

Fairfield Country Rest Home Limited

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?

Good ●

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 care and accommodation for up to 32 older people. At the time of the inspection there were 29 people living at the service. Some people were living with dementia. 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 provider, registered manager and staff were committed to providing person-centred care that met people's needs, both physically and emotionally at all stages of their lives.

The registered manager and staff ensured people at the end of their lives continued to receive person-centred care which took their preferences fully into account and allowed them to spend time with people who mattered to them.

People's preferences and interests were known and respected. Staff took time and effort to help ensure people had access to things that were important to them and made them feel at home.

There was a feeling of community and belonging. People were asked for their opinions of the service. We saw people spending time together in an environment that was relaxed and friendly.

People and their relatives told us they were confident the service was managed safely. There were regular checks of the premises and utilities.

Staff had a good understanding of safeguarding processes. They had regular training to ensure they were skilled when supporting people to move around and when using equipment. Risk assessments were completed to highlight any areas of particular risk and guide staff on how to support people safely.

There were enough staff to meet people's needs and support them in an unhurried and friendly manner. Staff were polite and respectful when supporting people. They ensured people were comfortable and asked permission before supporting people to move around the premises.

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 living at Fairfield were asked for their opinion of the service. Regular meetings were held when subjects such as menu choices and activities were discussed. The premises were pleasant and welcoming. Shared areas were regularly redecorated, and furnishings kept up to date. People's rooms reflected their preferences and interests.

The management team worked with other professionals and agencies to help ensure people were able to access healthcare in line with their needs.

There were clear lines of responsibility within the staff team. The provider/owners were highly proactive in the day to day running of the service and supportive of the registered and deputy managers. Staff told us the management team were approachable and fair.

Rating at last inspection

The last rating for the service under the previous legal entity was good, published on 16 March 2020.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Good ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was very caring.

Good ●

Is the service responsive?

The service was very responsive.

Good ●

Is the service well-led?

The service was well-led.

Good ●

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors 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.

Service and service type

Fairfield Country Rest Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Fairfield Country Rest Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 30 March 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with eleven members of staff including the two owners/providers, the registered manager and the deputy manager. We also spoke with two members of the kitchen staff team and a supervisor. We spoke with eight people and two visiting relatives. We spoke with a further nine relatives over the phone. We received feedback from five external healthcare professionals.

We looked at two staff files and four care plans. We looked at two people's Medicine Administration Records. We reviewed a selection of policies, staff training records and other records relating to the management of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Some people needed a specific aspect of their health to be monitored so staff would be aware if they required additional support in this area. Monitoring records were completed appropriately.
- One person sometimes exhibited distressed behaviours. Staff had some general information on the person's specific health condition. In addition, there was guidance to guide them on potential triggers and how to support the person when they were distressed.
- People and their relatives told us they had no concerns about their personal safety. Comments included; "We are very confident with them", "My [relative] is elderly, incontinent and wobbly on their feet and they cope with this with no bother at all" and "[My relative] uses a stand to get from the wheelchair to their chair and they are very able at assisting to do that."
- The environment was well maintained. Safety checks of the premises, utilities and equipment were regularly completed.
- Personal Emergency Evacuation Plans (PEEPs) had been completed for each person living at Fairfield. These detailed the support each individual would need to evacuate the building in an emergency.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risk of abuse. There was a series of policies available covering various aspects of safeguarding.
- Staff completed safeguarding training. They were aware of the action they should take if they suspected abuse and were aware of whistle-blowing processes.
- Relatives were confident their family members were safe. Comments included; "[My relative] needs good care and gets it there" and "[Relative] was so nervous going there. But is now so relaxed and settled."

Staffing and recruitment

- There were enough staff to meet people's needs and preferences. Any gaps in staffing were covered by existing staff so people were always supported by staff who knew them well.
- Staff took time to talk with people and were polite and unhurried in their approach. Relatives told us people's needs were responded to well.
- Staff applying to work at Fairfield were required to supply referees, including one from their previous employer. These were followed up and recorded. DBS checks were obtained before new staff started work. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Application forms did not always give full details in relation to applicants' previous employment. We discussed this with the provider who agreed they would ensure this was addressed in the future.

Using medicines safely

At our last inspection we recommended 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. The provider had made improvements.

