

Fairways Residential Home Limited

Fairways

Inspection report

20 Westmoor Grove
Heysham
Morecambe
Lancashire
LA3 2TA

Tel: 01524855222

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13 July 2017

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 13 July 2017.

Fairways is registered to provide care and accommodation for up to 24 older people living with dementia. The home cares for people who require personal care and is made up of single and double rooms. Care is provided on a 24 hour basis. There is a lift to access all three floors of the building. The home is situated in the village of Heysham. At the time of the inspection visit 21 people were receiving care and support at the home.

A registered manager was in post at the time of 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 2008 and associated Regulations about how the service is run.

The service was last inspected on the 09 and 13 January 2017. The registered provider did not meet the requirements of the regulations during that inspection as breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. These related to safe care and treatment, safeguarding people from abuse and good governance, person centred care, premises and equipment and a breach to Regulation 18 of the Care Quality Commission Registration Regulations. At the inspection, the service was placed in special measures by the Care Quality Commission, (CQC.)

During this inspection in July 2017, we found improvements to meet the fundamental standards had been made. As a result the service has been taken out of special measures. The service will be expected to sustain the improvements and this will be considered in the future inspections.

At this inspection visit we found improvements had been made to ensure people who lived at the home were safe. The registered provider had reviewed the premises and had put processes in place to ensure people were kept safe in the event of fire. We noted the home was undertaking a period of refurbishment, whilst this was not completed we saw evidence of an ongoing refurbishment plan in place.

The registered manager had reviewed infection control processes at the home. They had worked in partnership with the infection prevention and control nurse to develop and manage infection control processes at the home. This had included refurbishing the laundry area and implementing new processes.

Care plans and risk assessments for people who lived at the home had been reviewed and updated to ensure they reflected people's needs. The registered provider had reviewed ways in which falls were being managed. They had sought advice and assistance from health professionals to ensure people's needs were met. We saw there had been a decrease in the number of reported falls since the previous inspection. Systems had been implemented to monitor and manage falls and these were consistently followed by staff.

Suitable arrangements had been implemented to ensure people were lawfully deprived of their liberty. Restrictions upon people had been reviewed and wherever possible restrictions had been reduced. We saw appropriate DoLS applications had been made as required. Staff understood their responsibilities for reporting safeguarding concerns and were aware how to report safeguarding alerts.

Arrangements for the management of medicines had been reviewed. Protocols for administering as and when required, (PRN) medicines had been developed. Systems had been put in place to ensure topical creams, pain relief patches and ointments were suitably recorded after administration. All medicines were stored securely when not in use. Audits of medicines were carried out by the registered manager.

Staffing needs had been addressed. The registered provider had reviewed the needs of all people who lived at the home and had increased the numbers of staff on duty. Staff told us this had enabled them to deliver improved care and person centred support to people.

The mental capacity and consent of all people who lived at the home had been reviewed. We saw evidence best practice guidelines were followed when people were assessed as not having capacity. Advocates had been sought for people without families to assist people with decision making.

We observed staff responding to requests and noted people's needs were promptly addressed. People who lived at the home spoke highly of the staff and their attitude. We noted staff were patient and respectful with people.

Training had been arranged to ensure staff were equipped with the necessary skills required to carry out their role. Staff had received training so they could suitably support people with behaviours which may challenge the service. We saw staff working appropriately and putting their skills in practice. For example, we saw staff trying to de-escalate situations and use distraction techniques when people started to display signs of being anxious.

Person centred care was provided at all times by staff who knew the people well. Staff knew of people's likes and dislikes and respected these whilst supporting people. People who lived at the home were encouraged to be involved in how the home was run and were encouraged to make suggestions as to how the service could be improved.

The registered provider had reviewed the provision of meals and had introduced an additional cook with responsibility for breakfasts. This relieved care staff from the cooking duties and allowed them time to spend with people requiring help and support. People's nutritional needs were met by the registered provider. People were offered a choice of meals and meals were prepared according to health needs. Support was given in a respectful manner if people required support at meal times.

The registered manager had improved the provision of activities at the home. An activities coordinator had been recruited and was due to commence employment. On the day of our visit, we observed a singer visiting the home. They sang with people and gave people instruments to join in. We also saw care staff carrying out short activities with people who lived at the home.

We looked at how complaints were managed and addressed by the service. At the time of the inspection no one had any complaints about how the service was delivered. We saw evidence that when complaints were raised they were dealt with professionally and in a timely manner.

Feedback from staff who worked at the home was positive. Staff said teamwork had improved and care

provided was now more organised and efficient.

We saw that audits had been reviewed and new audits had been developed and audited. Audits for the premises and maintenance had been implemented and we saw evidence of changes being implemented as a result of the audits.

