registered manager.

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

The service was not always well-led

Since our last inspection there has been inconsistent leadership at the home, with a number of management changes. The provider had not given the home effective oversight to ensure people were safe, and staff had been managed appropriately. This has had a negative impact on the care and support provided to people who live there. People and staff felt that the new registered manager was making improvements in the home and thought that they were approachable.

**Requires Improvement** 

# Fairfield Care 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.

The inspection took place on 15 February 2017 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at information received from statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law.

We spoke with eight people who lived at the home, three relatives, the registered manager and seven staff members (this included domestic, kitchen staff, and care staff). We also spoke with three healthcare professionals who visited the home during our inspection visit.

A number of people who lived at the home lived with dementia and were unable to share their experiences of the care and support provided. We therefore spent time observing care in the lounge and other communal areas. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We reviewed four people's care plans to see how their care and support was planned and delivered and looked at the medicine administration records of four people. We looked at other records related to people's care and how the service operated. These included daily records of people's care, additional care records for specific care issues such as monitoring of foods and fluids, recruitment records, meeting records and checks management took to assure themselves that people received a good quality service.

## Is the service safe?

### Our findings

People and their relatives told us they felt safe. One person told us, "I feel safe and secure, it gives you piece of mind then you can relax." Another person told us, "Yes I feel safe here, safer than at home no one can get in." A relative said, "There is good security and I think their possessions are safe."

The provider had recruitment procedures to ensure staff who worked at the home were of a suitable character to work with people who lived there. Staff told us they had Disclosure and Barring Service (DBS) checks and references in place before they started. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services. Records confirmed the required checks had been made before staff started working in the home.

People were supported by staff who understood their needs and knew how to protect them from the risk of abuse. Staff attended safeguarding training and the staff we spoke with all knew the importance of reporting any safeguarding concerns to their manager. We asked one member of staff what they understood abuse to be, they told us "It could be physical or emotional abuse, or neglect. I would take it to the senior or manager. If they were involved I would go to the heads of the home. Outside [of the home] I could contact CQC."

Staff told us that they knew about the risks associated with people's care and that these were recorded in risk assessments. They also told us that if people's needs changed they would be informed of this at the start of their shift.

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed that identified any potential risks to providing their care and support. For example, one person had been assessed as being at risk of malnutrition. We saw that they were given fortified drinks and had their weight monitored each week. Records showed that the person was gaining weight.

On the day of our inspection visit there were sufficient staff to meet people's assessed care needs. We asked people and relatives if they felt there were enough staff to provide care and support. People and relatives told us that there were enough staff. One person told us, "You don't feel lonely there is always someone about." A healthcare professional who was visiting the home during our inspection visit told us "Sometimes there is more staff in the morning. It can be really busy. We are not left waiting, there is always someone."

However care staff told us that they did not think there were enough staff. One told us, "I think with staff numbers we do need more staff." Another said "There are days when there is enough staff and days when there isn't." The registered manager explained to us that the staffing levels were decided, "By judgment of people's needs." They went on to explain that at the time of our inspection visit there was no one living in the home with complex needs or who needed two members of staff to support them. They stated that if a person's needs changed and they needed additional support they would arrange for an additional care worker to work each shift.

In October 2016 a visit from the Community Services Pharmacy Team identified a number of actions to be completed in regards to how medicines were ordered and stored as well as policies, procedures and training available to staff. The registered manager told us that they had completed most of the actions including purchasing a new medicines fridge and checking the maximum and minimum temperature daily. This is important because some medicines can become less effective if stored at an incorrect temperature. Through these checks the registered manager had identified that the new fridge was not maintaining a consistent temperature and had received advice from the pharmacist to move the fridge to a different area of the home which they had done.

People told us that they received their medicines when they needed them. We looked at how medicines were managed by the service. Overall we found medicines were stored and administered safely. We observed the administration of medicines for four people in their rooms. The care worker knocked on the door before entering, introduced themselves and enquired as to the person's well-being. We saw people were appropriately supported to sit up before taking their medicines and explanations given before the medicines were administered.

We checked medicine administration records and found these were completed correctly. Some drugs require careful storage and monitoring due to their strength and their stock levels need to be checked daily. On the day of our inspection visit the registered manager had identified an error in this recording. On further investigation the registered manager identified that there were the correct number of tablets in stock and an error had been made in the running total. This was corrected immediately and the registered manager told us they would discuss with care workers the importance of accurate recording.