- There were systems in place to ensure people received their medicines as prescribed. Medicine Administration Records (MARs) were completed to show when people had been supported to take their medicine.
- When people were given 'as required' medicines, such as occasional pain relief, staff recorded the amount given and whether or not these had been effective.
- Medicines were stored in a locked trolley within the office which was also locked when not in use. The trolley was well organised, and the temperature of the room monitored so staff would be aware if the conditions were not suitable for storing medication.
- Staff responsible for administering medicines had completed training and their competency was regularly assessed.
- Some people were prescribed pain-relieving patches. There were additional security measures in place for storing and monitoring the use of these.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider had facilitated visitors to the service in line with government guidance.

Learning lessons when things go wrong

- There were processes in place to help ensure accidents were recorded and action taken to minimise the risk of reoccurrence.
- The provider told us they had identified a need for extra staff at a particular time of day and had introduced a twilight shift in response. This meant there were more staff to support people at a busy time of the day and also minimised the risk of being short staffed at this time.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's needs were assessed when they first started living at the service so the management team could be confident they were able to meet their needs.
- An external healthcare professional told us the service had a 'high standard of care' and always worked in line with the relevant legislation.
- When people's health and well-being declined the service worked with other agencies to ensure they were able to continue to meet their needs.

Staff support: induction, training, skills and experience

- Staff were supported by a system of supervision and training. Staff told us they felt well supported and received the training they needed to carry out their roles effectively.
- New staff completed an induction which included familiarisation with the service and enrolling onto the Care Certificate if they were new to care. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff competency was checked so the management team could be assured they were completing their duties in line with training and good practice guidelines. Relatives told us staff were skilled and competent. One told us; "They always are professional."

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

- Staff, including kitchen staff, were aware of people's dietary requirements and any likes and dislikes. Resident meetings were used to gain feedback about the food.
- People's weight was regularly monitored, when any concerns were identified action was taken to seek the appropriate advice and guidance.
- We observed people being supported at lunchtime, which was a pleasant, social occasion. One person asked for extra gravy and this was provided.

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

- Records showed people were supported to have regular check-ups and health assessments.
- Oral health assessments were completed, and people had access to dentists, opticians and chiropodists.
- An external professional told us; "I know I can call upon [Registered Manager] any time to discuss any

concerns and they are dealt with."

- The registered manager was proactive in seeking out additional support from other agencies where they thought this was required. An external professional commented; "Staff have made prompt referrals to our service when they have concerns about residents' swallowing and have sought our advice via telephone when they are unsure as to whether a referral is appropriate."
- Relatives had shared concerns about their family members health with staff; this had been passed on to the GP who subsequently visited the person.

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

- The environment was pleasant and welcoming. People's rooms were decorated and furnished in line with their preferences.
- There was a system of continuous redecoration. The dining room and corridors had recently been decorated and new tables purchased for the dining room.
- There was a pleasant and well-tended outdoor space. The weather was not conducive to being outside on the day of the inspection, but staff told us people were often encouraged to sit in the garden.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Applications for DoLS authorisations had been made appropriately to the local authority. At the time of the inspection no authorisations were in place.
- Records indicated where people had appointed Lasting Power of Attorneys (LPA) and whether this was in respect of health and welfare, finances or both.
- People were involved in decisions about their care and support; staff supported them to have maximum choice and control. Relatives commented; "There is a routine, but I am confident [relative] has the freedom to say if they wanted to stay in bed longer, not a problem at all" and "[My relative] can do as they please."
- Staff supported people to make their own decisions. One person's care plan stated that the person's capacity varied depending on the decision being made and so would need, "support and reassurance if muddled" so they wouldn't become anxious.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Managers and staff were dedicated to providing person-centred care and demonstrated respect, kindness and empathy for people's diverse needs at all times, including at the end of their life.
- The registered manager described a recent occasion when they had worked with external professionals to ensure someone at the end of their lives had been able to remain in the service and spend their final days with their spouse, who was also a resident at the service, in familiar surroundings. They told us; "There was a suggestion [Name] needed to be moved to a nursing home. I said what [Name] needed was to be with their [spouse], they had been together since their teens."
- A relative confirmed; "The home recognised the need for my parents to be together, especially as they had been married at this stage for over 70 years and the home went out of their way to accommodate this requirement, ensuring that they spent as much time together as was possible and their actions in this respect were of great comfort, not only to my parents, but to ourselves as their four children."
- People's personal histories and backgrounds were known to staff. Managers and staff went out of their way to support people in ways which reflected their personal interests and focused on the things that mattered to them.
- One resident, who had no immediate family, was admitted for end of life care. The person had a military background and staff went out of their way to source items of memorabilia that were important to them. We saw photos of the person sitting proudly surrounded by posters and with an RAF throw over their knees. Following their death, the registered manager arranged for the person to have a military funeral.
- The registered manager acted as an advocate for people. They told us of occasions when they had been pro-active in seeking out additional support in order to enable people to continue to live the life they chose.
- One person had gone to live at Fairfield following a traumatic experience in their own home. A relative told us; "[Name] was so frightened and nervous after being treated so bad, but the staff spent time with them and gave a lot of love and compassion, they had dignity, respect and integrity. [Name] says they are so happy at Fairfield and hope they can stay there the rest of their life; this is because the staff and management have gone above and beyond of what is expected of them."
- The provider told us, due to difficult circumstances, the person had arrived with few personal possessions. Staff had taken time to buy items which would help them feel comfortable and at home. After the person decided they wished to remain at Fairfield the provider had worked with other agencies to ensure they were able to remain living in the home.
- An external professional commented; "The manager has the resident's best interests at heart and will fight their corner to get them the care and treatment that they need and deserve."
- Managers and staff took time to identify the small things that mattered to people in order to ensure they were happy and content. One relative told us; "My [relative] has been at Fairfield for just over a year now and