We saw evidence of partnership working. The registered manager had identified staff within the home to take on role of champions. Champions are staff who have a specific interest and are committed to undertaking additional training. Champions had attended external training and had cascaded advice and guidance to other staff at the home.

Although this service had improved since the last inspection we still need to ensure the improvements will be sustained. This is because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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.

The provider ensured there were sufficient numbers of staff on duty at all times to meet the needs of the people who lived at the home.

Systems had been implemented to manage and monitor risks at the home. Risks were suitably monitored and managed.

Suitable systems were in place to ensure medicines were managed safely.

Staff were aware of their responsibilities in responding to and reporting abuse.

Although this service had improved since the last inspection we still need to ensure the improvements will be sustained. This is because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

Staff had been provided with training to enable them to carry out their roles effectively.

Health professionals were consulted with for support and assistance. Health needs of people living at the home were met.

People's food and nutritional needs were met by the registered provider.

Although this service had improved since the last inspection we still need to ensure the improvements will be sustained. This is because to do so requires consistent good practice over time. We

Requires Improvement ●

will check this during our next planned comprehensive inspection.

Is the service caring?

Staff were caring.

People who lived at the home and their relatives told us staff were caring.

We observed staff treating people with patience and compassion. Staff took time out from their roles to ensure people were happy and content. Staff had a good knowledge of people who lived at the home.

Good ●

Is the service responsive?

The service was responsive.

Systems had been implemented to improve documentation in relation to people who lived at the home. Documentation was person centred and tailored to people's needs.

Activities for people who lived at the home had been developed to ensure people had meaningful activity. We observed activities taking place during the course of the inspection visit

Systems were in place to ensure complaints were dealt with effectively and efficiently.

Good ●

Is the service well-led?

The service was well led.

People who lived at the home and relatives all spoke highly of the registered manager and expressed confidence in the knowledge and skills of the registered manager.

Systems and processes had been established to ensure the service provided met the required regulations.

Staff told us that teamwork was good. We saw evidence of regular communication with staff taking place.

The registered manager had developed social networks to improve the quality of the care provided at the home. We saw evidence of improvements being implemented.

Although this service had improved since the last inspection we

Requires Improvement ●

still need to ensure the improvements will be sustained. This is because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Fairways

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health & Social Care Act 2008 as part of our regulatory functions and to check whether the provider is meeting the legal requirements and regulations associated with the Health & 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 was carried out on 13 July 2017. The inspection was unannounced. The inspection team consisted of one adult social care inspector, a specialist advisor 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 service. The expert by experience had experience of caring for people who were vulnerable. The specialist advisor was a paramedic with experience in management of falls.

Prior to the inspection taking place we reviewed information we held about the registered provider. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people who lived at the home.

We also spoke with the other agencies that had some involvement in working with the registered provider. This included the Local Authority contracts and commissioning team and the Local Authority safeguarding team. This allowed us to gain information relating to the quality and safety of service being provided. The registered provider was currently being supported by the Local Authority quality and improvement team, and the infection prevention control team to make the required improvements which were identified at the previous inspection.

Information was gathered from a variety of sources throughout the inspection process. We spoke with seven people who lived at the home to obtain their views on what it was like to live there. We also observed interactions between staff and people to try and understand the experiences of the people who could not verbally communicate. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven staff members at the home. This included the registered provider, the registered manager, the cook and four members of staff responsible for delivering care.

We also spoke with two relatives who were visiting people who lived at the home and two health professionals who visited the home during our inspection visit.

To gather information, we looked at a variety of records. This included care plan files relating to nine people who lived at the home and medicine administration records for people who lived at the home. We viewed three staff members' recruitment files to ensure suitable systems were in place for recruiting staff. We also viewed other documentation including minutes of team meetings, investigation meeting minutes, health and safety certification, and staff training records.

We looked around the home in both public and private areas to ensure remedial works identified at the previous inspection had been undertaken and to ensure infection control processes were being consistently applied throughout the home.

Is the service safe?

Our findings

At the inspection visit in January 2017, we identified a breach in Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing.) We found staffing levels did not consistently meet the needs of people who lived at the home. This placed people at risk of receiving unsafe care and treatment. During this inspection carried out in July 2017 we looked at staffing levels to see if the registered provider had taken action to ensure improvements had been made to staffing. We found the required improvements had been made.

Following the inspection visit in January 2017, the registered manager agreed to not admit any new people to the home. In addition, they undertook a review of all accidents and incidents to identify when people were more at risk. Also, they reviewed staffing levels and increased staffing where required. To do this they had completed a staffing dependency tool, taking into consideration people's individual needs.

On the day of the inspection we noted four members of staff on duty. This reduced to three staff in the afternoon. We spoke with members of staff who confirmed these were normal staffing levels. We reviewed the staff rota and noted the staff rota corresponded with the number of staff on duty.

