P & C Residential Services Limited

The Fairways

Inspection report

Branthwaite Road
Workington
Cumbria
CA14 4SS

Tel: 0190067111

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This was an unannounced inspection that took place on 29 October 2018. The service was last inspected in May 2016 where there were no breaches in regulation seen and the home was rated as good. We found at this inspection that the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The Fairways is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home can accommodate up to fifty four people across two separate units, each of which have separate adapted facilities. There were forty seven people in residence when we visited. People living in the service are older adults some of whom may be living with dementia. The home does not provide nursing care.

The home had a suitably qualified and experienced registered manager who had a background in social care and in management. She also had a degree in the care of people living with dementia. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The staff team understood how to protect vulnerable adults from harm and abuse. Staff had received suitable training and spoke to us about how they would identify any issues and report them appropriately. Risk assessments and risk management plans supported people well. Good arrangements were in place to ensure that new members of staff had been suitably vetted and that they were the right kind of people to work with vulnerable adults. Accidents or incidents management was of a good standard.

The registered manager kept staffing rosters under review as people's needs changed. We judged that the service employed enough care staff by day and night to meet people's needs. There were suitable numbers of ancillary staff employed in the home.

Staff were appropriately inducted, trained and developed to give the best support possible. We met team members who understood people's needs and who had suitable training and experience in their roles.

Medicines were suitably managed in the service with people having reviews of their medicines on a regular basis. The staff told us the new medication administration system had made medicines management more efficient.

People in the home saw their GP and health specialists whenever necessary. Staff took the advice of nurses and consultants. The staff team had good working relationships with local GP surgeries.

Good assessments of need were in place, and the staff team reviewed the delivery of care for effectiveness. They worked with health and social care professionals to ensure that assessment and review of support needed was suitable and up to date.

People told us they were satisfied with the food provided and we saw suitably prepared meals being served. Nutritional planning was in place and special diets catered for appropriately.

The Fairways is a modern building that was designed to provide support to people who may have issues with mobility.The provider had updated and refurbished the building to a high standard. It had suitable adaptations to ensure people were safe and had enough personal and shared space.The house was warm, clean and comfortable on the day we visited. Suitable equipment was available.

The staff team were aware of their responsibilities under the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People who lived in the home told us that the staff were caring. We also observed kind and patient support being provided. Staff supported people in a respectful way. They made sure that confidentiality, privacy and dignity were maintained.

Risk assessments and care plans provided detailed guidance for staff in the home. People in the service were aware of their care plans and had influenced the content. The management team had ensured the plans reflected the person centred care that was being delivered.

Staff could access specialists if people needed communication tools like sign language or braille.

Staff encouraged people to follow their own interests and hobbies. We saw evidence of regular activities and entertainments in the home.

The service had a comprehensive quality monitoring system in place and people were asked their views in a number of different ways. Quality assurance was used to support future planning.

We had evidence to show that the registered manager and the directors of the company were able to deal with concerns or complaints appropriately.

Records were well organised, easy to access and stored securely. The staff team had taken on board the new IT records system and this was working effectively.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

The Fairways

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 checked 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 29 October 2018 and was unannounced. The inspection was carried out by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who is living with dementia or who is an older adult.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. This was received in a timely manner and in good detail. We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We also spoke with social workers, health care practitioners and commissioners of care during our regular contact with them. We planned the inspection using this information.

The team met most of the forty seven people in the home on the day and spoke in some depth with twelve of them. The team spent time talking with people, the staff and with visitors. We also spent time in shared areas simply observing the life of the home. We spoke with seven relatives and friends who were visiting the home. We met two visiting health care professionals on the day of the inspection.

We read six care plans in depth and looked at daily notes related to these care plans. We looked at charts and other record of things like food and fluids taken. We saw moving and handling plans and risk assessments for other interventions. We looked at other files related to life story planning and activities. We also looked at records of medicines and checked on the stored medicines kept in the home.

We met the registered manager and a registered manager from another home owned by the provider, the two company directors, eight support workers, the chef and three domestic staff, the operations director and the administrator. We talked with them in small groups or individually. We looked at six staff files which

included recruitment, induction, training and development records. We checked on the details of the supervision and appraisal notes on these files. We saw rosters for the four weeks prior to our visit.

We had access to records relating to maintenance and to health and safety. We checked on food and fire safety records and we had discussions about some of the registered provider's policies and procedures. We saw records related to quality monitoring.

We walked around all areas of the home and checked on infection control measures, health and safety, catering and housekeeping arrangements.

We received information related to staffing issues and quality audits during and after the inspection.

Good

Is the service safe?

