Care Quality Commission

Mr D & Mrs S Mayariya

Fairfield Care Home

Inspection report

27 Old Warwick Rd
Olton
Solihull
B92 7JQ
Tel: 0121 706 2909

Date of inspection visit: 6 February 2015
Date of publication: 16/04/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

We inspected Fairfield Care Home on 6 February 2015 as an unannounced inspection.

The home is registered to offer personal care and accommodation for up to 21 older people. Fairfield is an older style property providing care and support over two floors. At the time of our inspection 20 people lived at the home.

The service is required to have a registered manager. The 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 a 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 not had a registered manager since April 2013. A new manager had recently been appointed and had been in post for around one week at the time of our visit. Prior to the appointment of the new manager, there had been a number of acting managers providing managerial cover. On the day of our inspection the new manager and acting manager (who had in post since October 2014) were present.

At our last inspection in September 2014, we identified some areas of concern in relation to infection control.

Summary of findings

Following this, the acting manager sent us an action plan which told us about the improvements they would put in place. At this inspection we found improvements had been made around infection control.

All the people we spoke with told us staff were caring and we saw examples of this during our visit. People were encouraged to be independent by staff and care was provided with dignity and respect. People told us they were happy living at Fairfield.

People told us they felt safe but we saw medicines were not always stored securely or given safely. The checks required to ensure the home was safe had not always been completed and improvements were required around areas such as fire safety and ensuring equipment was safe to use. Management of the service had been inconsistent and the new manager had identified some areas that required improvement and had put some plans in place to address these areas.

Staff had some knowledge around safeguarding people but were not confident in understanding the different types of abuse and how to report this. Staff told us training had lapsed recently, however more training was planned in the next few months. Due to changes in management, staff did not always have ways to share any concerns they had.

Detailed risk assessments were evident and reviewed when required to meet people's needs. However, care staff did not always follow the recommendations of health professionals when providing care. People received the support of health professionals such as the GP, chiropodist and district nurse to ensure their health needs were met. A visiting health professional was positive in their views of staff and the support provided to people.

People told us they enjoyed the food at the home and staff were aware of people's dietary needs. Staff had a good knowledge of the needs of the people they were caring for and supported people's hobbies and interests.

Staff understanding of the Mental Capacity Act was minimal and there were differing views about whether people had capacity. There were no capacity assessments completed to determine whether people could make some decisions for themselves or not.

The provider was not meeting their requirements set out the in Deprivation of Liberty Safeguards (DoLS). At the time of our inspection, no applications had been submitted under DoLS for people's liberties and freedoms to be restricted. The manager was unclear when a DoLs application should be made, however they told us they would seek further guidance.

People told us they knew how to make a complaint, however complaints had not been recorded and kept, so it was difficult for us to establish whether complaints were dealt with to people's satisfaction.

Summary of findings

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 not consistently safe.

Infection control had improved at the service, however further improvements were required. People received their medicines, however improvements were needed to ensure they were stored safely and securely. Staff had some knowledge of safeguarding but were unclear as to what action they would take if they suspected abuse. People's needs had been assessed and where risks had been identified, actions were in place to keep people safe.

Requires Improvement

Is the service effective?
The service was not always effective.

Staff had received training, however further training was required to keep staff knowledge up to date. There was a lack of staff understanding of the Mental Capacity Act and DoLS. Where people did not have capacity to make decisions, the provider had not completed assessments and had not demonstrated decisions were made in line with legal requirements and safeguards. People were offered choices of meals and drinks that met their dietary needs. Staff made sure people received timely support from appropriate health care professionals.

Requires Improvement

Is the service caring?
The service was caring.

People were treated as individuals and were supported with kindness, respect and dignity. Staff were patient, understanding and attentive to people's individual needs. Staff had a good understanding of people's preferences and how they wanted to spend their time.

Good

Is the service responsive?
The service was responsive.

Staff responded to changes in people's care needs and referred people to other professionals where needed. Activities available were personalised so they met people's interests. People knew how to complain if they needed to and the manager was improving systems to gather feedback about how people viewed the service.

Good

Is the service well-led?
The service was not consistently well led.

Requires Improvement

Summary of findings

The management of the service had been inconsistent and we found some actions identified for improvements had not been taken. The newly appointed manager had started to address some areas for improvement. Staff had not been consistently supported in their roles and there were no systems to manage the effectiveness and quality of the service people received.

Care Quality Commission

Fairfield Care Home

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 inspection took place on 6 February 2015 and was unannounced.

The inspection team included three inspectors.

We reviewed the information which was held about the service. We looked at information received from visitors and relatives and reviewed the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send us by law. These may be any changes which relate to the service and can include safeguarding referrals, complaints and information from the public. We spoke with the local authority who confirmed they had recently visited the service and continued to work with them around infection control and improving systems to manage the home.