Following the last inspection the registered provider had recruited three additional care staff and an extra cook. The cook was employed to cook breakfasts for people who lived at the home. This relieved staff from the additional duties which allowed them to not rush people. Also, people no longer had to wait for their breakfast. In addition, staffing levels had increased to three for the night shift. This meant staff were not rushed and could carry out their duties diligently.

Observations made during the course of the inspection demonstrated people who lived at the home did not have to wait for staff to meet their needs. If people requested help, there were staff on hand to assist. Staff were not rushed and were patient with people who lived at the home.

We noted one person who lived at the home required constant oversight in communal areas. The registered provider had developed a 'no leave' policy which stated the person must not be left unsupervised. We noted that deployment of staffing meant this person received the constant one to one support they required. This minimised the risk of injury to the person.

We asked staff their views on current staffing levels. Feedback in regards to staffing levels was positive. Staff told us they felt staffing levels were sufficient and allowed them to carry out their roles accordingly. One staff member said, "Staffing levels have increased. We get more contact with people who live at the home. We have more time and no longer feel stressed."

At our last inspection in January 2017, we identified a breach to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. We found that management of risk was not consistently applied throughout the service. When people were at high risk of falls we found risks were not safely managed. This placed people at risk of harm.

During this inspection carried out in July 2017, we noted the registered manager had implemented a new system for reporting and recording falls. People's care records were colour coded according to the rated risk of them falling. For example, people with red files were categorised as a high falls risk. The registered provider had calculated this risk using a multi-factorial risk assessment specially designed to assess people at risk of falls. Falls risk assessments were reviewed after each fall or according to the home's policy if there had been no falls. For people at high risk of falls risks were assessed on a weekly basis. People deemed at low risk were reviewed every three months.

A new policy for the management of falls had been introduced. Any person who fell more than three times at the home was automatically referred to the falls team for advice and guidance. The falls chart in each person's care record highlighted when a person must be referred to other practitioners for advice and guidance. This meant processes were in place to ensure specialist advice was sought to minimise risk.

The specialist advisor reviewed six care files to see how falls were managed. This included all four people who were deemed as high risk of falls. Care records referred to people's medical conditions and how these may contribute to falls. Good practice guidelines were followed and staff requested medicines reviews from doctors for people at risk of falls. Records viewed were up to date and people's falls were consistently recorded within the person's care record. We saw evidence the registered manager reviewed falls diaries to ensure the care records were accurate and complete. Falls diaries are individual documents which document each person's fall.

We asked staff about the new protocols in place. Staff were able to talk us through the procedure and confirmed the protocols in place for reporting falls and acting upon concerns. Staff had a good understanding of each person's needs, the impact this had upon the risk of them falling and systems in place to protect people from falling.

At the inspection in January 2017 we found the environment was cramped and this contributed to people's falls. At this inspection visit we reviewed the communal areas where people spent their time and saw the communal living area had been de-cluttered. We observed staff removing any equipment which was not in use and noted equipment was stored away from the living area. This meant people had space to mobilise around the home. In addition, all mobility equipment belonging to people had been discreetly tagged with a label which identified who the mobility equipment belonged to. This helped ensure people were provided with the correct equipment to help minimise the risk of falls.

As part of this inspection process we looked at care documentation to see how risk was assessed and managed. The registered manager was working with senior members of staff to review all paperwork relating to safe care and treatment for people who lived at the home. The registered manager hoped the new documentation would make it easier for staff to understand and consequently identify the risks. The registered manager said work was ongoing and they were supporting seniors to review and amend files.

We looked at a mixture of old and new files and saw information within the new system was easier to track and understand. Risks were consistently addressed in both care plan systems and covered a range of topics including management of challenging behaviour, management of health needs and pain management.

At the inspection visit in January 2017, we found the registered manager had failed to ensure the proper and safe management of medicines. We found arrangements were not always safe. Creams were not consistently stored and records were not suitably maintained when creams and ointments had been applied. In addition, when people required transdermal patches applying the registered provider was not recording the site of the patch. This was necessary because the application site needed to be rotated to

prevent side effects.

At this inspection visit carried out in July 2017, we found the required improvements had been made. Medicines and creams were stored securely in accordance with guidelines. Risk assessments were in place for each person who required medicines. As and when medicines (PRN) were recorded on the risk assessment with a clear indication of what they were prescribed for and when they could be administered.

The registered manager had implemented a system for the usage of body creams and ointments. Body maps were kept for each person who required support with creams and ointments. Each cream had a separate body map so body areas which required application of creams were clearly detailed. Staff signed each time creams had been applied. This demonstrated that treatment was being provided in accordance with people's needs.

We spoke with a person who lived at the home about their medicines. They told us, "I get my medication on time."

We looked at medicine and administration records (MAR) relating to each person who lived at the home. We did this to ensure people who lived at the home received the correct medicines at the correct times. MAR records demonstrated staff were signing as and when required to show medicines had been administered. There were no gaps in MAR sheets which implied medicines had been administered accordingly.