I have been overwhelmed by the amazing level of care they have received there. The staff are always cheerful and have gone out of their way to accommodate our requests which have ranged from helping [relative] to do a weekly zoom call to keep in touch with our family who are quite geographically distributed to making [relative's] tea using their favourite kind of tea leaves which is a little daily luxury they really appreciate."

- A relative commented; "I would 100% recommend this place. My [relative] has been here now over 6 years. We are so lucky how beautiful the home is."
- When discussing one person with a member of staff we asked how they supported them when the person was agitated and reluctant to accept personal care. They described how they would offer choice and explain what they were doing and added; "[Name] doesn't mean anything, it's the dementia not [Name]. That's not who they really are."
- There was an emphasis on creating a pleasant and homely environment. Shared areas had a relaxed atmosphere and seating areas were arranged to support conversations and social interactions. We saw people spending time together, and with staff, chatting and laughing together.
- Relatives were positive about staff approach. Comments included; "They are very, very good. They are jokey, professional and supportive as the needs dictate" and "They are so lovely to him. They talk about football with him and our family. I am very happy with the interaction."

Respecting and promoting people's privacy, dignity and independence

- The service was committed to ensuring people were supported with empathy and their emotional well-being was protected throughout their time at Fairfield.
- Relatives were complimentary about how people were supported with their privacy and dignity. One told us; "When [relative] was poorly and when we were in the room, they (staff) would ask us to leave if they needed to care for them. My siblings and I have noticed and been touched by the dignity and care they display." Another commented; "Our visits are very private."
- A caring and kind approach from all staff was apparent and embedded in the culture of the home. Staff were consistently polite and respectful when speaking with people. We saw written thank you cards from relatives. Typical comments were; "Thank you for all the love and laughter you gave to [Name]" and "We are very grateful for your personal approach and professional care."
- We heard staff checking on people's comfort. For example; "Would you like a blanket on your knees?" and "Would you like to be in your chair?" An external healthcare professional described staff as, "Warm and caring."
- A survey given to people living at Fairfield had asked if they were treated with dignity and respect. 15 people had completed the survey and all of them agreed with the statement.
- There were continence care plans in place. These outlined the support people needed to help maintain their independence and dignity.

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

- Residents meetings were held regularly; these were an opportunity for people to give their views on aspects of their lives. For example, we saw people were consulted about menus and activities.
- Care plans contained information about people's communication needs and preferences. For example; "Can express needs well and make choices" and "When low, [Name] likes the opportunity to talk."
- When people's preferences impacted on others managers and staff spoke with people about how this could be resolved. For example, some people preferred to have their windows open, but others complained this affected the temperature of the corridors. It had been agreed in a resident's meeting that people who preferred to keep their windows open would close their bedroom doors.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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 was a culture of supporting people to take part in meaningful activities and live full lives. Staff understood the importance of personal relationships and helped people maintain contact with those that mattered to them.
- A relative told us; ""Following my [relative's] death my [second relative] has been treated with the utmost kindness and the staff are making every effort to integrate them into the activities run at the home, recognising their need to get involved."
- People were able to take part in a range of activities which were organised by one of the providers. This included regular yoga sessions which people particularly enjoyed. One person had reported, that although they enjoyed the yoga sessions, they were finding them increasingly difficult. The routine was adapted to enable the person to continue taking part in the sessions. Relatives told us their family members were encouraged to take part in chair yoga to support their physical well-being. One commented; "[Relative] does Yoga at least once a week if not twice. It certainly is helping their movements."
- We met with one person who had a large collection of books in their room, they told us they were an avid reader. A relative told us; "Recently, the team put up some new shelves in [relative's] room to accommodate their favourite books and ornaments to make the room more homely as well as put up some more of their pictures. [Relative] is absolutely delighted with the result."
- We saw a small group of people and a member of staff enjoying a game of Scrabble and they told us this was a weekly occurrence. Other regular activities included quizzes and gentle exercise. An external professional commented; "The residents have the opportunity to be involved in many games and activities and it's clear that they enjoy themselves during these times."
- People had been asked what entertainment they would like to invite into the service following the relaxation of COVID restrictions.
- People were supported to maintain relationships that mattered to them. During COVID restrictions a visiting pod had been set up so people could continue to see their relatives safely.
- Relatives told us; "Despite the additional challenges and safety precautions needed, Fairfield have always gone out of their way to accommodate our visits (outside of the lockdowns) and also our requests to bring [relative] home over Christmas and during holiday time."
- The provider told us about one resident whose family lived some distance away. They told us, "Every time they came to visit [relative], we did our utmost to allow them to get together. They wanted [their relative] to come to their house to stay with them over half term's, holidays etc. We facilitated this numerous times. While the media were reporting on separated families, were doing our best to get them together, assessing the importance of every visit with all safety implications in place."
- Another relative told us; "They have also sorted Alexa out for [relative] so they can dial my phone and