Some people had medicines prescribed on an 'as required' basis (PRN), for example, pain relief drugs. We saw two PRN protocols (guidelines) that contained information about when a person would need the medicine. For example, one person was prescribed pain relief; the protocol included information about how staff could identify if the person was in pain. This is important as some people living with dementia are not able to tell staff if they are in pain.

Staff who administered medicines had their competency to administer medicines checked to ensure people received their medicines safely. The care worker we spoke with told us they had attended medicines management and administration training and had regular training updates. The registered manager told us that they had begun working with a new training company who completed training with staff as well as helped create appropriate policies and procedures. On the date of our inspection visit the registered manager was supervising a member of staff who had completed their medication training to observe if they were competent to give people their medicines correctly.

The registered manager had created new systems to record incidents and accidents and to identify any actions that could be taken to reduce the likelihood of them happening again. The registered manager told us that the home had a low number of accidents and incidents and that none had occurred since they were employed with the home.

We saw checks on the cleanliness of the premises were not always effective. We saw a raised toilet seat frame had tears in the arm rests exposing the foam which made it difficult to clean. Used toilet paper was on the floor and on top of bins in two communal toilets. A person's worn bedclothes had been left in a communal shower room. In two communal bathrooms the light pull was dirty and neither had a plastic cap at the end of the string. These posed a risk of cross infection. We made the registered manager aware of these issues and they agreed to address them immediately. When we checked these areas later in our visit the areas had been cleaned.

## Is the service effective?

### Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made to the supervisory body but these had expired. The registered manager had identified that 11 of these were no longer in date but at the time of our inspection visit had not reapplied for the appropriate DoLS. This meant that people had their freedom of movement restricted unlawfully. The registered manager told us that they would complete the necessary DoLS applications following our inspection visit.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

The registered manager understood their responsibilities under the Act. The registered manager told us that they were aware they needed to reapply for the DoLS however had not had time to do this. Assessments in people's care records were completed to show how the home's staff were aware of what decisions people had the capacity to make, and which decisions needed to be made by others in the person's best interest. This was important for staff who were unfamiliar with people's needs and abilities to have information whilst supporting people whose capacity to understand might be compromised.

Staff told us that they had received training about MCA and DoLS. One staff member said, "We had a lady who came in and spoke about MCA and DoLS. I'm not 100% but basically somebody can make a decision for themselves. It might be around medication. They have the right to say yes or no. You could then involve the family to make a decision." Another member of staff said, "Deprivation of liberty is if people are at risk, a protection to prevent them leaving the home."

We asked new staff how, when they first started work at the service, they had learned about the home and the needs of people who lived there. They told us they had completed an induction. This included working alongside a more experienced staff member and undertaking some specific training the provider considered essential to meet people's health, safety and care needs. One member of staff told us, "I had an induction, I had some training around fire (safety procedures), moving and handling and food hygiene."

New staff had undertaken the Care Certificate. The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. The Care Certificate requires observed practice so that the person in charge of the training can be assured that the new member of staff has the attributes which are necessary to provide high quality of care.

Staff told us they had received enough training to meet people's individual needs. This included training about how to support people's nutrition, dementia care, skin care, and fire safety. One member of staff told us, "My moving and handling training was good. I learned that every client is different. You need to look at individual equipment such as wheelchairs and zimmers (mobility frames). They are assessed for certain people." Another member of staff told us that they were interested in developing their knowledge of how to support people living with dementia and the registered manager was supporting them with this. They explained "I have had dementia training and I've done my research. I'm doing health and social care level 2 now 3 and there are units for dementia." By completing additional training they were able to understand the changes in behaviour that can occur for people living with dementia and how to support them effectively.

People received food and drink which met their nutritional needs. People told us that they enjoyed their meals and at lunchtime we observed there was a friendly and jovial atmosphere with people chatting and joking with staff.

The cook was knowledgeable about the different dietary needs people had, for example they described how they fortified food for people who were at risk of losing weight. Staff kept records of what food and fluids a person had each day. This helped staff to identify if a person was not eating or drinking enough so they could encourage them to have more and to make referrals to health professionals if necessary. A risk assessment for a person who was at risk of losing weight stated that they should be weighed weekly. We saw that this was being done and their weight had remained stable.

People received support to see other health and social care professionals when necessary to meet their physical and mental health needs. A chiroprapist had previously visited the service and we saw a poster on display in communal area advertising when they would next visit. This meant that people could request to see them if they had any concerns. A healthcare professional told us, "They are pretty prompt if there is a wound or skin tear. " Records showed that advice given by healthcare professionals was documented and the guidance followed.