At the inspection visit in January 2017, we identified a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Safe care and treatment) in relation to the management of infection control at the home. We noted infection control procedures were not consistently addressed. We saw there was little regard to good hand hygiene practices and found the good practice guidelines to prevent, detect and control the spread of infections were not always carried out. Following the inspection visit we made a referral to the local authority infection prevention and control team. The registered manager said they were working closely with the infection prevention and control team to ensure all required improvements were made.

At this inspection visit carried out in July 2017 we carried out a visual inspection of the home to see if standards had improved. We found notable improvements had been made. During a walk around the home we noted that hand hygiene equipment had been installed around the home. Each person now had hand washing facilities in their bedrooms. The laundry area had been refurbished to enable safe working practices and the living area had been redecorated and re-carpeted. A refurbishment plan was in place to address on-going refurbishment at the home.

We saw infection control processes were carried out during the inspection visit. We observed the cleaner carrying out their tasks. When people went into the dining room for lunch we noted the cleaner cleaned all the chairs in the lounge. We found the home was clean and tidy and free from odours. The registered manager undertook walks around the home to assess the cleanliness of the home. We observed staff consistently wearing personal protective equipment as and when required during the course of the inspection.

During the course of the inspection visit, we did note there was a high number of flies within the home. We discussed this with the registered manager. They told us they were aware of this and was trying to eradicate the flies. The registered manager said they had spoken to a person with a background in pest control and had sought advice as to how to manage this problem. We noted fly sprays had been purchased and systems were implemented to try and combat these.

At the inspection visit in January 2017, we identified a breach to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014 (Premises and equipment.) The registered provider had failed to ensure the premises were suitable for the purpose for which they were being used.

At this inspection visit carried out in July 2017 we found improvements had been made to the environment. The registered provider had developed personal evacuation plans for each person who lived at the home. They had carried out a fire risk assessment of the building and had reviewed people's individual needs in the event of fire. People with mobility needs had been moved to more appropriate areas of the home to allow for efficient evacuation. Equipment had been purchased to enable people to be transferred in the event of a fire. Staff confirmed they had received training and instruction in this area. In addition, bedroom doors had been fitted with door guards so people could have their doors ajar if they wished. The door guards released in the event of a fire alarm being triggered to prevent the spread of fire. We also saw evidence of regular formal maintenance audits taking place on a monthly basis. This included checking window restrictors and bed rails used to keep people safe in bed.

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed three staff files. Full employment checks were carried out prior to staff starting work. The registered provider kept records of the interview process for each person employed. Two references were sought and stored on file prior to an individual commencing work, one of which was the last employer. Gaps in employment history had been explored with each applicant.

The registered provider requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for people providing a personal care service supporting vulnerable people. The registered provider checked this documentation prior to confirming a person's employment. This helped ensure suitable staff were employed.

Is the service effective?

Our findings

One person who lived at the home told us they received effective care. They told us, "The care we receive here is fantastic."

At the inspection visit carried out in January 2017 we identified a continued breach of Regulation 13 of the Health and Social Care (2008) Regulated Activities (2014). The registered provider had failed to act lawfully in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We identified restrictions in place for two people who lived at the home. Legal process had not been followed to ensure people's rights were lawfully upheld.

The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At this inspection visit carried out in July 2017, we looked to see if improvements had been made to ensure the registered provider was working within the principles of the Mental Capacity Act (MCA) legislation (2005.) We found the required improvements had been made. The registered manager told us that since the inspection visit they had reviewed all restrictions in place at the home and had amended the DoLS applications to ensure they reflected the care given. In addition, they had reviewed which bedrooms were allocated to people. This had allowed them to reduce restrictions placed on people. For example, at the last inspection visit one person had a stair gate in place to prevent them from leaving their room because they were at risk of falling on the stairs. This person now had a downstairs bedroom and the falls risk was removed so there was no need for a stair gate.

Another person who lived at the home repeatedly asked to leave the premises to return to their own home. To manage this, staff offered the person the option of visiting their home on a daily basis with staff supervision. This showed us the registered provider was committed to ensuring any restrictions in place were monitored and reviewed to ensure they were the least restrictive.

At the inspection visit in January 2017, we found care records maintained by the service failed to consistently address people's capacity and decision making. We noted capacity assessments were not carried out when people lacked capacity. In addition, there were no systems in place for ensuring best interests meetings took place when a person lacked capacity.

At this inspection visit carried out in July 2017 we found the required improvements had been made. Staff had received training to equip them with the skills of working within the MCA. Staff we spoke with were able

to tell us the principles of the MCA and how this worked in practice.

