

Fairburn Vale Health Care Limited

Fairburn Vale

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Fairburn Vale is a purpose-built facility offering specialist nursing care for 20 adults with acquired brain injuries, and accommodation for people with complex physical and mental health or behavioural needs. Accommodation is provided over two floors accessible by a lift and there is a communal garden area. There were 20 people living in Fairburn Vale on the day we inspected.

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

People felt safely supported and there were secure relationships with staff, who knew people very well. Individual risk assessments were documented well in care plans and guidance for staff was very clear so they could support people safely. For example, positioning regimes, triggers for seizures and information about non-verbal communication cues.

Staffing levels on the day of the visit were below the provider's expectations, although they tried to minimise the impact on care delivery by utilising the support of the wider staff team. Feedback we received about staffing levels was mixed. Some people and staff said there weren't enough staff to support the service properly, whilst others said staffing levels were good.

Infection prevention and control measures were securely in place and known by staff, people who used the service and relatives. Clear information for staff about COVID-19 has been continuously delivered, from both a practical and supportive perspective. PPE was worn appropriately, although there was the occasional touching of masks, which the management team agreed to address immediately. Feedback from relatives about COVID-19 safety was the service 'went above and beyond' to ensure people's safety.

Safety related training was completed and the staff training champion ensured compliance. Some practical training, which had been difficult to source during the pandemic, was being arranged. Staff felt supervision and training was relevant to the individual needs of people being supported. Staff were confident in their roles and to approach the management team with any development or further training needs. Staff felt confident to identify safeguarding signs of concern and to speak up if they had any. Medicines were managed safely overall, with clear recording. Staff competence was checked to ensure safe practice with administering medicines.

People were supported with healthy lifestyles and encouraged to make their own choices and decisions. Information about people's mental capacity was clearly recorded. Mealtime support was in place, with lovely interaction between people and the staff. Staff knew people's dietary needs well, although there was no information readily available, such as in the kitchen, to show people's dietary needs for staff less familiar, such as agency staff. We made a recommendation for the provider to improve the quality of information available.

The key values and vision of the service were known by staff and on display in the home. Positive feedback

was received about the management team and their supportive approach. Relatives felt very well informed and described the service as being 'like family'. The provider ensured continuous health and safety monitoring was in place, as well as thorough responses to concerns raised internally and externally.

There was a clearly set out governance model; quality checks were robustly carried out, with close management oversight of the service. Clinical governance meetings and staff meetings were used for information sharing and driving improvements. Audits were detailed and identified areas to improve, actions taken to address matters raised and continuous monitoring of actions taken. Adverse events, such as poor moving and handling, choking incidents and medication errors, were thoroughly investigated and reviewed, with root cause analysis and clear actions taken to prevent occurrence. Opportunities for lessons learned were maximised with all staff through reflections, memos and further training where needed. Complaints and compliments were recorded well and responses made. Relatives had confidence in the complaints process. One particular compliment made was 'Fairburn stands out as a light in a very dark year' and highlighted the support for people and relatives throughout the challenges of the COVID-19 pandemic.

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

Rating at last inspection (and update)

The last rating for this service was Good (report published 10 October 2017). The rating for this inspection remains Good.

Why we inspected

This was a planned inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link Fairburn Vale on our website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well-led findings below.

Fairburn Vale

Detailed findings

Background to this 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.

As part of this inspection we looked at the infection control and prevention measures in place. 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

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service 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

The inspection was unannounced.

Inspection activity took place between 4 August 2021 and 21 September 2021. We visited the office location on 4 August 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. 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. We took this into account when we inspected the service and made judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and eight members of staff. We spoke with five people's relatives by telephone.

We reviewed a range of records. This included two people's care records and three people's medication records. We looked at staff files in relation to recruitment and staff supervision. We reviewed records relating to the management of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at records requested to be reviewed off site, relating to the running of the service. We spoke with the local authority partners.

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 remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Individual risk assessments were robust with clear guidance for staff to support people safely. For example, there were documented PEG feeding regimes, known triggers for seizures and photograph guidance for repositioning individual people safely within care plans.
- Management of risks was closely monitored and regularly reviewed.

Using medicines safely

- Medicines were managed safely and people were supported appropriately. Individual guidance was in place for staff to support people with medicines 'as and when required'. Staff had completed training and had their competency checked to ensure people were safely supported
- There were audits in place to ensure safe and consistent medicines practise. Staff identified and took action where improvements were needed, such as ensuring medicines were consistently dated when opened.
- People and relatives told us medicine was given when needed and they trusted the staff to provide safe support. One relative said, "[My relative is supported with medicines], very much so, a neurologist visits every six months to see if [their] meds need adjusting."