The local Clinical Commissioning Group had recently visited the home and an action plan had been agreed with them. We saw most of the actions in the plan had been completed and any outstanding actions were in the process of being completed.

We asked the provider to complete a Provider Information Return (PIR), however this was not returned to us and we were not provided with an explanation as to why. 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 spoke with the new manager, acting manager and four care staff. We spoke with three people who lived at the home, one relative and one visiting healthcare professional. We observed care and support being delivered in communal areas and how people were supported to eat and drink at lunchtime. We observed medicines being administered.

We reviewed six people's care records and records of the checks the manager made to assure themselves that people received a good service. These included records that related to people's care such as quality assurance audit checks, complaints and accident and incident reports.

Requires Improvement

Is the service safe?

Our findings

All the people we spoke with told us they felt safe living at Fairfield. One person at the home told us, "I do feel safe here."

At our previous inspection in September 2014 we identified concerns around how infection control was managed within the service. We found improvements had been made, for example, suitable cleaning materials were now being used and there were improved systems in place to prevent cross infection. We saw staff wore gloves and aprons when they provided personal care to people. We spoke with staff who completed laundry duties and they explained to us the process for managing the cleaning of linen. From what staff told us, this showed staff knew how to protect people from the risk of cross infection.

We found that where people may be at risk, for example of falling, that risk assessments had been completed which identified the risk and the actions needed to minimise this. The assessments were contained within people's care records. A staff member told us "One person smokes, we go out with them, they are independent and keep the cigarettes in their room. We have done risk assessments; they know not to smoke indoors". Senior carers reviewed the risk assessments, overseen by the manager monthly and updated them to ensure they reflected people's current needs. Risks were being monitored ensuring people remained safe.

There was a system that recorded accidents and incidents within the home. Records showed there had been one accident since 2014. The acting manager was uncertain if all accidents and incidents had been recorded as required. From speaking with staff, they told us most people who lived at the home were not at risk of falling.

We looked at how medicines were managed and saw people had received these as prescribed. We identified concerns in the safe management of medicines within the home. For example, we saw a member of staff was seen signing a number of medicine administration records for medicines that had just been given to several people. We spoke to the member of staff who issued medicines and they told us this was usual practice. Records should be signed for each person individually following administration so there is an accurate record of whether a medicine has been taken by a person or not, and reduce the risk of error.

Medicines were stored at temperatures in accordance with manufacturer's guidelines. However, the medicine fridge was stored in a communal area and was unlocked. We asked staff why this was unlocked and they told us it was a mistake. The fridge contained insulin which posed a risk to people at the home who could access the medicine.

We spoke with three care staff and we asked them to explain to us what their understanding of safeguarding meant. From speaking with staff we found all three staff were unclear about the different types of abuse so we could not be confident staff would raise any issues to the manager or the local authority.

The provider had sent in statutory notifications to us where safeguarding incidents may have taken place. However when we looked at records to confirm this, there were no records to show what had been referred so we were unable to establish whether all incidents had been reported to us.

People told us that there enough staff to support them when they needed help. We spoke with staff and asked them whether they thought there were enough staff to meet people's needs. Staff had differing views regarding the support people received. Comments staff made were, "Nine out of 10 times we have enough staff. If there was any staff sickness, we cover gaps with our own staff" and, "Staffing can be up and down, but we spend time with people."

The provider completed the staffing rota, although we were unable to speak with the provider during our visit to determine how staffing levels were calculated and deployed. The acting manager told us they were confident staffing levels in the day met people's needs however they had some concerns that staffing levels at night may require one extra staff member. They told us they had raised this with the provider although staffing levels had not been changed to reflect the manager's wishes. During our observations we did not see any examples where people's needs were not being met.

Requires Improvement

Is the service effective?

Our findings

A relative told us, "It's ok here. They look after [person] pretty well. I do like it here." People we spoke with told us the service was effective.

People were given choice of what to eat and were positive about the meals. One person told us, "The food is good. I'll eat anything and there is always plenty of food." People told us they could eat in other areas of the home if they preferred and we saw staff asking people where they preferred to sit. During lunchtime, one person was being assisted to eat at a pace to suit them and staff encouraged people who were able to eat independently. One person at the home had a softened diet and we spoke with the cook and asked them how they were made aware of special dietary needs of people. The cook told us there was a system in place that identified who required foods in a way that supported their health needs, such as diabetic or soft food diets.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Staff responsible for assessing people's capacity to consent to their care, demonstrated an awareness of the Deprivation of Liberty Safeguards (DoLS). This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe.