Our findings

We met people in the home who told us they felt safe under the care of the staff team. One person told us, "The surroundings and the people make me feel safe". Another person said,"The doors are locked, it's very important to feel safe". A relative told us, "[My relative] has people around her all the time - that makes her safe and gives me peace of mind". Another person told us,"Yes, I feel safe. Rooms are locked and staff are trained and are kind".

Some people who used the service were not always able to explain how safe they felt but we saw that they were relaxed in the home and with the staff. We met visiting relatives and professionals who confirmed that people living with dementia were kept as safe as possible. A visiting relative told us, "The staff are very patient with [our relative] who can be a bit muddled".

Staff were trained in understanding harm and abuse, individual rights and in how to protect vulnerable adults. Safeguarding matters were discussed in supervision and in team meetings. Staff told us they were encouraged to speak up about any concerns. They told us the two directors of the company were in the home "almost every day". The registered manager understood how to make safeguarding referrals, if necessary.

We saw rosters for the four weeks prior to our inspection and spoke with staff who told us there was sufficient staff to meet people's needs. People living in the home judged that there were enough staff on duty. One person said, "They aren't very long in coming, that's for sure " and another person explained how the shifts were covered, "Staff are usually the same group of people. They usually ring round to ask if anyone can cover if they are short staffed". We judged that the home had enough care staff on duty by day and night to meet people's needs. Suitable levels of catering and housekeeping staff were on duty every day. We noted that the registered manager or the company directors would deliver care and support where necessary. The service also employed an administrator and an operations director who dealt with things like personnel files and wages and the general running of the business.

We looked at recruitment files that showed suitable checks were made. Staff confirmed that background checks were made prior to having any contact with vulnerable people. We looked at personnel records and these were in order. The registered manager and the rest of the senior management team told us they were confident in dealing with disciplinary matters, if necessary.

Staff were trained in understanding human rights and matters of equality and diversity. Staff could talk about the balance between individual rights and the duty of care. Detailed risk assessments and risk management plans were in place. We also noted that this was reflected in the way staff worked with people and the way care plans and notes were written. Staff confirmed that they could meet individual cultural preferences.

Accidents or incidents had been reported to the Care Quality Commission. The registered manager analysed any on-going incidents or accidents and would risk assess things like falls or recurrent illnesses. The staff

told us they used a 'lessons learned' approach and had several examples of how they had changed and adapted the systems they used. For example they had changed some of their medicines management so that stock items were minimised.

We checked on medicines kept on behalf of people in the home. They were kept securely and at the appropriate temperature. Controlled drugs were correctly managed. The home had adopted a new electronic system for ordering, administrating and disposing of drugs. This meant that good monitoring of the use of medication was in place. The system allowed the senior management team to ensure that the right drug was given to right person at the right time. Staff were trained and their competence checked. One member of staff said, "This is a wonderful system...it keeps us right and keeps people safe". The staff made sure that visiting GPs and pharmacists reviewed the medicines given to people so that medication was optimised. Sedative medicines were not routinely used.

Good infection control measures were in place. Individual bedrooms, bathrooms and toilets had hand wash and paper towels. Staff had ready access to gloves, aprons and other equipment. Continence products were sealed in special containers that reduced any risk of cross infection. Laundry systems were effective in reducing risk of cross contamination. There were no unpleasant odours anywhere in the building and all areas of the home were clean, fresh and orderly. Good hygiene and cleaning programmes were in place and closely monitored.

The provider had invested in improvements and updates to the environment. We walked around the building and found it to be safe and secure. The service had a good contingency plan in place for any potential emergency.

Good

Is the service effective?

Our findings

We looked at assessments for people on admission and as part of the on going care delivery. We noted that the registered manager completed a care needs assessment, often with a social worker or other professional, before a person came to the home. All aspects of a person's needs and preferences were considered, without discriminating against them. General risk assessments for the building and activities in the building were also in place.

Assistive technology was used to allow staff to monitor people, whilst protecting their privacy. Where people were at risk of falls, monitors and pressure mats were in place. Good risk management plans were in place. A relative told us, "Staff know [our relative] well. They sit with them because they like company and this lessens the risk of having a fall".

Signed consent forms were in place as were Do Not Attempt Cardio Pulmonary Resuscitation forms. People had been consulted and advised and asked for both formal and informal consent, where appropriate. We observed staff asking people and giving them options about their lives. We spoke with relatives and people in the home who confirmed that consent was always sought. One person said, "I am always asked if I agree". People in the home were encouraged to be assertive and made their wishes known to staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager was aware of her duty of care under the Mental Capacity Act 2005. When people lacked capacity to make major decisions the team had undertaken 'best interest' reviews with social workers and, where appropriate, family members.