Staffing and recruitment

- Staffing levels were maintained to ensure consistent support for people, although on the day of the inspection staff numbers were below the provider's expectations due to an unexpected situation. The provider had mitigated the effects of this to ensure there was no impact on people's care.
- People told us they knew and liked the staff who cared for them. One person said, "I haven't seen my family much through the COVID-19 pandemic, but the staff are like my family."
- We had mixed feedback from people and staff about the staffing levels, with some who said there were enough staff on duty, whilst others said there were not. Relatives unanimously said staffing levels were good. One relative said, "Excellent with staff, I've never seen them short staffed."
- Staff told us staffing levels were supported by good team work. One member of staff said, "We all muck in together here."
- Recruitment procedures were robust to ensure staff were suitably checked before being employed.

Learning lessons when things go wrong

- If adverse events occurred, such as medicine errors, these were individually reviewed and opportunities were identified to learn from them.
- The management team responded promptly when concerns were raised, such as through whistleblowing,

and ensured any necessary improvements were highlighted and addressed.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were clear and understood. Staff were confident to identify and report concerns if they thought a person may be at risk of harm.
- The provider understood their responsibility to respond and report safeguarding concerns appropriately in line with procedures.

Preventing and controlling infection

- Infection prevention and control measures were in place; staff understood how to prevent the spread of infection. Staff wore personal protective equipment as necessary, although there was the occasional touching of face masks observed. We brought this to the attention of the management team who gave assurances this would be immediately addressed.
- Staff engaged in regular hand hygiene routines and used anti-bacterial wipes in preparation for meal times.
- The cleaning team worked hard to support the prevention of infection through routine and additional touch point cleaning regimes.
- People said staff supported them to be safe in the COVID-19 pandemic. Relatives said staff ensured people's safety with regard to safe visiting, isolation and vaccination. One relative said staff 'went above and beyond' to ensure people were safe. One person said staff had made sure they did not feel lonely when they stayed in their room.
- The management team ensured all up to date guidance was fully regarded and made available to people, staff and relatives regarding the COVID-19 pandemic.

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

- People's needs and preferences for care were assessed, regularly reviewed and reflected in their care and support plans.
- Staff respected people's right to make their own decisions and they supported them in line with their needs and preferences.
- Where assessments highlighted the need for specialist skills to support individual care, this was provided through training. Good practice guidance, such as NICE, was referenced in documentation in care and support plans.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's nutritional needs were assessed and their personal preferences were discussed with them. People told us staff knew what they particularly liked and they made sure this was available, for example, one person enjoyed a specific breakfast cereal and another person liked special biscuits.
- Staff knew people's dietary needs well, but this information was not readily accessible for staff who were less familiar with people's needs, such as new or agency staff. We recommend the provider ensures information about people's particular dietary needs is made available for all staff to refer to.
- Mealtimes were sociable and supportive, with lovely interaction and friendly banter between people and staff. Where people needed one to one support with their meals, staff were patient and attentive.
- People were supported with healthy lifestyles. Regular health checks, meetings and appointments with health professionals were part of people's routine care and support, and emergency medical treatment was sought when needed.

Staff support: induction, training, skills and experience

- Staff were supported through induction and regular training, as well as supervision discussions which enabled staff to develop their skills. Some practical training had not always been available due to the COVID-19 pandemic, such as PEG feeding demonstration, but we had assurance this was being sourced as restrictions eased.
- Staff understood their roles and responsibilities and there were clear lines of accountability. Staff worked together with one another to complement each others' skills and experience.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- People were consulted and supported to make choices for themselves. Where people could not easily communicate verbally, staff understood individual ways to support them to make choices. Staff understood people's rights and they worked within the principles of the MCA to ensure these were upheld.
- People's mental capacity was regarded and recorded, with evidence of best interest decision making where necessary.

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 requirements; Continuous learning and improving care

- The registered manager was on leave at the time of the inspection visit; however in her absence the service ran well, there was a happy atmosphere, with clear direction and oversight from senior staff.
- The registered manager had continued support from senior managers within the organisation.
- Quality checks were routinely and robustly carried out, with systems and processes to ensure risks were identified and there was continuous improvement to the service. Where audits and quality checks identified actions were needed, these were clearly stated, with timescales and accountability.
- Adverse events were investigated and used to provide a platform for learning and reflection, for individual staff and for the whole staff team. Where actions were identified from these, such as the need to improve information sharing or training, this was implemented promptly.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 key vision and values of the service were on display and known by staff.
- Staff felt confident to approach the management team to discuss any issues and there was positive feedback received about the level and quality of management support.
- The provider was open and transparent when dealing with concerns, ensuring thorough investigation and communication to show what actions were taken.
- The provider understood their responsibilities in relation to the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider welcomed any feedback from people, relatives, staff and other professionals to improve the quality of the service.
- Relatives told us their views mattered and they felt involved in what was happening in the home. Where people had family who were also 'essential care givers' their relatives felt there was good communication and partnership working with staff in support of their loved one's care.
- People and relatives were confident in the complaints process and told us sharing compliments were equally important.
- People told us they felt informed and included in what took place within the service. One person told us

their goal was to live independently in their own home, and said they were working in partnership with the service to develop their abilities in order to achieve this.