We asked a staff member about people's capacity and they told us two people 'lacked capacity'. We looked at six care plans including those of the two people identified and there were no capacity assessments. We asked two staff about the Mental Capacity Act. Staff were unclear what this meant even though staff told us they had completed training. One person's care record said the person 'can communicate well… I get a little confused at times.' There was no assessment of whether this person had could make decisions themselves or in what area. We saw that when making decisions for people, staff did not know whether they could consent or not and were not following the principles of the Mental Capacity Act.

The manager was not aware of the current DoLs legislation and if this was relevant to anyone at Fairfield, however we did not see anyone at the service who's liberty was being restricted. He told us no one had a DoLS authorisation in place at the home.

Staff told us the provider had recently recruited new staff and there were now no vacancies. Staff had to provide two references and checks were completed to ensure they were suitable to work at the home. We saw an induction was completed to support new staff and they shadowed other workers initially. We saw the management supported staff when they began work at the service and made sure staff had suitable checks prior to starting work.

A staff member told us they last had a one to one meeting with the manager in December, "They are useful, I was asked if I had any issues, not a lot, I was happy." The new manager told us, "Supervisions and appraisals have not been done recently and I will now do this with each staff member." The manager showed us a supervision folder had been devised with a schedule in place that they planned to follow.

We talked to staff about training they had received. One staff member told us, "I can't remember when I had training, it's in my diary at home". We saw the manager had a new training plan in place with dates this was being arranged. He told us that training had lapsed with inconsistent management but it was now planned in areas such as infection control, safeguarding and moving and handling. The management consultancy firm who had been overseeing the home were providing this training directly.

Staff were responsive in referring to other professionals when required. The acting manager told us, "I have no concerns about people's welfare, [Person] was not well so we got the GP out, staff are good at spotting things." A staff member told us, "Their health and safety is our main concern". Other professionals came into the service such as the district nurses who had provided training for staff in the past. Chiropody and optician services attended when required. The home had regular contact with the local GP to discuss any health concerns of people and we saw records of this. We saw staff referred appropriately if they had any concerns about the health or welfare of people.

Good

Is the service caring?

Our findings

One relative told us, "The care here is very good, the staff are lovely. Staff here sometimes ring me up to tell me how [person] is". People told us that staff were friendly and during our visit there was a relaxed atmosphere between people and care staff.

The acting manager told us, "The staff really care about the residents; I work with them closely, so I see that." A staff member said, "If it's a toss-up between living here and somewhere else, the care is great, so I would choose this."

People told us there were no restrictions on visiting times and their relatives and friends could visit when they liked. One person told us, "People can come when they want". There was an open access policy for visitors. The new manager had arranged a 'meet and greet' session in March inviting relatives to Fairfield get to know everyone better.

We saw staff knew people well. One person had said they liked how a staff member had their hair done, so they took the person to their hairdressers to have it done the same. This was in the workers own time. One member of staff said, "The best thing here is the time you get to spend with residents" and, "You take your time, the residents get what they want."

Another staff member told us, "I think the care here is good, caring is important." We were told one person had requested some net curtains be put up in their room for privacy. These had now been purchased by the manager.

We asked the manager how they showed dignity and respect to people. He told us "It's the little things, like not using someone's first name until they give you permission." However, we saw a person being given medicine in the lounge as they had an infection. Care staff were telling them to chew it as it should not be swallowed. The person appeared confused. Several care staff stood around them telling them to do this in front of other people in the lounge. In this instance, the person was not being supported to take this medication with privacy.

People told us they were able to make day to day choices in how they spent their time at Fairfield. For example people told us they chose when to get up, when to go to bed and what they wanted to do in the home. Staff supported people to be independent and gave us examples of how they did this. One staff member encouraged a person to walk independently so they remained confident and this helped maintain their levels of mobility. Staff encouraged people to eat independently and we saw this happening over lunchtime. Staff supported them to choose their clothes and get dressed, offering support only if required. We saw staff supported people to do as much as they could for themselves.

A person told us, "They're nice people (the staff), they'll listen to you." We saw a staff member took a person outside for a cigarette. We saw they had a good relationship with them and the person was positive about the staff at the home. A staff member told us, "We spend time with people, this is their home, it's not an issue to talk to people."

Good

Is the service responsive?

Our findings

We found the service was responsive to people's needs. We spoke with people and relatives and people were complimentary about the care and support they received.

Prior to people coming into the home people were assessed by the manager to ensure they were suitable to live at Fairfield and their needs could be met. The acting manager told us they were careful they could meet someone's needs, for instance around mobility or complex mental health issues. The manager told us they used the information gathered from pre-assessments to determine whether the home would be able to support people.

Regular reviews were completed with the involvement of family members. We asked staff how they got to know the needs of people they provided support to. Staff spoken with said care records contained information about people's histories, likes and dislikes and preferred choices so care when centred around individual's needs.

