Ideal Carehomes (Number One) Limited

Fairway View

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

Summary of findings

Overall summary

This inspection took place on 19 and 20 April 2017. Fairway View [service] is a residential care home which can provide accommodation and personal care for up to 41 people.

At the time of our inspection the service had 36 people living there. The service was provided over two floors. The service supported people living with dementia.

There was a manager in place who had applied to become the registered manager of the service and she was available during 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.

People received safe and effective care from staff. Staff had a good understanding of the various types of harm people could experience and their roles and responsibilities in reporting any safeguarding concerns.

Care plans reflected people's individual needs and personal wishes. People and their relatives were involved in the development of their care plans and these were reviewed regularly.

Staff were recruited safely and appropriate background checks were made prior to staff starting their employment. This ensured only people with the required skills and of suitable character were employed.

Records checked confirmed people received their medicines as prescribed. Staff were able to explain the process they follow when supporting people to safely take their medicines.

Regular training and supervision was provided to staff. Staff were able to identify further training needs at their annual appraisal.

People's rights were protected under the Mental Capacity Act 2005. When people were not able to make decisions for the themselves, the provider had shown how their care and support was provided in their best interests.

People were supported to eat and drink sufficient amounts to meet their nutritional needs. External health professionals were involved in people's care when required.

People were able to pursue their hobbies and interests through a range of activities run by the service and in the community.

People were treated with care and kindness. People's wellbeing was protected and all interactions observed between staff and people living at the service were respectful and friendly. People confirmed staff respected

their privacy and dignity.

Regular feedback at meetings and through surveys was gathered from people, relatives and staff. The service sought views from external health and social care professionals. A complaints process was in place and complaints reviewed were responded to appropriately.

Everyone spoke highly of the new manager and the positive impact made since joining the service. The vision and values of the staff team were person centred and made sure people were at the centre of the service they received.

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.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of harm. Risks to people's health and safety were managed and plans were in place to enable staff to support people safely.

People received their medicines as prescribed.

There were sufficient numbers of staff to meet people's care needs and staff were recruited safely.

Is the service effective?

Good

The service was effective.

Staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

Staff had received an induction and the training and supervision they required to carry out their roles effectively.

People were supported to eat and drink sufficient amounts to meet their nutritional needs. External health professionals were involved in people's care as appropriate.

Is the service caring?

Good

The service was caring.

Staff were supportive, caring and compassionate towards people.

People and their relatives were encouraged to make decisions relating to the care and support they received.

Staff respected and supported people in a manner that promoted their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People were supported by staff that recognised and responded to their changing needs.

The staff helped people maintain relationships with those important to them. People were able to enjoy a number of activities, based on their known likes and preferences.

Anyone living, visiting or working at the service was able to raise concerns and these were responded to appropriately.

Is the service well-led?

Good

The service was well-led

People, their relatives, health professionals and staff were confident in the management of the service.

People were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service.

Fairway View

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.

We visited the service on 19 and 20 April 2017, this was an unannounced inspection. The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to our inspection we also reviewed information we held about the service. This included information received and statutory notifications about the provider. A notification is information about important events which the provider is required to send us by law.

Local commissioners of the service, Healthwatch Nottinghamshire, Healthwatch Nottingham and health and social care professionals involved with the service were contacted to obtain their views about the quality of the care provided by the service.

During our inspection we spoke with fifteen people who used the service, nine relatives, four family friends, two members of care staff, the maintenance person, the front of house manager, the activities coordinator, a deputy manager and manager. We also spoke with three health professionals who were visiting the service. We looked at the care plans of five people who used the service and any associated daily records such as the daily log and medicine administration records (MARs). We looked at four staff files as well as a range of records relating to the running of the service such as quality audits and training records.

In addition, 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 found it difficult to speak with us.

Good

Is the service safe?

Our findings

People and their relatives told us they felt the service was safe. One person told us, "Yes I feel alright, I feel happy duck." A relative said, "Yes more than safe, every time we come everything is always alright with my [relative] - very good." Staff were able to explain clearly the signs and symptoms of harm and told us they would report any concerns to a deputy manager or the manager. Staff were also aware of the procedure for reporting any concerns to the local authority safeguarding team or to the CQC. Information on safeguarding including the contact details of local safeguarding authorities were available in key communal areas over the two floors.

One person who had recently moved to the service was having difficulty managing to keep safe and well in their own home. We spoke with this person's friends and they were very positive about the service and the person's improved mobility and well-being. They gave credit and praise to the staff and manager of the service. An occupational therapy assessment was requested to confirm that the person was now safe to walk independently around the home without their walking aid.

Care records contained risk assessments advising staff what the risks to a person were and how these risks could be reduced. Risk assessments had been completed for each person's level of risk, including nutrition, repositioning charts, moving and enabling. Risk assessments identified actions that were put into place to reduce risks to the person and were reviewed regularly. We asked if people knew how to report concerns that put people's safety at risk. The person replied, "It would depend on what happens, whether you're hurt or not. I've never been hurt touch wood. No I don't think I know anyone who has been hurt."