We saw mental capacity had been assessed when people were deemed to lack capacity. When people lacked capacity we saw evidence of best interests meetings taking place for people. For example, we saw evidence of a meeting being held with family and a doctor to discuss one person's health condition and future treatment. The registered manager told us they had developed relationships with advocacy agencies to support people who had no family members make decisions. The registered manager told us they were working with an independent advocate to review the person's needs with a view of them returning to their home. They had also consulted with an advocacy service when one family needed support to make a joint decision. This demonstrated good practice guidelines were being followed.

At the inspection visit carried out in January 2017, we identified a breach to Regulation 17 of the Health and Social Care Act 2008, (Good Governance.) We found care planning documentation was not always accurate, up to date and complete and did not always reflect people's health care needs.

We used this inspection visit to check if improvements had been made. We found action had been taken to ensure care records accurately reflected people's needs. During the inspection process we reviewed eleven care records. Since the previous inspection visit the registered manager had reviewed all care records to ensure they were accurate and up to date. We saw evidence of a new care planning documents being introduced for people who lived at the home. It was anticipated all care records would be on the new format by the end of the year. This would promote consistency within care records.

We spoke with a senior member of staff. They told us since the last inspection visit they had received additional training in regards to correctly completing care plans for people who lived at the home. In addition they had been allocated administrative time to ensure care plans were up to date and accurate. They told us staff had taken joint ownership for care records. They said, "New care plans are in place and we can add to these. It doesn't matter whose file it is. We can take them out and update them whenever we need to."

People and relatives who lived at the home told us they were able to access a doctor or other health professionals when required. One person told us, "I get to see my doctor when I need to."

Individual care records showed health care needs were monitored and action taken to ensure health was maintained. A variety of assessments were used to assess people's safety, mental and physical health. Care records were reviewed monthly or when people's needs changed. We saw evidence of health professional involvement when required. For example, we saw evidence of district nurses and specialist health nurses involvement for people who lived at the home. This meant that people's health care needs were met in a timely manner.

During the inspection visit we were made aware that one person who lived at the home was not engaging with the district nursing team in regards to their wound care. In order to ensure the person was receiving correct support staff at the home took photographs of the wound to show the district nurse. This allowed them to monitor the skin care whilst respecting the person's wishes not to engage with the district nursing team.

During the inspection visit we spoke with two health care professionals. Both health professionals told us they had no concerns with the service provided. One professional visited the home on a regular basis. They told us they had seen an improvement in the service provided and said there had been a notable difference in outcomes for people.

At the inspection visit carried out in January 2017, we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities.) Due to inappropriate deployment of staff at mealtimes we saw that meal times were not a positive experience for some people who lived at the home. People were left waiting for meals and people complained about the temperature of the foods served. We found oversight in dining areas was inconsistent and did not always meet people's individual needs.

At this inspection visit in July 2017, we found the required improvements had been made. The registered provider had reviewed staffing levels and introduced a cook who was responsible for cooking breakfasts. This relieved staff from the cooking duties and allowed them to concentrate on their own tasks. We observed the cook preparing hot breakfasts for people on the day of our inspection visit. People welcomed the cooked breakfast and the choices available. Breakfast was flexible and people were able to choose when they ate.

During the morning, we saw staff supporting people to choose what they would like to eat at mealtimes. We observed staff taking their time describing to people what was available. When people were unsure as to what they would like to eat, staff offered reassurance there were other things available if they changed their mind or did not like what was provided. Food was available during the day and not just at mealtimes. We observed one person asking for a biscuit as they were hungry. Staff asked the person if they would prefer a sandwich to fill their hunger. The person was happy at this suggestion.

We observed lunch being served in the dining area. Staff were suitably deployed to meet the needs of people who lived at the home. Support and assistance was given in a sensitive but efficient manner. People were offered choices and the opportunity for additional food if they were still hungry. People's individual needs had been considered. We saw people were provided with specialised equipment which aided independence. For example, people with cognitive difficulties were provided with meals on red plates as these helped people see what was on their plate. People were offered tabards to protect clothing, if they required this.

We asked people who lived at the home for their views on the food provided. Four people told us the food was good. Feedback included, "The food is very nice, very good. It changes enough." And, "The food is excellent." Also, "The food is enjoyable."

We saw people were supported to have adequate amounts of fluid during the day. We observed one person was reluctant to have a drink. The member of staff reminded this person it was important they had a drink as it was important to maintain their health. This demonstrated staff were aware of people's health needs and the importance of maintaining people's hydration levels.

People's weights were monitored. People were weighed at least monthly or more frequently if people were assessed as at risk of malnourishment. When people were defined at risk of being underweight we saw evidence of advice and guidance being sought from health care professionals. We viewed one person's records and found professional advice was sought when the person had experienced prolonged weight loss. Following interventions from health professionals and the introduction of food supplements for the person we saw the person had gained some weight. This showed us that interventions had been put in place to promote good health for the person.

