

Mr & Mrs T Pantling

Fairfield Country Rest 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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Fairfield Country Rest Home is a residential care home providing personal and nursing care for up to 32 older people. At the time of the inspection there were 29 people living at the service. The service is based in a single storey building and is in a rural setting.

People's experience of using this service and what we found

The providers and registered manager had a strong set of values which focused on supporting people in line with their preferences and needs. They knew people extremely well and made sure their care was delivered in a way which achieved good outcomes and enabled people to live their lives as they wished. These values were shared by the staff team. People were treated as individuals and staff had a good understanding of their backgrounds, personal likes and dislikes and health needs.

There were strong links with the local community and the providers were keen to maintain and develop these links. They were pro-active in identifying any local events which people might want to attend and supporting people to do this, individually or in small groups. Community groups, neighbours and relatives and friends were invited into the service to meet people and attend fetes and barbeques.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives told us they considered the service to be safe and people's health needs were met. Any changes in health were escalated to the relevant professional and relatives were kept informed.

Staffing levels were appropriate and staff responded quickly to any requests for support. The atmosphere was friendly and calm. We observed staff spending time chatting to people and checking on those who preferred to spend the majority of time in their room.

People received their medicines as prescribed. We identified areas for improvement in medicine records and have made a recommendation about this in the report.

Activities were provided and people were encouraged to take part in various social events, both in and outside of the home. The premises were clean and well maintained. The large gardens were accessible and there was garden furniture for people to use in the summer. A children's play area had been developed to encourage families to visit.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (report published 31 August 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well-led.

Fairfield Country Rest Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and a specialist advisor with a background in nursing.

Service and service type

Fairfield Country Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the provider, deputy manager, care workers and

the chef.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at meeting minutes and training records.

After the inspection

We spoke with the registered manager and three relatives who regularly visited the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home and with the staff who supported them. One person told us, "I have some bad nights, but they come when I call." Relatives told us staff knew how to reassure their family members and make sure they felt safe. One commented; "If he's having a 'fuzzy' moment he likes to talk to me. Staff know and they will ask him if he wants them to ring me."
- Risks were minimised because staff knew how to recognise and report any suspicions of abuse. Staff were confident that action would be taken by the management team to ensure people's safety if they reported concerns.
- The provider had systems which helped to keep people safe. The registered manager was aware of their responsibility to report any safeguarding concerns to the relevant authorities.
- Any concerns were fully investigated to help ensure people's safety.

Assessing risk, safety monitoring and management

- Risks were identified and recorded alongside guidance on how staff could mitigate any identified risk. These were individual and relevant to people's specific circumstances.
- People had personal evacuation plans which set out the support they would require if they needed to be evacuated from the building.
- Checks on equipment and utilities were carried out by external contractors as required.

Staffing and recruitment

- There were suitable numbers of staff to keep people safe and to meet their needs. People said there were always staff available when they required support. One commented; "There's a bell in case I needed anyone. Plenty of staff. I pressed it a few weeks ago and they came quite quickly."
- An extra 'twilight' shift had been introduced between 7.00pm and midnight. This meant there were enough staff to support people who chose to stay up late.
- Care staff were supported by kitchen and domestic staff. One of the providers provided regular activities and a maintenance worker was employed.
- The provider told us they felt it was important people were supported by staff who knew them well. They said; "The day we have to take on an agency worker is the day we stop."
- There was a robust recruitment procedure in place and all staff were checked before they began work. Staff confirmed they had not been able to begin working at the home until references and checks had been received by the provider.
- Candidates completed a trial shift before starting work. This gave all parties an opportunity to assess their

suitability for the role. The provider told us; "It is important we see them in the service."

Using medicines safely

- People received their medicines safely and as prescribed. Medicines were stored according to the prescriber's instructions. Temperatures of storage area were closely monitored.
- Medicine Administration Records (MAR) were clear and legible. Staff signed to indicate when medicines had been administered.
- We identified two recording errors when what had been prescribed had not been correctly transcribed onto the MAR. Although these handwritten entries had been countersigned the error had not been identified.
- When pain relievers, to be used as required, were administered staff did not record the amount given.

