

Salisbury Christian Care Homes (Fairfax House) Limited

Fairfax House

Inspection report

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Salisbury
Wiltshire
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Tel: 01722332846

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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

Fairfax House is a care home for up to 20 older people in one adapted building. 19 people were living in the home at the time of the inspection.

What life is like for people using this service

Following the last inspection, the registered manager had made improvements to the safety of the building. Radiators in all areas of the home had been covered to minimise the risk of burns if people fell against them.

People received support to take their medicines safely. There were enough staff to provide the care that people needed.

People were supported make choices and have as much control and independence as possible. People liked the food provided by the home and staff helped people where needed. People were able to access health services if needed. Staff received suitable training to give them the skills to meet people's needs. The registered manager provided good support for staff to be able to do their job effectively.

People received caring and compassionate support from kind and committed staff. Staff respected people's privacy and dignity. People and their relatives were positive about the care they received and about the quality of staff.

People had been supported to develop care plans that were specific to them. These plans were regularly reviewed with people to keep them up to date.

The service was well-led, with an experienced registered manager and management team. People felt the management team had a good understanding of any issues in the home. The quality of the service was regularly assessed, and action taken to make improvements where needed.

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

Rating at last inspection

The last rating for this service was good (published 10 February 2017).

Why we inspected

This was a planned inspection based on the rating at the last inspection.

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Fairfax House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector.

Service and service type

Fairfax House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

Before the inspection we reviewed the information we held about the service and the service provider. The registered manager completed a provider information return. 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection

We spoke with five people and two relatives to gather their views about the care they received. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand

the experience of people who could not talk with us.

We looked at three people's care records. We checked recruitment, training and supervision records for staff and looked at a range of records about how the service was managed. We also spoke with the registered manager and five staff including carers, activities and training staff.

After the inspection

We spoke with a dementia care specialist who runs support groups for people who live at Fairfax House and their relatives.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the last inspection in December 2016 we assessed that improvements were required to ensure radiators did not pose a risk of burning people. At this inspection we found the provider had made the necessary improvements. Radiators in all areas of the home had been covered to minimise the risk of burns if people fell against them.
- Risk assessments were in place to support people to be as independent as possible, while managing any risks they faced. Examples included assessments about how to support people to minimise the risk of falls, to maintain suitable nutrition and to go out independently. People had been involved throughout the process to assess and plan the management of risks. Staff demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe.
- There were good systems to ensure people continued to receive their care in the event of an emergency. Fire equipment and alarms had been serviced and there was a fire evacuation plan. Regular checks and servicing had been carried out on electrical appliances, gas and electrical services, lifts and lifting equipment and the water systems. This helped to ensure equipment was safe for people to use and any defects were identified promptly.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Fairfax House. Comments included, "I feel safe here. There's always someone around if you need anything."
- The service had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm. Staff were confident the registered manager and provider would take action if they raised any concerns.
- Staff told us they received regular safeguarding training and records confirmed this. Safeguarding issues were also regularly discussed in staff meetings and staff one to one supervision sessions.

Staffing and recruitment

- People told us there were enough staff to provide the care they needed. Staff responded promptly to people's requests for assistance. Comments included, "Staff come quickly if I use the call bell."
- Staff told us there were enough staff to be able to provide care in a way that was not rushed. They said the team worked well together to meet people's needs.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

Using medicines safely

- Medicines were securely stored and people were supported to take the medicines they had been prescribed. Records of the medicines people had been supported to take and been fully completed.
- Where people were prescribed 'as required' medicines, there were protocols in place detailing when they should be administered. Records demonstrated staff had followed these protocols.
- People told us staff provided good support with their medicines, bringing them what they needed at the right time. People said they were able to have painkillers if needed.
- We observed staff following safe practice when supporting people with their medicines.

Preventing and controlling infection

- All areas of the home were clean and smelt fresh. People told us this was how the home was always kept.
- Staff had received training in infection control procedures. There was a supply of protective equipment in the home, such as gloves and aprons.
- Regular audits checked staff were following the infection control procedures.

Learning lessons when things go wrong

- Systems were in place for staff to report accidents and incidents. Staff were aware of these and their responsibilities to report events.
- The registered manager reviewed these reports and recorded any actions that were necessary following them. This ensured lessons were learnt following incidents and reduced the risk of an incident re-occurring.

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 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 before they moved into the home to ensure they could be met. People told us staff understood their needs and provided the care they needed.
- Staff demonstrated a good understanding of people's medical conditions and how they affected them.
- Staff had worked with specialists where necessary to develop care plans. Examples included the care home liaison team, who provide specialist mental health support, and community nurses.
- A dementia care specialist who runs support groups in the home said they provide very good care for people. They said the management team helped staff to understand people's needs and provide support in challenging situations.

Staff skills, knowledge and experience

- Staff told us they received regular training to give them the skills to meet people's needs. This included a thorough induction and training on meeting people's specific needs. New staff spent time shadowing experienced staff members and learning how the home's systems operated.
- Staff completed assessments to demonstrate their understanding of training courses. Staff told us the training they attended was useful and relevant to their role in the service. Staff were able to complete training on health conditions specific to people they were supporting.
- The training manager had a record of all training staff had completed and when refresher training was due. This was used to plan the training programme. The training manager was based in the home, which enabled training to be provided quickly when staff needed it.
- Staff were supported to complete national qualifications in social care.
- Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. The registered manager kept a record of the supervision and support sessions staff had attended, to ensure all staff received the support they needed. Staff said they received good support.