We saw documentation relating to accidents and incidents and the action taken as a result, including the review of risk assessments and care plans in order to minimise the risk of re-occurrence. Falls were analysed to identify patterns and any actions that could be taken to prevent them happening.

We saw that the premises were well maintained, safe and secure. Checks of the equipment were taking place and action was taken promptly when issues were identified. There were plans in place for emergency situations such as an outbreak of fire. Personal emergency evacuation plans (PEEP) were in place for all people using the service. These plans provide staff with guidance on how to support people to evacuate the premises in the event of an emergency.

We checked call bell response times and these were mostly responded to within in a few minutes. However we did see records that showed us there had been occasions when this was not the case. We shared our concerns with the manager and she took immediate action to investigate this further and confirmed what steps she had taken to stop this happening again. No one living or visiting the service raised any concerns to us about this.

Staffing rotas and our observations confirmed sufficient staff were deployed across the two floors. Each person had had a dependency assessment in their care plan to confirm their levels of support required. We asked people and relatives if they had any concerns about staffing; everyone told us there were enough staff

to meet the needs of people. One relative said, "There are always enough staff."

We looked at five medication administration records (MAR). All had the name of the person who the medicine was prescribed for, the name of the medicine, dosage and frequency. The MAR had all been signed appropriately. We saw medicine was stored securely and in line with good practice with only staff having access to these. All staff administering medicines had had there competency assessed annually.

Staff were able to explain the recruitment process they went through. Recruitment files of four staff members were checked and safe recruitment and selection processes were followed. These contained the relevant documentation required to enable the provider to make safe recruitment choices. Each file contained references, proof of identity and the relevant health checks for each member of staff. Prior to starting employment, new employees were also required to undergo a DBS (Disclosure and Barring Service) check, which would show if they had any criminal convictions or had ever been barred from working with vulnerable people.

Good

Is the service effective?

Our findings

People received effective care from staff that understood their needs. A person spoke about how effective their care was and said, "It's been lovely, They look after us." Another person said that the staff had been, "Very good to me." A relative said, "Staff are very capable." Another relative said, "We can't speak highly enough of the quality of care here." We saw staff asked permission before assisting people and gave people choices. Where people expressed a preference staff respected them. Staff told us they received an initial comprehensive group induction of two weeks. This was then followed by a period off shadowing colleagues before being observed by their line manager to be signed off as safe and competent. Staff told us they received regular supervision and received sufficient training. Training records showed that staff attended a wide range of training. Systems were in place to ensure that staff remained up to date with their training.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed.

When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The requirements of the MCA were being followed. When a person lacked the capacity to make some decisions for themselves; a mental capacity assessment and best interests documentation had been completed.

We reviewed documentation to confirm DoLS applications had been made for people that required this. Staff were able to explain when DoLS were needed and had a good understanding of MCA and how this supports people living at the service.

People's care records contained care plans for eating and drinking and there were records of their preferences and the support they required. Nutritional risk assessments had been completed and nutritional care plans were in place with actions to reduce the risks to people. For example we saw people had within their care plan a section to support people with diabetes. This section contained guidance about diabetes and Hypoglycemia (Hypo). This is a condition characterised by an abnormally low level of blood sugar (glucose), the body's main energy source. This showed us staff had access to information that supported people effectively. Where needed people where provided with a special diet. Throughout the day people were offered snacks and hot or cold drinks to remain hydrated.

Documentation within people's care records provided evidence of the input of district nurses, chiropodists

and GPs. When these professionals had provided recommendations or advice this had been documented and implemented.

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person said staff were, "Very good, couldn't be better. I know this from previous experience as a [health professional] assisting patients in hospital." A relative told us, "Yes they [staff] are always talking to my [relative], they do make a fuss of my [relative], all of them do." Staff were calm and caring in their interactions with people who used the service. This showed us people were happy and relaxed in the company of staff. When staff spoke with people they gained eye contact, smiled and got down at their level, whilst or before talking. Staff were clearly able to describe peoples' needs and preferences to us.

In the dining room on the ground floor one person did not finish their meal.
Staff respectfully asked the person if they could eat a little more. The person had had enough so staff did not force the issue and supported the person away from the dining table. Another person did not want the deserts on offer at lunchtime. A staff member supporting at lunchtime knew this person's preferences and offered other options and the person happily chose a choc ice.

People had chosen to run regular themed events with staff support to celebrate cultural diversity through food and music which were very popular and well attended. People from the local community together with relatives and friends of people were also invited to join these events.

Advocacy information was also available for people if they required support or advice from an independent person. Independent advocates represent people's wishes and what is in their best interest without giving their personal opinion and without representing the views of the service, NHS or the local authority.