Staff told us when people's care needs changed; they were made aware of these changes by a senior staff member. They received a handover which helped them to respond to people's immediate needs and it was useful to know if people had any new concerns or health issues since they were last at work. Staff showed us they knew people's current care needs so they were able to provide the care and support people required.

People we spoke with said they were supported to take part with their hobbies and interests. For example, one person told us how their spiritual and cultural needs were supported by staff at the home alongside their family. This person told us this was very important to them and the home regularly supported them in their beliefs.

Other people at the home were involved in a variety of activities. The acting manager told us how they involved people when celebrating events. For example, we saw people and their families celebrated bonfire night. Staff told us about activities at Fairfield which included karaoke, bowling and exercise with music. During our visit we saw people in the dining room baking biscuits and decorating them and other people were involved in one to one activities such as card games or dominoes. Staff had a good knowledge of the needs of the people they were caring for and supported people's independence, hobbies and interests.

We asked people and their relatives if they knew how to make a complaint. One person told us, "I have been here for years and I've never had cause to complain, but if I had to, I would just speak to one of the staff". A complaints procedure was displayed in the home, however we were told by the manager that records of complaints and whether these had been responded to, were not available. We did not know if any complaints had been made, and if so the concerns raised, and if any action was taken. We could not be sure complaints were being addressed by management however all of the people spoken with had not raised any complaints about the service they received.

Requires Improvement

Is the service well-led?

Our findings

There had been no registered manager at Fairfield since April 2013. Several managers and acting managers had been in place during this time and the new manager was recently in post since the end of January 2015. Due to the inconsistency of management, staff told us the quality of service people received at times was unsatisfactory.

Staff spoken with told us they found it unsettling not having a registered manager in post. Staff were positive about the new manager and the improvements they had made since their appointment. One staff member said, "A new broom sweeps clean" referring to the new manager positively. Another staff member said, "I love it here, the manager's changed, we need a good manager, if we could get someone to stay that would be fine, you don't know where you are."

We spoke with the newly appointed manager and asked them what they thought were the main challenges faced at the home. The manager told us he recognised improvements were needed to improve staff training, the environment, staff supervision and an effective system of audits and checks. The manager said, "I am thrilled you are here." He told us he was committed to improving the service and was keen to action any issues we identified, in addition to ones he was already aware of.

We spent time with the acting manager who had been at the service since October 2014 and asked them about the systems they had in place that made sure people received a quality service.

The acting manager told us they completed audits in areas such as infection control, health and safety and risk assessments. We looked at these audits and found some areas that required improvements had not been completed. For example we checked first aid equipment and we were told this was regularly checked. When we checked this, we found some items had passed their expiry date and we could not be assured these items remained fit for use.

In relation to the home itself, a staff member told us, "I would not put a friend or family in here. It's not the staff, they really care, it's the environment." We discussed the garden area and asked why this area had not been cleared of certain items which posed a risk to people's safety. The acting manager said, "I haven't focused on the garden. We had a lovely summer and it's a shame people were not able to use it".

We found the system that monitored maintenance of the building and health and safety checks were not thorough to make sure people were not put at potential risk. We looked at a weekly audit for pressure relieving equipment that ensured people who had pressure areas were not put at increased risk of further skin breakdown. The last audit was completed in December 2014. We also looked at monthly checks for mobility aids, wheelchair cleaning, electronic weighing scales and safe water temperatures. These were also not completed consistently. The acting manager told us the actions that still required improvement had been highlighted to the provider but the acting manager had not been given any permission to action these. A staff member told us, "[Provider] is more reactive than proactive. [Provider] is quite happy to leave things."

We asked how the management sought people's views about the quality of service they received. People and relatives told us they had not been asked to share their views on how the service could be improved. One person we spoke with told us, "I honestly don't know if they do have any meetings. I've never been taken to any, never had a questionnaire, not since I've been here". A relative told us, "I have never been asked to fill out a questionnaire." The manager told us they had not held any group meetings with people or relatives since July 2014. Minutes of the last 'resident and relatives' meeting showed it was May 2014.

We found the system that made sure people's records were stored securely and confidentially were not effective. We saw records were unsecured and stored in a communal area which was shared by visitors and people who used the service.

We found that the provider had not protected people by assessing and monitoring the risks relating to health and welfare so that people using the service were sufficiently protected. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires Improvement

Is the service well-led?

The new manager understood their legal responsibility for submitting statutory notifications to us, such as incidents that affected the service or people who used the service. During our inspection we did not find any incidents that had not already been notified to us by the new or previous manager's.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The systems in place to assess, monitor and mitigate risks relating to people's health, safety and welfare did not ensure that people using the service were sufficiently protected. Regulation 17 (1)(2)(a)(b)(e)