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Fairholme

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 unannounced comprehensive inspection took place on the 4 January 2018. The last comprehensive inspection took place on the 3 November 2015. The service was meeting the requirements of the regulations at that time. At this inspection the service remained good.

Fairholme Nursing Home is a 'care home' that provides nursing care for a maximum of 60 adults, with a range of health care needs and physical disabilities. At the time of the inspection there were 48 people living at the service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Fairholme is situated in the town of Camborne. It is a purpose built service on two floors. All rooms were single occupancy. There was a passenger lift serving the upper floor. Two lounges and a dining room were situated on the ground floor. There were additional quiet areas for people to use.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 were supported by staff who knew how to recognise abuse and how to respond to concerns. The service held appropriate policies to support staff with current guidance. Training was provided to all staff with regular updates provided. The registered manager had a record which provided them with an overview of staff training needs.

The service had sufficient staffing levels in place to provide support people required. People told us staff were responsive and available when they needed them.

Staff had been recruited safely, received on-going training relevant to their role and supported by the registered manager and team leaders. They had the skills, knowledge and experience required to support people in their care. Staffing levels were sufficient to meet the needs of people who used the service.

Risks in relation to people's daily lives were identified, assessed and planned to minimise the risk of harm whilst helping people to be as independent as possible.

Accidents and incidents were being recorded and reported and any lessons learned were shared with staff. The service learned by any mistakes and used this as an opportunity to raise standards. There was a culture of openness and honesty and staff felt able to raise concerns or suggestions.
Staff were supported by a system of induction, training, supervision and appraisals. Staff received training

relevant for their role and there were good opportunities for on-going training support and development. More specialised training specific to the needs of people using the service was being provided. For example, dementia care and clinical nutrition support.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

Care plans were well organised and contained personalised information about people's needs and wishes. Care planning was reviewed regularly and whenever needs changed. People's care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted.

There were a range of quality assurance arrangements at the service in order to raise standards and drive improvements. For example, audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved.

All levels of staff engaged with all stakeholders of the service. People's views were taken into account through regular communication and surveys. The results of the most recent survey had been positive.

There was a system in place for receiving and investigating complaints. People we spoke with had been given information on how to make a complaint and felt confident any concerns raised would be dealt with to their satisfaction.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well led.	Good

Fairholme

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 unannounced inspection took place on 4 January 2018. The inspection was carried out by one adult social care inspector, a specialist nurse advisor and an expert by experience. The specialist advisor had a background in nursing and the expert by experience had 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). This 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. We reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with eight people who were able to express their views of living at the service. Not everyone was able to verbally communicate with us due to their health care needs. We spoke with four visiting relatives. We looked around the premises and observed care practices on the day of our visit. We also spoke with three visiting relatives.

We spoke with the registered providers and registered manager, the clinical lead nurse, two nurses and ten care staff. We looked at five records relating to the care of people, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Good

Is the service safe?

Our findings

People told us they felt comfortable and safe when supported with their care. Observations made during the inspection visit showed people were relaxed in the company of staff supporting them. One person told us, "I feel safe and happy; the carers are all very good and kind." A relative told us they felt the service managed their relative's money safely. They said, "If you want to leave money with the office you can. I usually leave money at the office for any sundry bits and for a regular haircut. The office staff give me a receipt; they ring me when the money has almost been spent and I bring more in."

People were protected from the risk of abuse because the service had a safeguarding adult's policy which reflected current good practice guidance. Staff were aware of the safeguarding procedures for the service and how to use them if they had any concerns. Safeguarding was regularly discussed at staff meetings and training was routinely updated. Any concerns raised were fully investigated and reported as appropriate to the local safeguarding unit for external investigation. This meant the service was open and transparent in making referrals and people were safeguarded from the risk of abuse.

There was an equality and diversity policy in place and staff received training on equality and diversity. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

The service was appropriately staffed to meet the needs of people who lived there. There was a skill mix which meant peoples diverse needs were met by a staff team who were knowledgeable and able to deliver care safely. We observed staff were patient and unhurried in their duties. For example, staff were seen to spend time with people throughout the day on a one to one basis. A staff member told us, "We are encouraged to take time with residents when they need us." Staff were visible in all areas of the service throughout the day and call bells were responded to quickly. This demonstrated there were enough staff to safely support people living at Fairholme.