## Is the service caring?

### Our findings

People and relatives we spoke with were complimentary of the caring and compassionate attitude of individual staff members. People told us that staff were kind. One person said, "They are very good really, always there to help you." Another person said, "The care staff for myself are quite pleasant, you like to have a chat, they are busy but I can make a joke with all of them. A healthcare professional said, "I've seen people dancing with the care staff and it's so lovely to see. The residents here seem quite happy."

We saw that staff knew people well and addressed people in a caring and familiar way. We overheard one person happily speaking with a member of staff and told them "You make that much fuss of me!" One person who was living with dementia became anxious at lunch time and did not want to stay in the dining room. A care worker supported them to move to a lounge to eat their meal and sat with the person as they waited for their relative. This helped the person to feel more content. We later saw staff provide a person who was living with dementia a doll which they held and we saw helped them to feel more relaxed as they cared for it.

People were treated with dignity and their privacy was respected. A member of staff told us that when they supported people to go to the toilet or for personal care they ensured doors were shut, we saw that this happened. Whilst we were there a district nurse visited a person in a communal area. We asked the person if they would have preferred to have been seen in their bedroom but they told us they were happy in the lounge and hadn't wanted to move.

People were supported and encouraged to maintain relationships important to them, and visitors were welcomed at the home. During our visit we saw relatives visit the home. A relative told us, "Staff are respectful here they offer me a cup of tea I feel at home here."

People were supported to be as independent as they wanted to be. A care worker told us that one person preferred to "get up late" we saw staff respected these decisions.

People were supported to follow their chosen faith and this was documented in their records. We saw a poster advertising a local church service and people told us they were able to attend this if they wanted to.

## Is the service responsive?

### Our findings

Care and support records included information about how people wanted to live their lives, what they liked and did not like doing, and how they wished to be supported. For example, one person was displaying behaviours which challenged others and when the registered manager had started at the home the person required two members of staff to care for them. The behaviour the person had displayed which required the higher level of care had been recorded in the care records. Following this the registered manager supported staff to understand how the person wanted to be supported and how to encourage them in a way which did not cause the response which challenged others. This had led to a reduction in the behaviour which challenged others and the person now required only one person to support them. We saw that people, or their relatives if they did not have capacity, had been involved in planning their care and had signed their care plans to indicate this.

There were limited opportunities for activities within the home. One person told us, "There is no entertainment. I don't see anything that interests me. I walk around and have a chat with people." A member of staff told us, "I played dominoes with someone quickly today. [Care worker] will come and have a chat with people. [Care worker] does the activities mostly." Another member of staff told us, "We don't have a lot of time to do activities. We make an effort to do it. We make time somewhere in the day. We don't have time to sit with people." We saw an activity timetable was on display with activities listed for each day however the planned activities did not take place on the day of our inspection visit. The registered manager told us that they were aware they needed to improve the activities available to people and to be able to offer more social opportunities. To assist in this the registered manager had asked each person what activities they enjoyed and was using this feedback to plan future activities that were based on individual interests.

We looked at how the service responded to people's complaints. We saw information in communal areas informing people how they could complain, and how their complaint would be managed. There was also information about who they could contact if they were not satisfied with the outcome of their complaint. People told us that if they had a complaint they would speak with the registered manager but they had not needed to raise any complaints. The registered manager told us that no complaints had been received since they were employed at the home however a complaints log had not been kept so they were unable to comment on if any had been received prior to their employment. We informed the registered manager that they were expected to keep a record of all complaints received and they agreed to create a complaints log.

We observed one person was sitting in a hallway on a wooden chair and was falling asleep. We were aware from speaking with staff that this person was unwell and had been seen by their GP. The person told us that their bedroom was too cold to lie in. We brought this to the attention of the registered manager who told us that the plumber had visited the day before our visit and they were in the process of getting a new radiator. We requested if a temporary heater could be provided so that the person could rest in their bedroom. The registered manager agreed to arrange this.

Towards the end of 2016 the registered manager had provided relatives and people with opportunities to provide feedback about the service. Feedback from people was generally positive but people stated that

they thought staff were, "overworked." One person wrote that they would like to have time with staff just to talk whilst another person said that, "Staff don't have time to spend with residents as they are busy cooking, cleaning and looking after other residents." The registered manager told us that they had taken this feedback "on board" and when they were planning new activities they were trying to include time for care staff to spend with people individually.