At the inspection visit carried out in January 2017, we found that staff were not suitably trained to meet the needs of people who lived at the home. Not all staff had received fire training and no staff had completed MCA training. We used this inspection visit to ensure all the required improvements had been made.

During the course of the inspection visit carried out in July 2017, we spoke with staff about the quality and provision of training offered by the registered provider. Staff told us they felt confident in their abilities and said they had the skills to carry out their role. One staff member told us that following the last inspection visit they told us they had completed an array of training. They said, "It has made me feel more confident. I now know what I am doing."

We looked at a training matrix the registered provider had devised to see what training had been provided to staff. We saw a variety of training had been provided to staff at the home to meet the needs of the people who lived there. This included fire training, safeguarding of vulnerable adults training, and training to manage behaviours which may challenge the service. Staff who worked nights and senior members of staff had completed training to allow them to use an evacuation chair which may be required in the event of a fire. In addition, we saw further training was planned for staff.

We spoke with staff about supervision. Supervision is a process which provides a staff member with the opportunity to clarify and resolve issues within the work place. Staff told us they had regular supervisions with a senior member of staff. Staff said they could always talk with the registered manager or a senior member of staff in between supervision sessions, if required.

During the inspection visit we reviewed induction processes for new employees at the home. As part of the inspection process we spoke with a recently appointed employee. They told us they had received support and guidance from senior members of staff at the beginning of their employment. They said they worked alongside more senior members of staff and were provided with training before working unsupervised. This allowed them to learn the required skills within a safe and supervised environment. They told us they were happy with the training and guidance provided and praised the support received from other work colleagues and senior management.

Is the service caring?

Our findings

At the inspection visit carried out in January 2017, people who lived at the home told us staff did not always have time to sit with them and chat. They told us staff were sometimes too busy to be able to care about them.

During this inspection visit we noted improvements had been made to the quality of the service delivered. People who lived at the home described staff as kind and caring. Feedback included, "The carers are great. I know all the girls, they are very nice." And, "The staff are very good, very kind." In addition we overheard one person talking to a friend about a staff member. They spoke highly of the staff member saying, "Oh aren't they lovely?"

We used this inspection visit to check if deployment of staffing had been reviewed to allow staff time to develop and nurture positive relationships. We found the required improvements had been made. We asked staff about changes made since the last inspection. Each staff member we spoke with told us the increase in staffing had enabled positive relationships with people who lived at the home to be formed and maintained. One staff member said, "We get more resident contact, more opportunities to do activities and we have extra time to talk with people without getting stressed."

We observed positive interactions throughout the inspection visit between staff and people who lived at the service. We observed staff taking time to sit with people to enquire if they were comfortable or had any requests for support. We observed staff engaging in small talk with people to promote discussions. This was enjoyed and appreciated by people who lived at the home.

When people could not verbally communicate we saw staff using observational skills to read people's body language. For example, one person was sat comfortably in their chair. A member of staff asked the person if they would like their walking aid out moving of the way. The person made a noise which the staff interpreted as the person being unhappy. The staff member apologised and asked the person if they would like to get up from the chair and go for a walk. The person expressed a wish to walk so the staff member summoned assistance from another staff member to support the person to mobilise. On another occasion, a member of staff found a person walking on a corridor. The staff member asked the person if they were tired and wanted to go to their bedroom. The person said they would like to go to their room so the staff member supported them to their bedroom. This demonstrated that staff had empathy and understood the individual needs of people who lived at the home.

We observed staff enquiring about people's welfare. One person was not feeling well on the day of the inspection visit. Staff closely monitored the person during the day and offered the person the opportunity to go to their bedroom for a lie down as the staff thought the person looked tired. The person welcomed this and smiled when offered the opportunity to go back to bed.

We observed staff acting in a caring manner. On one occasion we observed a staff member supporting a person to move from the main dining area to a table in a communal area. The staff member brought the

person's dinner with them. They told us the person ate slowly and they did not consider it appropriate to leave the person alone in a dining room. They had brought the person to the main area as entertainment was about to start and they didn't want the person to feel left out. This showed us that staff were caring.

Staff responded appropriately when people were anxious and sought assistance. We observed one person looking distressed and anxious. The person asked a staff member for a cigarette. Staff told us the person wasn't known to smoke but agreed to find a cigarette for the person. The person became less anxious once staff agreed to find them a cigarette. Staff acted in a timely manner and sourced a cigarette for the person. They then offered the person the opportunity to go outside with support to smoke the cigarette. The person's anxieties had reduced due to the appropriate support offered and the person declined the cigarette.

Staff demonstrated a good understanding of positive communication. We observed a staff member asking a person a question. The person did not engage with the staff member so the member of staff bent down and communicated with the person at eye level as a means to promote communication in a non-threatening way. The person then responded to the question and support was provided in accordance with the person's wishes.

