Management Committee of Fairfield

Fairfield Residential Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on 7and 8 January 2016. It was an unannounced inspection.

Fairfield Residential Home provides care to a maximum of 29 people. People who wish to live at this care home have to be able to mobilise independently due to the layout of the building. At the time of our inspection 24 people were living at the home.

There was 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.

People told us they benefitted from caring relationships with the staff who knew how to support them. Staff were supported through supervision, appraisal and training to enable them to provide the high quality care we observed during our visit.

Staff understood the needs of people, particularly those living with anxiety or depression, and provided care with

Summary of findings

kindness and compassion. People spoke positively about the home and the care they received. Staff took time to talk with people and provide activities such as arts and crafts, games and religious services.

People were safe. Staff understood how to recognise and report concerns and the service worked with the local authority if there were any concerns. People received their medicines safely as prescribed. Staff assessed risks associated with people's care and took action to reduce risks.

There were sufficient staff to meet people's needs. The service had robust recruitment procedures in place which ensured staff were suitable for their role.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) which governs decision-making on behalf of adults who may not be able to make particular decisions themselves. People's capacity to make decisions was assessed appropriately.

People told us they were confident they would be listened to and action would be taken. The service had systems to assess the quality of the service provided in the home. Learning was identified and action taken to make improvements which improved people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

People were supported to maintain good health. Referrals to healthcare professionals were timely and appropriate and any guidance was followed. Healthcare professionals spoke positively about the service.

All staff spoke positively about the support they received from the registered manager. Staff told us the registered manager was approachable and there was a good level of communication within the home. People knew the registered manager and spoke to them openly and with confidence.

The registered manager led by example and had empowered staff. Their vision that the service should be a home for people, where they were safe, comfortable and included, was echoed by staff.

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Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us they felt safe. Staff knew how to identify and raise concerns.

There were sufficient staff on duty to meet people's needs.

People received their medicines as prescribed. Staff carried out appropriate checks before administering medicines.

Is the service effective?

Good

The service was effective. Staff had the training, skills and support to care for people. Staff spoke positively of the support they received.

People had sufficient amounts to eat and drink. People received support with eating and drinking where needed.

The service worked with health professionals to ensure people's physical and mental health needs were maintained.

Is the service caring?

Good

The service was caring.

Staff were very kind and respectful and treated people and their relatives with dignity and respect.

People benefitted from very caring relationships with the staff who respected their preferences regarding their daily care and support.

Staff gave people the time to express their wishes and respected the decisions they made.

Is the service responsive?

Good

The service was responsive. People were assessed and received person centred care.

There were a range of activities for people to engage in, tailored to people's preferences.

Complaints and concerns were dealt with appropriately in a compassionate and timely fashion.

Is the service well-led?

Good

The service was well led.

The registered manager led by example and empowered and motivated staff to deliver high quality care.

The registered manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

There was a whistle blowing policy in place that was available to staff around the home. Staff knew how to raise concerns.

Fairfield Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 7 and 8 January 2016. It was an unannounced inspection. This inspection was carried out by one inspector.

We spoke with five people, five care staff, the activities coordinator, the chef, two healthcare professionals, the deputy manager and the registered manager. We looked at five people's care records, medicine and administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which captures the experiences of a sample of people by following a person's route through the service and getting their views on it. 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.

Before the inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included; "Oh yes I am very safe here. With both staff and my surroundings", "I feel very safe. There is always someone around to help me" and "Completely safe, very much so".

People were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately to the registered manager. Staff were also aware they could report externally if needed. Comments included; "The training I had was clear and after I had spoken to the resident I'd go straight to the manager", "I'd document everything and report to the manager. I can also whistle blow if needed", "Training on this was thorough. I would report concerns to the manager and I have the phone numbers for the local authorities" and "I'd go straight to management and report it. I can also go to the (provider) committee or outside organisations like the police or safeguarding". Records confirmed the service had systems in place to report any concerns to the appropriate authorities.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person had periods of depression. Designated staff were tasked with administering this person's medicine. A risk assessment was in place which guided staff on how to keep this person safe. This included ensuring the person was 'not left unsupervised with any medication at any time'. Staff administering medicine were also advised to 'ensure the person swallows their medicine' to prevent stock piling.