We recommend the provider consider current guidance for keeping and auditing medicine administration records in order to assure themselves medicines are being administered in line with the prescriber's instructions.

Preventing and controlling infection

- The provider ensured there were hand towels and liquid soap available in communal bathrooms.
- The home was clean and smelled fresh. Antibacterial hand gel was available throughout the home.
- Staff had access to, and used, personal protective equipment such as disposable gloves and aprons.
- There was no sluice room at the home. Staff had clear processes to follow to help ensure commodes were regularly cleaned. Domestic staff carried out an extra thorough clean weekly.

Learning lessons when things go wrong

- Incidents and accidents were recorded by staff and reviewed by the registered manager. The registered manager took action where required to prevent a reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Each person had their needs assessed before they moved into the home. This helped to make sure the staff could meet people's needs and expectations.
- From initial assessments, care plans were devised to give staff guidance about how to meet people's needs. Staff knew people well and were able to provide care and support which met their needs.
- The registered manager updated working practices in line with most recent guidance. For example, they had recently started using a monitoring system developed by the NHS used to quickly determine when a person's health was deteriorating.

Staff support: induction, training, skills and experience

- People were supported by a staff team who had access to a range of training in health and safety and subjects relevant to people's needs. This included training in end of life care and oral health care. Staff said training was good and included refresher training to make sure their practice was in accordance with up to date guidance and legislation.
- New staff received an induction to ensure they had the required skills and competence to meet people's needs. They also completed shadow shifts with more experienced staff to assess their competencies and give the management team an opportunity to observe them interacting with people.
- Staff were supported in their work. Staff received regular face to face supervision. Staff feedback was positive.

Supporting people to eat and drink enough to maintain a balanced diet

- People were mainly complimentary about the food served at the home. One person told us, "The food is good, no worries there."
- People were provided with adapted cutlery and plates if needed to enable them to maintain their independence during mealtimes.
- Where required people were regularly weighed. Action was taken to increase calories when this was identified as necessary.
- A 'breakfast club' had been set up for people who needed additional support with eating. This was held in the lounge away from the busier environment of the dining room. Staff told us this had been successful. One commented; "It's quiet in there so people don't get so distracted. I think it has increased how much people eat. The dining room can be busy and loud, and they can be distracted away from their food and then think they've eaten."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to range of medical professionals to meet their individual needs. One person said, "They will get the doctor or a nurse if I need one."
- External healthcare professionals regularly visited the service. One person was reluctant to receive dental treatment and staff continued to encourage them to see the dentist each time they visited.
- People were encouraged to stay mobile and healthy. Yoga classes and hand – eye co-ordination groups were regularly held.