We observed staff respecting people's right to privacy. During the inspection visit we observed a health professional visiting the home to carry out health interventions. We observed staff putting a dignity screen up to promote the person's dignity whilst the health professional carried out treatment.

Staff had a good understanding of people's likes, dislikes and histories. We observed staff talking to people in an individualised manner. Conversations were promoted through staff having a sound understanding of each person.

People who lived at the home told us visitors could visit the home whenever they liked. One person said, "Visitors can come anytime." And, "Friends and relatives come and visit anytime, they come whenever is convenient for them."

During the inspection we observed two relatives visiting people who lived at the home. Visitors told us they were made welcome at the home by staff.

Is the service responsive?

Our findings

At the inspection visit carried out in January 2017, we identified a breach to Regulation 9 of the Health and Social Care Act (2008) Regulated Activities (2014) as person centred care was not routinely delivered.

At this inspection visit carried out in July 2017, we found the required improvements had been made and people received person centred care. We observed individualised support being delivered during the inspection visit. We observed one person getting up late and having their lunch served later than other people. A member of staff told us this person had asked to remain in bed. The person confirmed this was the case. We observed one person standing by the patio door, staff offered the person the opportunity to go and sit outside in the sun. The person happily agreed.

One person we spoke with told us they were involved in making their own choices. They said, "I can go shopping whenever I want. Staff usually come with me."

We noted person centred prompts had been developed to guide staff as to the individual needs for each person. These had been discreetly placed behind people's doors. They contained information such as whether or not a person requires a walking aid, glasses, hearing aids or other individual items. The prompts were pictorial and also acted as a reminder to people who lived at the home.

At the inspection visit carried out in January 2017, we observed staff using the wrong walking aids for people. At this inspection visit we saw the registered manager had worked with each person to develop an identity tag which could be attached to walking aids. These tags represented a part of each person's individuality. For example, one person loved dogs so they had a dog label on their walking frame. Another person had an identity tag which represented their previous working life.

Staff had a good understanding of the importance of providing person centred care. One staff member said, "It's important that I get to know people's routines." We saw evidence of person centred plans being developed. Staff had worked with people who lived at the home and families to develop one page profiles for each person who lived at the home. One page profiles capture key information on a single page about a person. They provide staff with an over-arching view of a person and helps staff develop an understanding of the person and how best to support them. This demonstrated the registered manager was committed to making improvements to develop person centred care.

As part of the inspection process we reviewed the provision of activities at the home. The registered provider told us they had recently recruited an activities coordinator and they were due to commence employment in a weeks' time. They told us they hoped the activities coordinator would improve activities that took place at the home.

During a walk around the home we observed arts and crafts around the building which had been completed by people who lived at the home.

On the day of the inspection visit people were encouraged to remain active throughout the day. During the morning we observed two people playing alongside a staff member with a sensory ball. The registered provider said people responded well to the balls and as such they had ordered additional balls. People were also offered one to one times with staff to sit and talk. In the afternoon an external entertainer visited the home to sing. We observed people sitting in the lounge enjoying this activity, singing along. People who did not enjoy the activity were offered the opportunity to leave the communal area and take place in alternative pursuits. We observed other activities taking place on an individual basis throughout the day. One person was sat with watching a DVD player. We observed staff changing the disc for the person when the DVD stopped. One person who was living with dementia was offered a twiddle muff to keep them occupied when activities were not taking place. This is offered the person comfort and reassurance.

As part of the inspection process we looked at how complaints were managed and addressed by the registered provider. People, who could verbally communicate with us, told us they had no complaints about the service provided. One person said, "The care is alright here. The people are very nice. I have nothing to complain about!" A relative we spoke with also said they had no complaints. They said, "I have no concerns or complaints. I have never had a problem."

Staff told us they were aware of the complaints procedure and would inform the registered manager if people complained. One staff member said, "No one has ever made a complaint to me. If they did I would tell the senior member on duty or [registered manager.]"

We looked at complaints received since the last inspection visit. We noted two formal complaints had been made. We noted thorough investigations had taken place following concerns being raised and action was taken to ensure improvements to care provision was made. When errors had been made, letters of apology were written to family members. This showed us the registered provider demonstrated duty of candour to people who lived at the home.

Is the service well-led?

Our findings

At the inspection visit in January 2017, we identified a breach to Regulation 17 of the Health and Social Care Act (2008) Regulated Activities 2014. We found systems and processes were not established and operated effectively to ensure compliance with regulations. Quality auditing systems in place were ineffective.

At this inspection visit, carried out in July 2017 we spoke with staff about their achievements over the past six months. The registered manager told us many improvements had taken place since the last inspection visit to ensure the home was meeting the fundamental standards. We asked staff what changes had taken place. One staff member said, "We have worked our behinds off to get things right." Another staff member said, "We had meetings with management. They told us we were all in this together." Also, "We have made massive improvements. We are much more professional now."