Another person could mobilise independently but lacked the stamina and motivation to do so. This placed them at risk of developing a pressure ulcer. The person had been referred to the care home support service (CHSS) and their guidance was being followed. This included encouraging the person to frequently change position. Staff were aware and followed the guidance which also included monitoring the person's skin condition and the use of pressure relieving equipment. We went to this person's room and saw the pressure relieving equipment in place. This was a positive outcome for the person as they did not have a pressure ulcer.

People told us there were sufficient staff to support them. One person said, "I think there are enough carer's, they answer my call bell quickly enough". Another said "Oh I think so, I've never seen them short of staff here".

Staff told us there were sufficient staff to support people. Comments included; "Yes I think there is enough. I shouldn't say this but sometimes there is more than enough", "We do have enough staff here. Compared to some homes I've worked in there really is plenty" and "It is very rare we are tight for staff. If someone goes sick at the very last minute perhaps but that is extremely rare".

There were sufficient staff on duty to meet people's needs. The registered manager told us staffing levels were set by the "Dependency needs of our residents". Staff were not rushed in their duties and had time to sit and chat with people. People were assisted promptly when they called for help using the call bell. Staff rota's confirmed planned staffing levels were consistently maintained.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role.

People had their medicines as prescribed. The staff checked each person's identity and explained the process before giving people their medicine. Medicines were stored securely and in line with manufacturer's guidance. Staff were trained to administer medicine and their competency was regularly checked by the registered manager. We observed a medicine round and saw correct procedures were followed ensuring people got their medicine as prescribed.

People's safety was maintained through the maintenance and monitoring of systems and equipment. We established that equipment checks, water testing, fire equipment testing, hoist/lift servicing, electrical and gas certification was monitored by the maintenance staff and carried out by certified external contractors. We saw equipment was in service date and clearly labelled.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they had received an induction and completed training when they started working at the service. Induction training included fire, moving and handling and infection control. One member of staff said "We get loads of training. We do modular training regularly and our training is updated all the time". Another said "The induction gave me the confidence to work with residents. We also shadow an experienced member of staff before we work alone". People's comments included; "I am confident in how the staff look after me" and "The staff are safe and knowledgeable and really helpful".

Staff told us, and records confirmed they had effective support. Staff received regular supervision. Supervision is a one to one meeting with their line manager. Supervisions and appraisals were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. For example, one member of staff said "Supervisions are a useful tool. I asked for extra training and this was provided. We are very well supported here, it is a two way process and I've had support on a personal basis as well. We are part of a family here".

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

People were supported by staff who had been trained in the MCA and applied it's principles in their work. Staff offered people choices and gave them time to decide before respecting their decisions. Staff spoke with us about the MCA. Some staff demonstrated a good understanding of the MCA. However, some staff were not confident in their responses. Comments included; "The act is about people's capacity to make decisions independently and our role is to support them to do this", "It's about ensuring residents understand. If I tell them and they are unsure I show them. It is always their decision" and "It's decision making I think, we do offer choices". We spoke to the registered manager and explained how some staff were not confident in their answers. They said "It might just be nerves, they have all been trained. I shall arrange some further training for them, group based, much more hands on".

At the time of our visit no one was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. These safeguards protect the rights of people by ensuring that if there are any restrictions to their freedom and liberty these have been authorised by the supervisory body. The registered manager told us they continually assess people in relation to people's rights and DoLS. The service worked closely with the Fulbrook Centre Oxford which specialised with assessment or medical treatment for persons detained under the 1983 Act and caring for people whose rights are restricted under the Mental Health Act 1983. The registered manager said "We often take on residents from the centre, mostly those with a history of depression or anxiety. I'm proud to say no one who has come to us from Fulbrook has ever had to return to the centre. We manage them really well".