Adapting service, design, decoration to meet people's needs

- Fairfield was surrounded by pleasant gardens and many rooms had views of the garden and surrounding countryside. One person showed us the plants and birdfeeders situated outside the French doors which opened onto the garden. They had a bird book by their side, and this clearly gave them a great deal of enjoyment.
- Some rooms which did not look out onto the gardens, had been built around an internal courtyard/conservatory. They were light and airy. Window dressings ensured people's privacy was protected.
- The home was well maintained and furnished. There were fresh flowers and seating was arranged to encourage small group conversations. Doors were clearly marked to help people identify their rooms and bathrooms.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Most people who lived at the home were able to make decisions about their day to day care and support. People told us staff asked their consent before providing any support.
- When people were not able to consent to their support the registered manager ensured relatives who had the appropriate authority were involved in their care planning.
- When people lacked capacity to make certain decisions DoLS applications had been made appropriately.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were kind and caring and their care had impacted positively on lives. Comments from relatives included, "[Relative] has lost the fear of being alone he had before moving in. He had lost the ability to call for help. Staff realised he wouldn't use the bell so they are always popping in to check. They will just say hello and ask if he wants a cup of tea" and "[Relative] was in hospital recently and said to me; 'I just want to get back to Fairfield'. One person told us, 'I get on with all the staff and managers.' Another commented, 'They do look after us, they're very helpful.'"
- There was a strong culture of providing care which was highly individualised, person-centred and non-judgemental. One person had been admitted to the service following a period of self-neglect with few possessions. Staff had provided them with clothing and toiletries and tried a variety of techniques to slowly encourage them to accept support with personal care. In addition, they had been persuaded to see other health care professionals with the result that their overall health and well-being was greatly improved.
- Staff spoke positively about their work and the people they supported. They knew people well and were able to tell us details about their background and how they like to be supported. They were extremely empathetic and caring in their approach. One member of staff told us; "[Person's name] prefers her own company and can be quite low in mood a lot of the time. She had a stroke, her husband died. Her life has changed a lot. I made her laugh this morning though. We do remind her, we're here to talk to her if she needs us." Another stated; "We have chores to do at night but [registered manager] has told us that people's needs are more important."
- One person's health needs meant they were no longer able to read mail. Whenever they received official information the registered manager set up a three-way telephone call between themselves, the person, and an advocate so they were able to review and discuss the information and ensure the person was fully informed.
- Staff were positive in their approach to communicating with people no matter how complex their needs. One person had very limited sight and hearing. A member of staff told us; "I think she has an awareness. I will use touch and talk to her to let her know who I am and what I'm doing. She seems to enjoy anything musical. She's been here a long time and we know her so well."
- We reviewed compliments received by the service. One compliment we read stated, "What a marvellous party you gave mum. She obviously feels real affection for you personally and trusts you and the people who care for her."
- People looked well cared for. We asked one person how they kept their shoes looking so well. They told us; "Staff will give them a bit of a polish." This was obviously important to them and they were very smartly

dressed. The provider told us they had taken this person to a smart Rotary Club dinner which they had thoroughly enjoyed. It had been an opportunity for them to dress in a suit and socialise which brought them a lot of pleasure.

- People were treated with genuine compassion and empathy. One person's mental health condition meant they sometimes took a long time to move from one task to the next. The registered manager explained; "Sometimes it can take an hour and a half for them to move on in the morning. I will go in and try and talk through his anxiety. It's not a complex behaviour, it's just a struggle for him."
- People were supported with their personal relationships. When one person's spouse had been admitted to hospital, they had been supported to go with them to be at their bedside. The registered manager told us; "I couldn't bear the thought of him not being with her then." They had also arranged video conferencing calls with the couples' son who lived overseas during this period. Another person had lost contact with friends and relatives of their deceased spouse. The registered manager contacted a solicitor to locate these people and then worked with them to re-establish links. Despite the person's limited communication skills, they now exchanged regular emails and letters and were proud to have new family photographs on show.
- Information in care plans stated; "How to meet their rights to equality and human rights: think FREDA - "equality is not treating all people equal but treating them as an individual."
- Night staff could choose to wear pyjamas between midnight and 6.00am. This can help people feel more settled and support night time routines.

Supporting people to express their views and be involved in making decisions about their care