Speak to me through that."

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

- Care plans included information on how to support people in line with their preferences as well as their meeting their health needs.
- Staff told us people were able to live their life according to their own routines. Care plans described people's routines, particularly in relation to morning and evening routines.
- Daily notes recorded what care had been provided. These records lacked detail, focusing on the tasks completed with little information in relation to people's emotional well-being. We discussed this with the management team who told us they were considering ways to improve the quality of information recorded.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans guided staff on the best way to support people with communication. If people required aids to read and/or understand information such as reading glasses or hearing aids, this was recorded in their care plan.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and information on how to raise a complaint was displayed in the foyer. There were no ongoing complaints at the time of the inspection.
- When asked if they had ever needed to raise a complaint only one relative said they had. They added; "Trivial things really. They listen and react."

End of life care and support

- The service was committed to providing end of life care that was person centred, and focused on dignity, compassion, kindness and respect.
- The service sought support from GP's to ensure the appropriate pain relief was in place as people approached the end of their lives. The NI told us; "As a home we always try to get, just in case medicines and all residents and family wishes in place so that the death is as peaceful and pain-free as possible."
- A thank you card from a relative read; "Thank you for making his last few years as best as they could have been."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The providers and managers were passionate about providing person-centred care in line with people's preferences.
- There was a sense of community within the service, staff and people interacted in a friendly and supportive manner. Managers and the providers were visible and clearly well known by people and their visitors.
- The registered manager described an occasion when they had needed to make extensive efforts to ensure one person had access to the appropriate medication. They told us; "We spend a lot of time chasing external professionals to get the right care for people, or writing reports. Some managers don't do that."

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

- There was a clear set of roles and responsibilities. The registered manager was supported by a deputy and two supervisors.
- The management team and providers were clearly committed to providing good quality care and support for people. They were keen to support the inspection process. This was demonstrated when both the registered manager and one of the providers came to the service to support the inspection despite being unwell.
- External professionals were positive about the management of the service. One commented; "Management seems very well organised and approachable."
- There was an appropriate Duty of Candour policy in place.

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

- People, their families and staff all told us the registered manager was approachable and supportive. All stakeholders were asked for their views of the service and told us they felt their views were listened to.
- There were a range of systems for ensuring staff were able to access up to date information. Communication boards in the office and people's rooms were used so staff could access important information quickly.

Continuous learning and improving care

- The provider and registered manager told us they were committed to providing consistent care for people from a staff team that knew people well and understood their needs. In order to facilitate this some staff had received additional training and communication boards had been installed in the office to ensure staff had up to date knowledge of people's needs
- The majority of the staff team had completed Level 3 Social Care diplomas.
- The management team kept up to date with any changes in the sector via forums and Skills for Care. The registered manager often provided advice and guidance on a local care managers forum.

Working in partnership with others

- The registered manager worked closely with three other care homes in the locality. This enabled them to share learning and experiences.
- An external healthcare professional told us; "The care home staff, especially the manager, have excellent communication skills and we have built a very good rapport with them all. They are always available to speak to via the telephone or email."
- During the pandemic the provider gave advice on national forums in relation to the sourcing of Personal Protective Equipment (PPE). When other residential homes in the locality were in need of PPE they had provided them with resources from their own stock.