Staff demonstrated a good understanding about how to ensure people were able to consent to care tasks and make choices and decisions about their care. Throughout our visit we saw staff offered people choices, giving them time to make a preference and respecting their choice. For example, at the lunchtime meal we saw people's preferences regarding food and drink were respected. We spoke with staff about consent. Comments included; "We are always explaining things and asking permission. We respect their preferences" and "I always ask with a smile, it always works. So long as residents are comfortable with things".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GP, care home support service (CHSS) and speech and language therapist (SALT). Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans. One healthcare professional we spoke with said "We get really good referrals, all appropriate and timely. They always follow guidance".

People told us they enjoyed the food. Comments included; "I don't like pastries, creams or chocolate. I get on alright

Good

Is the service effective?

with salads and fresh fruit. I get enough, almost too much", "We get plenty of food and really good quality. I also get snacks and drinks when I want" and "I think the food here is first class".

We observed the midday meal experience. This was an enjoyable, social event where the majority of people attended. Food was served hot from the kitchen and looked 'home cooked', wholesome and appetising. People were offered a choice of drinks throughout their meal. People were encouraged to eat and extra portions were available. The meal was a friendly and communal experience. We spoke with the chef who told us all meals were prepared with fresh produce and he baked cakes for events or birthday celebrations. The chef said "I get a list of special requirements, diets, allergies and those who like smaller portions. These people give me feedback and staff keep me up to date. If they want something different from the menu we provide it. Today someone changed their mind and wanted an omelette so I cooked it for them. No problem". Where people required special diets, for example, pureed or fortified meals, these were provided. Menus were displayed around the dining room and staff assisted people with their choices.

Good

Is the service caring?

Our findings

People told us they enjoyed living at the home and benefitted from caring relationships with the staff. People were extremely positive with their praise for staff. Comments included; "The carers always explain what's to be done and they are really friendly and nice", "Relationships I have with staff are really very good. Very caring", "The girls here are wonderful, just wonderful" and "It's a very good home. The staff are so helpful".

Staff told us they enjoyed working at the service. Comments included; "It's good fun here, I'll be staying here a long time", "I really enjoy it here, working with these residents", "I travel a long distance to work here. I love the residents and staff, it's a wonderful place" and "I love it here, it's such a lovely, happy place. The residents are so nice".

People were cared for by staff who were knowledgeable about the care they required and the things that were important to them in their lives. Staff spoke with people about their careers, family and where they had lived. During our visit we saw numerous positive interactions between people and staff. For example, one person had chosen to eat their meal in their room. A member of staff attended the person to take the plates away once the person had finished. The staff member asked if the person had enjoyed their meal and offered extra portions and a choice of drinks which the person declined. They chatted with the person and asked if they wanted anything else. As they left the room they said "I'll pop back a bit later to check if you need anything".

We observed staff communicating with people in a very patient and caring way, offering choices and involving people in the decisions about their care. People were given options and the time to consider and choose. For example, people were offered the opportunity to engage in a seated exercise activity. Some people chose not to take part and this was respected. The staff were friendly, polite and respectful when providing support to people. Staff took time to speak with people as they supported them.

People's independence was promoted. For example, one person went out to the local shops every day. The person came to the registered manager's office and told them they were going out. The registered manager engaged in conversation with them about where they were going and waved them off. When they returned staff enquired how the person's trip went. The person enthusiastically told staff where they had been and what they had done. We spoke to this person who said "I go out all the time, I like to go on my own".

People were involved in their care. People were involved in care reviews and information about their care was given to them. One member of staff said "They are involved and as things change we talk to them and their families about it". Due to their condition, one person's care needs changed regularly. The care plan noted how the person had been involved. For example, the person needed to change their position frequently. Care notes detailed how this had been discussed with the person who understood the situation. Person had stated they could 'reposition themselves'. Staff were guided to encourage the person to do this and regularly check this occurred.

We spoke with staff about promoting people's dignity and respecting their privacy. Comments included; "I always explain things and ask if it's ok to proceed. If it is personal care I close doors and draw curtains", "I cover people up as much as possible. I am polite and respectful" and "I knock on doors, close curtains and I always ask permission. I try to put them in control and make sure they are happy". We saw one person being supported to leave the dining room at lunchtime. The staff member whispered in the person's ear discretely and the person nodded and said "Yes". The member of staff then took the person to their room. The way the staff member dealt with this person showed a caring, discrete attitude which promoted this person's dignity.