- One person had initially been reluctant to leave their home and move into residential care. The registered manager told us they had visited the person at their home to talk with them about their options. They told us; "I encouraged him to give us a trial which he kindly accepted."
- The person's health had subsequently improved and they were enjoying regular trips out with their family. The registered manager commented. "He loves his life now."
- A residents meeting was being planned. The registered manager told us they were going to use this as an opportunity to discuss arrangements for receiving medicines at lunch time. At the time of the inspection this was being done in the dining room. The registered manager wanted to be sure people were happy to continue with this or if they would prefer more privacy.
- Staff described how they supported people to make day to day decisions about their care, support and daily routines. One commented; "[Person's name] is up ten times a night. She is confused. I normally get her out of her bed as she doesn't want to be in bed. I make her a cup of tea and put the news on for her and sit with her. She is happy like that and I give her the option."
- One of the providers regularly came into the service to provide organised activities. Staff told us this gave them an opportunity to spend quality time with those who tended to spend more time in their rooms.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. There was an ethos of enabling people to make their own choices and respecting their rights as individuals. A relative told us; "[Registered manager] has never told [family member] anything that isn't true. And that is so important to him." The person had initially been keen to return home. The registered manager had supported them and arranged a care package for them in their home. On the day of the planned move the person had changed their mind stating; "I don't want to go home, I'm alright here."
- People were supported and encouraged to maintain their independence. The providers ethos of encouraging people to stay healthy and independent was shared across the staff team. One commented; "I encourage people to walk or do things for themselves. If I know they can walk, I will encourage. I encourage them to do what they can for themselves and will assist with what they can't do."
- The provider recognised how attention to detail could resolve some of the challenges of communal living

for people. They worked to resolve differences to enable people to live their lives as they wished and follow their own routines. For example, some people preferred their rooms to be cool and kept their bedroom windows ajar. This had been discussed at resident meetings and people had agreed to keep their doors closed if their window was open. The provider commented; "Resident meetings are important so we can discuss things together."

- Friends and relatives were actively encouraged to bring children to visit. A play area had been set up in the garden incorporating swings and a Wendy House to make families feel welcome. Children from a local nursery regularly visited. On Halloween people had been provided with sweets and the children had gone around the home 'trick or treating' with people's prior agreement. This had been enjoyed by everyone involved.

- Staff recognised when people were at risk of isolation and encouraged them to get involved in the day to day activities in the home. The provider commented; "We try and encourage residents to come down for meals, especially lunch. It's so good for social interaction and their mobility." We observed staff checking on people who chose to spend their time in their room. One member of staff told us; "People don't get bored because if they want company, they will ring their bell and ask if we want to have a cup of tea with them." A relative told us; "They pop in and out and encourage him to take part in things, if they didn't, he probably wouldn't bother."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans which set out their individual needs and preferences to make sure staff knew how people wished to be cared for. Care plans were person-centred and included information about people's specific needs.
- Some people needed additional monitoring because of their health needs. Staff were aware of this and knew how to encourage people. One commented; "[Person's name] is not a very good drinker so with drinks we make sure we sit and encourage her. We can see on the [monitoring] chart how much she has had to drink."
- People and their relatives were happy with the care and support they received. One person told us, "I am well looked after." A relative said, "It's excellent, you can't fault it."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared with others including professionals. Staff knew people well and responded to their individual communication needs.
- Arrangements to support people with information were highly individualised and focused on people's individual needs. One person had a visual impairment and had requested the name plate on their door be placed on a pure white background as this was easier for them to see. This had been provided.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were a range of activities scheduled throughout the week which people could attend if they chose. This included musical entertainment, yoga and exercise sessions and a weekly quiz. A community yoga session was also organised which any relatives, friends and staff could join in with. One person told us; "We sing hymns in the lounge, I used to sing in a male voice choir, so I enjoy singing the hymns."
- People's interests and hobbies were recorded, and staff helped them to maintain their interests. One person had worked for many years as a landlord and missed the social aspect of this. The provider told us they were planning to set up a small bar in the shared lounge serving beer and soft drinks which the person could host. A local brewery had agreed to supply some furnishings and the registered manager was hoping

to get the person's original pub sign to hang above the bar. All this was being planned with the person's family as a surprise.

- There was a strong emphasis on supporting people to be part of the local community. Numerous links had been established with various groups such as the local school, church, and rotary club. People were supported to attend local events and access the local amenities regularly. The provider told us they had recently taken some people to a flower show. They said; "Only a couple of people chose to come which was a shame, but they really enjoyed it." They told us they would continue to inform people about what was available and encourage them to take part.
- During the previous summer a barbeque event had been arranged. This had been such a success there were plans to run them weekly for people and their relatives when weather permitted.
- The local parish magazine was made available to people so they would be aware of any events in the community they might like to attend.