Medicines were administered in a considerate manner by nursing staff that were competent to manage medicines. Staff explained to people what their medicines were for and ensured each person had taken them before signing the medication record. People were given their medicines at the correct times. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. The stock of these medicines was checked weekly.

The service had suitable arrangements for the ordering, storage and disposal of medicines. If an urgent order was required two nursing staff ordered over the phone on speaker phone so that two nurses could hear the instructions. These were signed by two nurses and signed by GP as soon as possible afterwards. This was to ensure safe practice. There were medicines being used by the service that required cold storage. There was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored.

There were auditing systems in place to carry out monthly checks of medicines and these were reviewed

every six months by the supplying pharmacist. Annual external audits were carried out by the local commissioning group, linked to the GP practices serving the home. A recent issue in supply had been identified by the clinical lead nurse for the service. They took prompt action to notify the necessary supply agency regarding the problems and issues for the patients' if they kept missing repeat drugs from their dispensing cycle. This action had reduced the potential for errors in dispensing from occurring again.

People who requested support by using the service's call alarm system were protected by a logging system which identified times of calls, frequency of calls and response times. One person told us, "It's a lot better because we know when a call has been answered because it shows the room number and changes colour and says when staff are in attendance."

Incidents and accidents were recorded in the service. Appropriate action had been taken and when necessary changes were made to learn from the events or seek specialist advice from external professionals. For example, all falls were reported centrally and reviewed monthly by the registered manager. Information was recorded and graphs used to indicate if a person's risk of falls had increased. This promoted risk reviews and in one instance had generated a referral for a Physiotherapist assessment to support the person to use equipment to reduce the level of falls occurring. If the registered manager had concerns about people's welfare they liaised with external professionals as necessary.

Care records were accurate, complete, legible and contained details of people's current needs and wishes. They were stored securely in a locked cabinets and were accessible to staff and visiting professionals when required.

In order to protect people who may be at risk of falls there were mobility risk assessments in place which were reviewed monthly or as soon as a fall took place. A falls diary was also kept for each person. This meant that the information was easy to read and review. For example, where assessed as required, pressure mats were used to alert staff if a person was up and moving around and staff ensured people used their walking aids appropriately.

Care files contained individual risk assessments which identified any risks to the person and gave instructions for staff to help manage the risks. These risk assessments covered areas such as nutrition, pressure areas, choking and breathing difficulties. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe. For example, one person was at risk of skin damage due to their general health needs and because they were mostly cared for in bed. Their risk assessment identified the need for regular repositioning and to monitor the pressure of the 'air flow' mattress to support this. Records showed that staff checked the person at regular intervals throughout the day to ensure their skin integrity was maintained.

Health and safety risk assessments were completed for all areas of the building. This helped ensure the service was safe for people to live in. Equipment used in the service such as moving and handling equipment, wheelchairs, stand aids, passenger lifts etc., were regularly checked and serviced by professionals to ensure they were always safe to use. All the necessary safety checks and tests had been completed by appropriately skilled contractors. Fire fighting equipment had been regularly serviced. Fire safety drills had been regularly completed by staff who were familiar with the emergency procedure at the service. Risk assessments were regularly reviewed and updated to take account of any changes that may have taken place. There were personal evacuation plans (PEEPS) were in place for staff to follow should there be an emergency. The plans were up to date and had the correct names associated with the rooms they were occupying to support evacuation.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

The environment was clean, well maintained and there were no unpleasant odours. There was an on-going programme to re-decorate people's rooms and make other upgrades to the premises when needed. Housekeeping staff were employed to work every day and had clear routines to follow. Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the need to wear protective clothing such as aprons and gloves, where this was necessary. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately to reduce cross infection risks.

Good

Is the service effective?

Our findings

People received effective, safe and appropriate care which was meeting their assessed needs and protected their rights. This was because they were supported by an established and trained staff team who had a good understanding of their needs. People told us, "The staff are wonderful. I feel very confident in them all." Relatives told us, "I trust the staff. I have seen them helping [person's name] and can't fault the way they go about their jobs."

Staff told us the level and range of training they received kept them up to date with good practice. For example nurses regularly updated their clinical practice as required for their professional development. The service's training matrix showed a range of training as described by the staff team. It included, safeguarding, moving and handling, fire safety, first aid, pressure ulcer prevention and end of life care. This demonstrated the service was committed to develop the skills of all levels of the staff team.