We observed that people were treated with dignity and their privacy respected. Staff were able to describe the actions they took when providing care to protect people's privacy and dignity. A staff member said, "When supporting people with personal care, I ensure the bedroom door is closed and curtains are shut." We saw that staff treated information confidentially and care records were stored securely. The language and descriptions used in care plans showed people and their needs were referred to in a dignified and respectful manner.

Where possible people's independence was supported and encouraged. This meant different things for people depending on their abilities. For example one person had their coat on and went on to tell us they had just come back from the local barbers. This person was proud of their appearance and happily shared that they enjoyed this routine which made them feel good about themselves.

Staff told us people's relatives and friends were able to visit them without any unnecessary restriction and relatives confirmed this.

Good

Is the service responsive?

Our findings

People and their families had been involved in planning their care which was responsive to their needs. One person said, "I do what I want when I want – I mix with people, no I never get bored really." Each person had a range of care plans for their care and support needs such as personal hygiene, eating and drinking, mobility, and pressure ulcer prevention. Care plans were person centred and contained information regarding people's life history and their preferences. These were regularly reviewed and changed in line with people's changing needs. Care records contained information regarding people's diverse needs. When people could not communicate their views verbally their care plan identified how staff should identify their preferences and staff were able to explain this to us.

During our visit people enthusiastically took part in a range of activities which included a keep fit class, a sing-a-long, flower arranging and arts and craft. People were able to participate in as much or as little as they wished. We saw a monthly newsletter that included pictures of outings and activities that the people had taken part in. Activities in the newsletter included, 'Time for a Cuppa' in support of Dementia UK, a trip to Nottingham Castle and a pamper day in readiness for Mother's Day.

The service used social media to share daily activities people took part in. The service used several tablets [mini computers that allow access to the internet which can also be used to take pictures] throughout the day, every day to capture what had been going on in the home and this was published on social media for families to see. Relatives spoke positively about the variety of activities people could now access and one relative said there was, "Something all the time" for people to do in or outside of the service.

The manager told us when she started people had agreed for one of the lounge's be made into a cinema room. All the equipment had been purchased by the previous manager but nothing had been installed. The screen had now been installed and few finishing touches to the seating and the room would be ready for people to access.

There were posters in the home telling people how to make a complaint. People and relatives commented on being able to talk to the manager and that she would always follow up concerns. We reviewed the complaints and all had been actioned appropriately in line with their policy. The senior management team shared learning from complaints across the organisation to improve the service offered to people.

People and their relatives told us they were regularly asked for feedback about the support they received. This was done through surveys, general conversation, at reviews and residents meetings. We reviewed surveys sent to people and their relatives and the findings and action points were clearly displayed on the notice board in the reception area.

Good

Is the service well-led?

Our findings

People, relatives, staff and health and social care professionals told us the service was led. A relative said, "The manager is approachable, understanding and supportive." A health professional visiting said the service was, "Very well led with the new manager." People and their relatives told us they were regularly asked for feedback about the support they received. This was done through surveys, general conversation, at reviews and residents meetings.

People their relatives and staff had completed surveys regarding their views on the quality of care at the home. Findings from the survey were fedback and recommendations followed up by the manager and provider.

We saw that the manager responded well to people when needing support and people had commented on how caring, supportive and responsive she was. The manager explained she likes to have an open door policy and this was confirmed by people and staff at the service. A relative said the service, "It's just fantastic it really is. You can see the residents are really well looked after."

The provider's values and philosophy of care were in the guide provided for people who used the service and staff acted in line with those values. All staff told us they were supported effectively by management and were given opportunities to develop their skills and knowledge through regular training and supervision. Regular staff meetings took place which gave staff and management the opportunity to discuss and share progress about the service. Handover meetings at the beginning and end of each shift supported staff offer a consistent service and any changes to a person's care needs would be noted and reviewed.

One relative mentioned that a staff member had completed a long shift and offered to help as a colleague had rung in sick. The manager asked the staff member to go home and get some rest and she then completed the medicines round. The relative said it was good to see that the manager, "Was hands on." And supported her staff team in this way.

Everyone we spoke with told us the new manager has had a positive impact on the service. One professional commented on the two deputy managers and said, "They are excellent. They have all the correct information I need for when I visit." Other visiting professionals commented on the management and them being, "Always visible and they would be happy to talk to us if we had any concerns."

We saw that regular audits were carried out by the management and representatives of the provider. The provider had an effective system to regularly assess and monitor the quality of service that people received. The manager and her team told us they completed a number of audits, which covered safety and cleanliness of the premises. Other audits were carried out in the areas of infection control, care records, medication, health and safety. Any issues were highlighted and actioned appropriately and reviewed at the next audit.

The manager told us they regularly met with their area manager to discuss best practice for the home. They

told us they discussed the things that worked well and the things that could be improved to help them increase the quality of the service that people received.

We saw that all conditions of registration with the CQC were being met. We had received notifications of the incidents that the provider was required by law to tell us about. This included allegations of harm and any serious accidents. Appropriate action was described in the notifications and during our visit, records confirmed what action had been taken to reduce further risks from occurring.