Feedback from relatives was also positive, comments included, "Staff are always very caring and attentive," and, "I feel I can trust you to look after [Name] so I don't have to worry." One relative had stated that it would be helpful for their family member if staff wore name badges to help identify them, we saw that staff all wore name badges.

## Is the service well-led?

### Our findings

Since registration with the Care Quality Commission, the provider has not consistently been compliant with the regulations at this home. At the time of our last inspection on 5 January 2016 the provider was not meeting the requirements of the regulation in relation to good governance. This was because the systems in place to assess, monitor and mitigate risks related to people's health, safety and welfare did not ensure that people using the service were sufficiently protected.

We served a warning notice in October 2015 and we met with the provider and they sent us an action plan outlining the improvements they intended to make. At this inspection we found that there had been some improvements, however further improvements were required.

It is a legal requirement for the provider to notify us of certain changes, events and incidents at the service which enable us to monitor and assess how these are managed. The manager was aware of which notifications they were required to send to us however we identified that in June 2016 we had not been informed of an incident where a person had sustained a fractured hip. The provider had not identified that this notification had not been sent to us.

The registered manager had identified that they needed to improve their auditing procedures and had implemented a number of new audits such as environmental checks to the home, monthly checks of equipment and improved medication audits. The registered manager explained that audit tools were not in place by the provider or the previous manager and that they had needed to create the ones they currently used. It had been identified by the pharmacist that some medicines had been ordered when they were not required and this had caused a surplus. The registered manager was completing weekly checks on these medicines to ensure they were in date and to prevent further stock being ordered. The registered manager told us that due to demands on their time they had not been able to complete more in-depth, monthly medication audits since November 2016. This meant that they could not be assured MAR charts were being completed accurately. The provider did not complete any audits of the service. This lack of oversight could mean errors are not identified and corrected.

In October 2016 the Community Pharmacy Team identified that the provider did not have a robust policy in place for medicines, the registered manager was aware of the need for this and that they were attempting to source a suitable policy.

Infection control audits were not completed and issues found during our inspection had not been identified. The registered manager told us that the provider did not currently have an infection control policy in place and this was being designed.

The registered manager acknowledged that they had a number of improvements to make to improve the governance of the home. The ability to do this was impacted on by lack of oversight by the provider and a lack of a management team. Previously the home was supported by a manager, deputy manager and senior care workers. The previous deputy manager had resigned and a new deputy manager had not been recruited. The registered manager was also in the process of training new senior care workers. This lack of

support meant that the registered manager was unable to delegate tasks to other people and struggled to prioritise the numerous needs of their role.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance .

The provider of a service is required to send CQC a document called a "Statement of Purpose" this details what regulated activities the service is registered to provide, details of registered people and how they will meet the requirements of people using the service. We had not received an updated Statement of Purpose since 2015. The details of the registered manager were incorrect and the document had not been updated to reflect that the home was supporting younger adults as well as people over the age of 65 .

Staff spoke positively of the current registered manager, a member of staff told us, "[Registered manager] is alright, you can trust her, she is hardworking and helps on the floor." Another member of staff said, "I think [Registered manager] knows what they are doing and how to get there. There was no organisation, it lapsed before. There was no co-ordination and some staff did 'whatever'. We know what to do now and how to do it. [Registered manager] is approachable and will tell you directly how to improve." A visiting health professional told us, "I have met the last 2 or 3 managers. Things seem a lot calmer. There is a better atmosphere."

Staff told us that the registered manager had re-introduced regular supervisions which they found helpful to improve their knowledge and their practice. Supervision is a meeting for a member of staff and their manager to meet to discuss their work practice, learning and development.

When asked if they felt supported by the provider the registered manager told us, "I don't know what other support they could give me. I have a training assessor who is helping me identify what I need to put in place." However other members of staff did not think that the provider did enough to support the home and members of staff. One person said "With the owner I think money should be invested here, it needs support from them. It needs organisation and investment and 'oomph'. I have told the provider. They will listen but I am not sure they always take it in."

We asked the registered manager what they wanted to further improve in the home. They told us "Within the year I want to have more audits in place. I want to help identify individual needs and to help motivate staff. If staff are happy then it improves the quality of care people receive."

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 17 HSCA RA Regulations 2014 Good governance  Robust audits, policies and procedures were not in place to ensure people were safe.