Newly employed staff were required to complete an induction before starting work. This included, training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction was in line with the Care Certificate which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had shadowed other workers before they started to work on their own. A recently employed member of staff told us they felt very supported by the registered manager and staff who took the time to support them in their role.

All members of staff met with the registered manager or senior staff regularly to discuss their performance and training needs. This included regular support through one-to-one supervision and annual appraisals. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff were also supported to gain qualifications and some staff had attained or were working towards a Diploma in Health and Social Care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service held an appropriate MCA policy and staff had been provided with training in this legislation.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had applied for some people to have potentially restrictive care plans authorised. There were no current DoLS authorisations in place at the time of the inspection. Where people did not have

representation to support them in their best interest the service sought advocacy support. Some people had an Independent Mental Capacity Advocate [IMCA] to support decisions including making decisions about serious medical treatment or an accommodation issue.

Where possible people had consented to their care where they had mental capacity. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We observed throughout the inspection that staff asked for people's consent before supporting them with any care or support. People were supported to make their own decisions about how they wanted to live their life and spend their time.

People's need and choices were assessed prior to moving in to the service. This helped ensure their needs and expectations could be met by the service. Staff were knowledgeable about the people living at the service and had the skills to meet their needs. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs.

Staff were aware of the service's equality and diversity policy and received training on equality and diversity. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination in the way they provided care for people.

People's health conditions were well managed and staff supported people to access healthcare services. Staff supported people to see external healthcare professionals such as occupational therapists, GPs, speech and language therapists (SALT) and chiropodists. Care records contained details of multi professionals visits and care plans were updated when advice and guidance was given. Relatives told us the service always kept them informed of any changes to people's health and when healthcare appointments had been made.

Some people needed to have their food and fluid intake monitored for health reasons. Those people had fluid and food intake charts in their room. They were up to date and provided a clear picture about how the person had been supported with their nutrition and hydration needs. Some people had difficulty in swallowing which had the potential to pose risk to the person. In these instances the person had been assessed by a dietary and nutritional specialist in order to provide staff with clear instructions for the type of diet suitable for the person. The registered manager told us the Speech and Language therapy team will come into home within 24 hours of notification of a request.

Staff supported people to maintain a balanced diet in line with their dietary needs and preferences. People were provided with drinks throughout the day and while they were eating their meals. People who stayed in their bedrooms all had access to regular drinks. We observed the support people received during the lunchtime period. The atmosphere was warm and friendly with staff talking with people as they ate their meals. Where people needed support to eat because of sensory or physical needs there was a range of cutlery and equipment to support them to eat independently wherever possible.

Fairholme was generally found to be in good decorative order. The service was clean with no mal odours evident throughout the building. People's bedrooms were located on both the ground and first floor. Some of the bedrooms had en-suite facilities. The design, layout and decoration of the building met people's individual needs. Corridors and doors were wide enough to allow for wheelchair users to move freely around the premises. Toilets and bathrooms were clearly marked to encourage independent use and help people who might have difficulties orientating around the premises.

Good

Is the service caring?

Our findings

On the day of the inspection there was a calm, relaxed and friendly atmosphere in the service. We observed that staff interacted with people in a caring and compassionate manner. People who were able to talk with us about their view of the service said they were happy with the care they received and believed it was a safe environment. Comments from people and their relatives included, "Yes, definitely, no complaints whatsoever, they'll do anything for you here, it's exceptional," "Great care, I wanted [person] to be looked after properly. If I ever had to, I wouldn't hesitate to come here. They contact me if [person] is having any problems and they inform me of any changes that are made to their medication" and "[Registered Manager] explains it all to me." Other people told us, "I'm happy with the care, over the moon with it, no problems; washed, changed, lovely'," "Happy with all the care that is provided by any of the carers. I'm outspoken enough to be able to say if I had problems. It's not been an issue, haven't needed to change my medication."

Staff had an appreciation of people's individual needs around privacy and dignity. We observed staff knocked on people's doors before entering and bathroom doors were closed before support was offered. Staff spoke with people in a respectful way, giving people time to understand and reply. We observed staff demonstrated compassion towards people in their care and treated them with respect. One person we spoke with said, "Staff are always respectful. I am always asked if I need anything and when they [staff] provide personal care they always make sure the doors are closed and respect my dignity."