We spoke with the registered manager about improvements made at the home following the last inspection. They told us following the last inspection they had implemented and improved quality auditing systems to ensure they were more effective. We saw there were a range of auditing systems in place, including audits for medicines, infection control, environment and care documentation. In addition, we saw an audit had been implemented by the registered provider who was overseeing the registered manager's work. We noted audits were effective in identifying where improvements were required. In addition, when improvements were identified action was taken to resolve the issue. For example, a mattress audit identified a mattress as not being fit for purpose so the mattress was replaced.

The registered manager told us they often carried out walk around audits to ensure the living environment was suitable for people who lived at the home. They also said they had worked with staff to explain the processes and the relevance of keeping a well maintained environment.

People who lived at the home and relatives were consulted with. We saw evidence of a resident and relatives meeting taking place. People were consulted with in regards to the refurbishment of the home. They had been involved in choosing the decoration of the main lounge and flooring of communal areas. In addition, people who lived at the home had been consulted with about the food at the home. We saw feedback on food was positive.

We saw quality surveys had been undertaken since our last inspection visit. Three responses had been received. Feedback included, "Staff and owner are excellent in care and attention. The family is always notified of any changes."

At the inspection in January 2017, we identified a breach of the Care Quality Commission (Registration) Regulations 2009. The registered manager had failed to notify the commission, without delay of all notifiable incidents.

At this inspection carried out in January 2017, we noted from our CQC records the registered manager had commenced making notifications in a timely manner. Safeguarding notifications had been received

alongside other statutory notifications as required. We also saw when incidents had occurred the registered manager was open and transparent about incidents and shared information with the Local Authority and the families of the people involved.

Staff reported that since the previous inspection visit, things had improved for the better. They told us training had been provided which allowed them the opportunity to be more competent at their job. Supervision had been formalised to offer staff support and staffing levels had increased to enable them to carry out their roles in a relaxed way. They said as a result teamwork had improved and morale was good. One staff member said, "Teamwork is good now. It never used to be."

We asked people who lived at the home and relatives if they considered the home to be suitably managed. We received positive feedback about the senior management team. Feedback included, "The manager is lovely." And, "The management are very good." Also, "The management are really nice."

Staff told us required improvements had been made to ensure the home was well-led. Feedback included, "The home is well managed. Staffing is good. They are planning to address recruitment and we have an on call system to cover our needs. [Manager] is on top of maintenance and improvements are being made." And, "Management has improved. We are getting regular supervision and things are starting to fall into place."

Staff praised the skills of the registered manager. Feedback included, "[Registered manager] is good. They will help us if we struggle." And, "[Registered Manager] is firm but fair." Also, "[Registered manager] is brilliant. They have the right balance. They get on great with everyone."

Staff told us communication was good. Handovers between staff took place on every shift. This allowed relevant information to be passed between staff teams. Staff told us regular team meetings were now taking place. We saw evidence team meeting minutes were being documented. Following the team meetings, minutes were available and staff had to sign to say they had read the minutes of the meeting. Important information was also documented on a white board in the staff office to act as prompts for staff. Staff told us that following the last inspection visit, their roles and responsibilities had been reviewed and they were all now clear of the tasks they were to undertake.

We saw an emphasis on building staff skills and sharing key roles. Since the last inspection visit, staff at the home had been supported to develop champion roles within the home. We saw there were safeguarding champions, infection control champions, laundry champions and creams and ointment champions. The registered manager said champions had been developed for staff to take ownership and responsibility. Champions had received additional training to carry out the role and supported other staff within the home. We spoke with one champion. They told us that following training they now understood the importance of hand hygiene. As such, they encouraged people who lived at the home the option of washing their hands before a meal. We saw this happening on the day of the inspection visit. This demonstrated staff promoted best practice.

We spoke with one social care professional. They told us the management team had embraced all external support provided to them and had been committed to ensuring staff had opportunities to socially network with other providers. During the inspection visit, the registered manager told us they were planning to implement new medicine administration systems. They explained they had visited another home in the area who had already implemented the system. They told us they had spoken with the registered manager of the home about the system they were planning to implement, to assess if it was going to be of use at Fairways. This demonstrated the home understood the importance of social networking to develop skills and

competence.

The registered provider and owner said that following the last inspection visit they had reviewed the occupancy levels at the home and the safety of people who lived at the home. As such they had decided they were no longer going to use the bedrooms on the top floor of the home for people who required care and support. They had started making plans for one of the bedrooms to be made into a training room for staff. They were planning on putting a computer in the room so staff could use to complete e-learning training. They said it was also going to be available to staff to use when they were updating care records. This showed us the registered provider was committed to making on-going improvements to the quality and safety of the service delivered.