People's wishes relating to 'end of life'care were recorded and respected. For example, one person had made a 'living will' and had stated they 'did not want any treatment that would prolong their life'. It detailed they wanted 'illnesses investigated' and wanted the living will to be activated if 'two doctors believe their life will be impaired by receiving any treatment'. They had also stated they wish to remain at Fairfield to receive any palliative care necessary. Staff were aware of these wishes.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to admission to the service to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. Care plans were detailed, personalised, and were reviewed regularly.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person was able to carry out all their personal hygiene themselves. However, the care plan prompted staff to assist the person if it was seen they were neglecting their personal hygiene. Guidance to staff stated the person 'is happy for staff to take a proactive approach' if they see the need. Staff we spoke with were aware of this guidance. One said "This person could sometimes do more for themselves but they occasionally suffer from poor motivation so we encourage them to try. It does work".

Care plans and risk assessments were reviewed to reflect people's changing needs. Staff completed other records that supported the delivery of care. For example, where people needed topical creams applied, a body map was in use to inform staff where the cream should be applied. Staff signed to show when they had applied the cream and there was a clear record of the support people received. People and their relatives were informed about any changing needs. One person said "I've been here a very long time so of course things change. I owe these people a great debt of gratitude".

People received personalised care. For example, one person could communicate very well but struggled with reading and writing. The care plan guided staff to support the person with any correspondence by reading letters to them and helping the person to write any notes or letters. Another person had a long history of depression and subsequently had struggled to maintain a safe weight which resulted in numerous related illnesses and infections. This person was supported by the GP, care home support service and staff. As the person's motivation to diet, exercise and attend to their personal care fluctuated the care plan evidenced how staff should encourage the person. The person was regularly monitored and weighed. Records confirmed this person's weight had reduced over the past year.

People were offered a range of activities including games, quizzes, sing a longs, arts and crafts, keep fit, talks with guest speakers and gardening. Hairdressers attended the home every week and people were encouraged to go out with families and friends or on their own where they were able. Church services were regularly provided for people to attend. The home also had large, well maintained garden areas for people to enjoy. Access to the garden was unrestricted and accessible for people who used wheelchairs.

We spoke with a member of staff who acted as the 'activities coordinator' for the home. They said "I have a budget for activities and I spend it to suit the residents. As most of our residents have been here for a long time they have grown older and slowed down somewhat so our activities have changed accordingly. They love creative things so we do lots of art, felting and crafts and we made all the Christmas decorations ourselves. We do lots of exercise sessions to keep them mobile which are very popular. Every resident has a blanket made by someone in the home".

People told us they enjoyed activities at the home. Comments included; "I like the quizzes, art and the poetry. There is enough here to keep us going", "Activities, oh yes very good. I do lots of knitting and I love the art we do" and "Always plenty to do. I like the exercise classes especially". We were told an art teacher provided classes and people's work was displayed in all the corridors and communal areas of the home. All the pictures were framed and the standard of work achieved by people was extremely high.

People's opinions were sought and acted upon. People regularly filled out 'feedback' forms and were able to comment on the care they received and staff. All the comments we saw were extremely positive. Where people raised concerns the service took action. One person had raised an issue with the menu. Following consultation with the chef the menu was changed to include this person's preference. Another person had requested to have their midday meal later in the afternoon. We saw this wish had been respected.

Good

Is the service responsive?

People knew how to raise concerns and were confident action would be taken to address them. People spoke about an open culture and told us they felt the home was responsive to any concerns raised. People's comments included; "I would just talk to the manager but I've never had a reason to complain. I'm confident something would be done if I did though" and "I would get in touch with CQC (Care Quality Commission) or the manager. Something would be done".

We looked at the complaints records and noted only one complaint during 2015. The registered manager told us concerns or complaints raised were dealt with "Immediately so we rarely reach the formal complaint phase". We saw people's concerns were recorded, investigated and acted upon. These were all of a minor nature. The complaint we saw had been resolved to the person's satisfaction in line with the provider's policy. Details of how to complain were displayed around the home.