People were observed engaging with staff members in a friendly and respectful way. Where people were unable to communicate verbally, their behaviour and body language showed that they were comfortable and happy when staff interacted with them.

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each person's individual character and there was a sensitive and caring approach observed throughout our inspection visit. A staff member said, "We [staff] respect everybody for who they are. That's very important because we all have different views."

During the day of the inspection we spent time in the communal areas of the service. People were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We observed relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service.

People were at the centre of the service and routines were led by the people living at Fairholme. A staff member said, "It's all about the resident and what they need. We can usually deliver all the things they need." There were no restrictions in place and people had the choice about how they lived their lives. For example, some people had their own routines around when they went to bed and got up. One person said, "I like to do my own thing and the staff understand that and let me get on with it." There was a diverse mix of people living at the service with a range of different physical needs. The culture of the service was one where each person was treated as an individual rather than being defined by the type of service they lived at.

People's religious and spiritual needs were met and a number of denominational church representatives visited the service to offer spiritual support as well as services. The home had a dedicated 'chapel' room where people had access to religious books and information for several religious denominations.

Staff supported people to keep in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time. One relative told us, "I am always made to feel welcome. Offered a drink and never feel I am staying over my time."

The service had achieved an accredited award for meeting the criteria for the 'Gold Standards Framework' in care homes (GSF). It is aimed at optimising and delivering personalised care and support as a person enters the final stages of their life. It includes working closely with the family, reducing the need for avoidable hospital admissions and providing the right care at the right time. People's end of life wishes had been recorded so staff were aware of these. People were being supported to remain in the service as they headed towards end of life care. This allowed them to remain comfortable in their familiar, homely surroundings, supported by familiar staff. The registered manager told us, "As we are Gold standard accredited for end of life care we are constantly reviewing how we can support families better with the end of life process following the death of their loved one."

The service had recently held a 'memorial day' where families of those who had passed away were invited to the service to celebrate their loved ones by planting tress releasing balloons and sharing memories. Feedback had been very positive with people wanting more of these days as it had provided a lot of comfort to them.

Good

Is the service responsive?

Our findings

People who lived at the Fairholme told us staff were responsive to their care needs and were available when they needed them. Call bells were answered quickly and people did not have to wait. The people we spoke with said they were happy with their care and the attention they received from staff. Comments included, "I don't really have to wait for long before staff come when I need them" and "I come most days and there are always enough staff around." We observed staff members undertaking their duties and responding to requests for assistance in a timely manner. The people we spoke with said they were happy with their care and the attention they received from staff.

At the inspection in January2015 we found there were a limited range of activities available to people. During this inspection we found the service had employed an activity coordinator to focus on developing a broader range of activities for people. The activity coordinator knew people's preferences and interests. There had been a full programme of entertainment during the recent Christmas period. There were games and bingo sessions taking place, music and movement was encouraged and where people were confined to bed, they were regularly visited to talk or have hand massages if they chose. One person said, "[Activities Coordinator] is going to do my nails for me. They came to see me today. I felt better after seeing her, very uplifting. She'll do my nails and anything else I want her to do." Most people were happy with the range of activities provided; they told us, "When I want to do the activities I do, like listening to the choir and the carols, I enjoyed that and the singers," "I get involved with the activities I enjoy. Arts and crafts the most," "I enjoy reading books and the 'West Briton' [newspaper] and I have a magazine delivered each week'; "I like to read and knit. I don't think there's anything else I'd like to do" and "I have music instruments all in my bedroom. I have interests that I carry on with here. I write lots of songs and poetry and write for the Home's Newsletter. I'm lucky because I can get out and do and go where I like on my motor scooter. I go out and eat once a month." One person told us, "I would like to do outdoor activities, like gardening. I love growing things." We share this feedback with the registered providers and registered manager who stated they would look at options to accommodate this interest.

Care plans were in place for people and were all accurate and up to date to reflect current nursing and care needs. The care plans were detailed and included current information about people's nursing care needs as well as their social support needs and wishes. Records included information about how nursing needs would be met. For example, end of life care, positioning charts, monitoring food and fluids and pressure care and dementia care.

Care plans were clear where people required additional nursing care, for example with medical interventions. This information was shared with other relevant health professionals to ensure they had information about individual nursing needs. This ensured people received care that was provided with a person-centred approach. Staff were knowledgeable about the support people in their care required.