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

- People told us they enjoyed the food provided by the home. People said they were able to have something different to the main meal if they wanted.
- Staff provided good support for those that needed it to eat. Staff sat at the same level as people and explained what the food was. People had access to drinks throughout the day and staff supported people if required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People could see health professionals where necessary, such as their GP, specialist nurse or attend hospital appointments. People's care plans described the support they needed to manage their health needs. There was clear information about monitoring for signs of deterioration in their conditions, details of support needed and health staff to be contacted.
- The service had systems in place to plan referrals to external services and to maintain care and support.

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

- Specialist equipment was available when required to deliver better care and support. This included specialist beds for those that needed them, pressure relieving mattresses and equipment to help with mobility.
- Technology and equipment was used effectively to meet people's care and support needs. This included sensor alarms to alert staff that people may be at risk of falling.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Applications to authorise restrictions for some people had been made by the registered manager. Cases were kept under review to ensure any restrictions in place to keep people safe were the least restrictive option available.
- Where authorisations had been granted with conditions, the service had met these conditions.
- Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.
- Staff demonstrated a good understanding of the MCA.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained 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; equality and diversity

- People were treated with kindness and were positive about the staff's caring attitude. Comments included, "The staff are very nice and look after us" and "Staff are kind. They are nice people." We observed staff interacting with people in a friendly and respectful way. Staff responded promptly to requests for assistance and did not rush people.
- A visitor told us "They are very caring and do all they can for [my relative]."
- People's diverse needs, such as their cultural or religious needs were reflected in their care plans. Staff supported people to meet these needs.

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

- Staff supported people and their representatives to make decisions about their care. Staff signposted people, families and friends to sources of advice and support or advocacy.
- Staff had recorded important information about people; for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided.

Respecting and promoting people's privacy, dignity and independence

- Staff worked in ways that respected people's privacy and dignity. Staff were discreet when asking people whether they needed support with their personal care. Staff ensured sensitive conversations about people were not held in public areas.
- Confidential records were locked away when staff were not using them. People told us staff respected their privacy.
- Staff supported people to maintain their independence where possible. One person told us, "I'm independent with a lot of things and staff respect that."

Is the service responsive?

Our findings

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

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

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

- People had been supported to develop care plans specific to them. Plans included detailed information about people's life history and what was important to them. The care plans had been regularly reviewed with people and had been updated where necessary.
- Staff knew people's likes, dislikes and preferences. They used this detail to provide support for people in the way they wanted. People told us staff respected their preferences.

Meeting people's communication needs

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

- Staff had identified people's communication needs and included them in the care plans. Methods included using any aids such as glasses and hearing aids, using objects of reference and written documents made more accessible through the use of large print. Staff had supported some people to develop communication books when they first moved in. These helped people to understand where they were living, find their way round the home, when relatives were due to visit them and who key members of staff were.
- We observed staff using these different methods of communication throughout the inspection.

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

- People were supported to take part in a range of activities they enjoyed. There was a planned schedule of group and one to one activities. The schedule was developed by the activities co-ordinator and regularly reviewed with people. The activities co-ordinator said sensory activities, such as cooking and music were particularly popular.
- People were supported to take part in a support group for people living with dementia. These sessions were facilitated by a dementia specialist and supported people to share their experiences and learn from each other.
- Staff organised regular trips out, either individually or as part of a group. These included local places of interest as well as supporting people to visit shops.
- Staff supported people who were not able to participate in group activities to have regular one to one sessions. This helped to reduce the risk of social isolation.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and were confident any concerns would be dealt with. Comments included, "I would speak to [the registered manager] if I had any concerns. I'm confident they would sort out the problem." People told us they had not needed to make any complaints.
- The home had a complaints procedure, which was given to people when they moved in and displayed on a noticeboard. Records demonstrated complaints had been investigated and action taken in response. The registered manager had responded to the complainant to let them know the outcome of their investigations and the actions that had taken.

End of life care and support

- People and their relatives were supported to make decisions about their preferences for end of life care. This information was used in developing care and treatment plans. The service worked with health professionals where necessary, including the palliative care team.
- Staff understood people's needs and were aware of good practice and guidance in end of life care. People's religious beliefs and preferences were respected and included in care plans.

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 good. 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 service had quality assurance systems which included reviews of care records, medicine records, care plans, staff files and quality satisfaction surveys. In addition to checking records the management team completed observations of staff practice. This was to assess whether staff were putting the training and guidance they had received into practice. The results of the quality assurance checks were used to plan improvements to the service.
- There was a clear staffing structure and staff were aware of their roles and responsibilities.
- The registered manager had notified us of significant events in the service when necessary.
- The service had effective systems to manage risks to people using the service, staff and members of the public.
- Staff told us they thought the service was well managed. Comments included, "The registered manager is compassionate, approachable, helps out where needed and has a good understanding of what is happening in the service."

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

- The service involved people, their families, friends and others effectively in a meaningful way. The registered manager responded to issues raised in quality surveys and let people know what action they had taken.
- Staff told us they felt listened to, valued and able to contribute to the running of the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had developed a person-centred approach in the home. This was evidenced through the content of staff meetings, supervision, appraisals and the training staff received. The registered manager had supported staff to develop a set of values they were expected to live up to at work. These focused on providing care that was high quality and specific to individuals.
- Staff told us the registered manager was passionate about ensuring people received the best care.
- A dementia care specialist told us the registered manager and provider were very attentive to the needs of staff. This helped to ensure staff could provide good care to people.
- We observed the registered manager providing guidance and coaching to staff about the way they provided care and support for people.

- The registered manager had a good understanding of their responsibilities under the duty of candour.

Working in partnership with others

- The provider worked well with the local health and social care professionals. They had established good links and working relationships.
- The provider was a member of relevant industry associations to ensure they were updated in relation to any changes in legislation or good practice guidance.