Improving care quality in response to complaints or concerns

- There were no ongoing complaints at the time of the inspection. People told us they would be confident raising any concerns and believed they would be dealt with.
- Relatives told us they had not raised any complaints but would be confident any concerns would be addressed. One commented; "[name of registered manager] has always said, "If there's something bothering you just let us know.""

End of life care and support

- People's end of life wishes were recorded in care plans where this had been discussed with them. Training in end of life care was planned for April 2020.
- The registered manager respected people's wishes at this stage of their lives. They told us of a situation where one person had clearly stated they wanted to die in their own home. They had arranged for the person to have care at home, so they were able to move back. They commented; "If we can only take hold of one decision for ourselves it should be where we die."
- Staff had discussed the use of donor cards with people to establish their wishes in this area. A relative told us; "[Family member] is getting on and we have had to have some difficult conversations. [Registered manager] has been very good."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirement

- There was a clear management structure in place. The registered manager was supported by two deputies a supervisor and senior care workers. Key workers had oversight of individuals care needs.
- Roles and responsibilities were well-defined. The registered manager completed the morning medicines round as this enabled them to check each individual and get a sense of how things were in the home generally.
- One of the providers worked full time at the service in a managerial role. They told us they were there to support the registered manager. There was no formal system for provider audits to help ensure robust oversight of the service. We discussed this with the provider who agreed they would look at implementing formalised checks.
- Monthly management meetings were held to discuss any concerns or areas for improvement.
- The whole staff team knew people well and had a good understanding of the systems and processes in place. The registered manager was on leave on the day of the inspection. They told us, on their return, they had greeted one person who commented; "There is no need for you to worry, we have been well looked after."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People knew who the registered manager was, and they felt able to approach them. Relatives told us; "[Registered manager] has just had some time off and [family member] did miss her", and "[Registered manager] and the team have been fantastic. He has made leaps and bounds since moving in there."
- The registered manager was committed to providing person-centred, individualised care which met people's needs and preferences. They commented; "It's not about filling beds, it's about making sure people are in the best place for them."
- There was a relaxed and friendly atmosphere and people and staff were obviously at ease together. During the inspection we saw people come into the office to talk to the provider about day to day arrangements. The providers young daughter regularly came into the home and this clearly brought people pleasure.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to let people know if something went wrong in line with the duty of candour.
- Following any incident people, and where appropriate, their relatives were kept informed of any actions and outcomes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The ethos of the service was focused on including people and their families in decisions about their care and how the service was developed.
- Residents' meetings were held to discuss any changes and update people on planned events. There was an ideas and suggestions board in the foyer and families were canvassed for their opinions annually.
- Staff meetings were an opportunity for staff to make suggestions. Minutes showed ideas were listened to and acted upon. For example, one member of staff had asked for changes to the arrangements for administering medicines which needed to be given with food and this had been agreed.
- The provider had taken part in a cycling challenge to raise money for the Alzheimers' Society.

Continuous learning and improving care;

- Following an allegation which was later unsubstantiated, the providers and registered manager had reviewed management roles and made changes to improve oversight. The provider told us; "It was a massive upset, but we pride ourselves on our home. It took time and effort to get over, but we are out the other end."
- Extra room checks had been introduced to make sure people's rooms were clean, safe and organised according to their preferences.
- Staff told us their skill, knowledge and experience were respected and valued. Any suggestions were listened to and used to improve the delivery of care.

Working in partnership with others

- The registered manager was a member of the local care forum and other local networks set up to support those working in the care sector. In addition, they had joined local and national Facebook groups for registered managers where they were able to share good practice and ask for advice. They told us; "A couple of years ago it felt quite lonely. This is a way to bond together. You can get instant advice."
- The registered manager demonstrated a collaborative approach to working alongside other care home managers. They told us they had experience and knowledge of certain areas and were happy to share that with others to support their understanding.