Where people were assessed as needing to have specific aspects of their care monitored, staff completed records to show when people were re-positioned, their skin was checked, their weight was checked or food and fluid intake was measured. Monitoring records were kept in people's rooms so staff were able to access

them easily at the point when care was delivered. This helped ensure the recordings were made in a timely manner and there was less room for errors. We found records were accurately completed.

Handovers were provided at the beginning of each shift so staff had current information about people's needs and this process kept staff informed as people's daily needs changed. Staff wrote daily records as soon as care was provided so it was current and accurate. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care.

The care plans were regularly reviewed and updated to help ensure they were accurate and up to date. Where relatives or others had been involved this was clearly identified where possible. Some families did not live locally but had commented that they were kept fully informed of their relatives care and support.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Air filled pressure relieving mattresses were provided where people needed them. There was a system in place to make regular checks to ensure the pressure was right for the person and to ensure the mattress operated effectively.

Some people had limited verbal communication. Staff understood their individual ways of communicating and had clearly developed a good knowledge of each person's needs. For example, where a person's health had affected their speech an electronic device had been used to support their communication. Care plans described how people communicated and what different gestures or behaviours might mean. This information was regularly reviewed and updated so staff could provide care and support for people that was responsive to their needs.

Health professionals commented positively about how responsive the service was. Comments included, "We have a good working relationship with this home. They [staff] listen to any advice and take it on board," "I am now confident in the care that the Palliative Care patients receive and have found that staff call me in very appropriately to affirm their plans of care, when necessary. They communicate with me in a timely fashion and with relevant questions if they are unsure of something or need additional support for the patient and/ or family. A visiting professional told us, "I visit regularly and have confidence in all the staff and their ability to follow any instructions I leave between visits."

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so. When concerns had been raised these had been dealt with in a timely manner and plans had been put in place to make any necessary improvements. Relatives told us, "I have no complaints at all and I'm here every day," "I have no complaints whatsoever, I can't even think of one and that can't be said of many places I've been too with this illness. All of the staff here are very approachable" and "I've not needed to complain, but I would speak to someone if I have any concerns, but I wouldn't want to make a big deal of it."

Good

Is the service well-led?

Our findings

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

The service had the latest CQC rating on display where people could see it. This has been a legal requirement since 01 April 2015.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths.

There was a management structure in the service which provided clear lines of responsibility and accountability. In order to ensure continuing development of the service the registered manager was aware of the importance of forward planning. Quality assurance systems were used to measure the effectiveness of the service. They included audits in areas such as care plans, medicines, accidents and incidents. Audit results fed into a monthly monitoring plan completed by the registered manager and registered providers so they had current information about the operational status of the service.

Senior management overview included regular analysis of information about the quality and safety of the service. For example falls risk and nutritional risk analysis so they could respond to any specific areas where risk had increased. The registered manager worked closely with the registered providers so there was open and transparent communication regarding monitoring the service's performance. They told us this system effectively supported them in measuring their effectiveness and where improvements should be made.

The registered manager, nurses and team leaders regularly worked alongside staff to monitor the quality of the care provided by staff. The registered manager told us that if they had any concerns about individual staff's practice they would address this through additional supervision and training.

The registered manager worked in partnership with other organisations to make sure they were following current good practice, providing a quality service and that people in their care were safe. These included social services, district nurses and other healthcare professionals.

There were systems in place to support all staff. Staff meetings took place regularly for each team such as housekeeping, kitchen and care staff. These were an opportunity to keep staff informed of any operational changes or working practices. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes.

The registered provider supported nurses to go through a revalidation program to maintain their registration to practice as a nurse.

There were quality assurance procedures in place to gain the views of people using the service. This included services provided to people using the service, their relatives and staff to gain their views. For example a recent staff survey showed staff were positive about working at Fairholme. Results of the survey were to be discussed at the next staff meeting. Overall satisfaction with surveys was good with comments including, "Would give the staff ten out of ten. Absolutely wonderful," "There are times when I need support and the staff are always there," "Having staff who know [person's name] makes me feel I can walk away and know they are safe here" and "All round a very good service."

People's care records were kept securely and confidentially, in line with the legal requirements. The provider carried out regular repairs and maintenance work to the premises. There was a maintenance person in post with responsibility for the maintenance and auditing of the premises. Any defects were reported and addressed in a timely manner. Equipment such as moving and handling aids and wheelchairs were regularly serviced to ensure they were safe to use.