Regular 'residents meetings' were held and gave people and their relatives the opportunity to raise issues and concerns. For example, we saw at one meeting an issues with the laundry was raised. It was discussed at the meeting and the registered manager took action to resolve the issue. At the following meeting we saw the manager had explained to people what action had been taken. The meetings allowed people to be involved and kept aware of changes concerning the home. For example, a new building was being planned and details of progress with planning permission and issues surrounding the new building were discussed.

The service published a newsletter for people which was displayed and available around the home. News, information and events were published. For example, people were reminded to remain cautious about the seasonal weather and were prompted to ensure they wore appropriate footwear and warm clothes. People were also thanked for their input in completing 'question forms' relating to staff and the service.

Good

Is the service well-led?

Our findings

People told us they knew who the registered manager was and found them very friendly and approachable. People's comments included; "I know her. It's hard for them, lots of pressure. She is always around the home, always chatty" and "She is very good. She is always visible and I am always happy to talk to her".

Staff told us the registered manager was supportive and approachable. Comments included;"I have always gone to the manager with confidence. They are supportive and approachable", "She is very caring about the staff. I was tired and she noticed and asked if I was ok. She really cares", "They listen to us and deal with any issues, you've only got to ask for something and you get it", "The manager is approachable and supportive which makes for a lovely home. I'd happily have my parents here" and "Oh yes, she is supportive and very understanding".

The registered manager led by example. The registered manager supported people individually throughout the day and greeted relatives and visitors in a warm and welcoming fashion. Their example gave staff clear leadership and we saw this enthusiastic, person centred approach repeated by staff throughout our visit.

The service had an open and honest culture. Throughout our visit the registered manager and staff were helpful, transparent and keen to improve the service they provided. One member of staff said "It's an open and honest service, yes, very much so. It's more like a family really. I know if I make a mistake I can put my hand up without any worry". One person said "It is an honest service. No skeletons in the closet".

The registered manager told their vision was "To provide a safe, comfortable environment whilst promoting independence, autonomy and inclusion". They said this was included in the staff handbook and the welcome pack given to people when they joined the service. When asked, one member of staff said "The manager's vision is about making people relaxed, comfortable and included. It's their home, safe and secure".

Accidents and incidents were recorded and investigated. The registered manager analysed information from the investigations to improve the service. For example, one person had fallen but they were uninjured. The incident was investigated and the person's care plan reviewed to ensure they were safe. Staff were included in the investigations and we saw the person had not fallen since the incident. All accidents and incidents were reviewed collectively to look for patterns and trends. The registered manager also used a monthly 'falls diary'. This tracked all falls in the home and was used to inform referrals to the care home support service (CHSS). For example, one person, who walked with the aid of a stick had a 'near miss'. They were referred to the CHSS who reviewed the person and advised they used two sticks to mobilise. This guidance was followed and we saw the person mobilising safely with two sticks.

The registered manager monitored the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. Audits covered all aspects of care and results were analysed resulting in identified actions to improve the service. For example, one audit identified an issue with the laundry. An action plan was created to resolve the issue which included staff spending time with people to ensure their clothing was clearly marked. The action plan and a recent 'residents' meeting evidenced the issue had been resolved.

A provider committee meeting was held every six weeks to discuss issues including audit results and any actions following the audits. The results of these audits were analysed to look for patterns and trends and ways to improve the service provided. This provided high level oversight and support to the registered manager.

The service worked in partnership with healthcare professionals and specialists. A monthly 'well being' committee sat to discuss people's care. Where staff had concerns relating to people's care this was discussed with healthcare professionals and specialists to try to resolve the concerns. From these meetings people's care was reviewed, referrals made and families informed. For example, one person's health had declined and the person was declining support offered.. The person had been referred to the GP and the family informed of the situation. The person's care was being reviewed and the registered manager was awaiting guidance from the GP on how to proceed. We spoke with a visiting healthcare professional who said "They don't need a great deal of input from us as they have good consistency of care here. They also follow any guidance. The home is nice and caring".

There was a whistle blowing policy in place that was available to staff around the home. The policy contained

Good

Is the service well-led?

the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. One member of staff we spoke with said "I know I can whistle blow and speak out to other agencies if I have concerns. The details are available to us and the manager would encourage us to speak up".