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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that authorisations were in place and that staff supported those people in the least restrictive way possible to comply with the authorisations. New applications had been completed and the team were waiting for updates and approvals.

We looked at the needs of people and we looked at the training the provider deemed to be mandatory. This included training on safeguarding, equality and diversity, the ageing process, health and safety and person centred thinking. Staff had effective induction, supervision, appraisal and training. We met staff who had just had their initial induction training and some senior care staff who were beginning their training in supervisory management.

We went into the kitchen, checked on food stores and spoke with the chef who had only been in post for a few months. The chef knew how to fortify foods for people who had lost weight and how to support people who needed to loose a little weight. The main meal of the deal was well prepared and nicely presented. The menu was varied and nutritious. The advice of dieticians and other professionals was followed and simple nutritional planning in place for people who had dietary needs. People had a lot of comments to make about the food and we saw that this was discussed in depth at residents' meetings and changes made. People said, "We are offered a cooked breakfast and there's a choice of two main meals at lunch time. Soup or sandwiches at teatime and there's a supper too".

The people in the home looked well and well cared for. They told us, and we saw in files, that the staff helped people to good health by supporting them to choose healthy options. People saw their GP, opticians, chiropodists, consultants and external specialist nurses when appropriate. One person said, "I was feeling unwell this morning and the GP is visiting me here today. They sort it straight away...". We met with visiting health care professionals on the day and they told us that the service gave good care and communicated well with other health professionals. They told us, "The staff are organised when I am coming and they know who needs to see me. People are properly cared for and supported in personal care. Its a nice home".

The Fairways is an adapted building which is in a semi-rural location. The home is a single story building which has been refurbished to a very high standard by the present owners. People told us they were comfortable in the home. Everyone had a single room with ensuite facilities. Shared areas included comfortable lounge and dining areas. The environment helped people to socialise and to spend time in their own private space or in small quiet lounge and dining areas. The home had a range of specialist equipment to help people with restricted mobility or other needs. There were suitable adapted bathrooms and shower rooms, a hairdressing salon and access to a small kitchen that could be used for activities.

Good

Is the service caring?

Our findings

We measured this outcome by talking with people and their relatives and by observing how people responded to the staff team. We had very positive responses when we asked about how caring the team were.

One person said, "Very good, are the staff. Very young. They will get me anything I want. They do treat me with respect and that goes a long way" and another person said,"Yes staff are very good.Treat me well. Good staff". Yet another person told us, "Staff are very good. This is a 'care home' - it's what they do - they care". We explored attitudes and asked people who again responded positively with one person confidently saying, "No staff are not unpleasant - not at all! They are lovely".

We spent time observing how staff interacted with people. People responded warmly to staff. They made good eye contact with the staff and were relaxed with any interventions we witnessed. People were able to be assertive and the interactions were very natural. We noted that staff used humour appropriately and that people in the home could tease staff. We also saw and heard staff at all levels using empathy and sensitivity in their interactions.

Staff could talk about people's preferences and routines. They told us how they supported people who became upset or disorientated. There was good guidance in care plans and staff used their palm top devices to check on the guidance on how to support a person with an emotional or psychological need. Interactions were done with care and at a pace which people responded to very well.

Staff at all levels displayed appropriate values when talking about people in the home. They told us how they would support people with differing cultural, social and sexual preferences. The staff team spoke about people with warmth and affection. They were clear and objective when discussing the individuals they supported and no one made any judgemental statements. Care files were written clearly and without judgmental or prejudiced statements. We observed genuine acceptance and caring. Staff told us that the registered manager and the company directors ensured the team had appropriate supportive relationships with people. Staff files gave us evidence to show that respect, dignity, compassion and empathy were discussed and promoted in the team.

People could be helped to access independent advocates where necessary. Some people had relatives who would act as advocates on their behalf. The staff team worked with families in an open and appropriate way. A relative said, "[My family member] likes me being involved and I am kept fully informed. I act on their behalf sometimes but the staff make sure they listen to [My relative] too as I can't always get it right".

We saw that people were encouraged to make choices and to follow their own preferred lifestyles. Care plans and daily notes showed that people were encouraged to be as independent as possible. We noted that care interventions had helped people to gain more independence in things like mobility, choices and managing personal care.

We heard staff giving people information and choices about decision making. Staff helped people in a manner that reflected each person's needs. The pace, timing and content we observed met each person's needs and choices appropriately. We spoke with one person who said, "The girls explain things to me...and the manager will make time to help me with anything a bit more complicated".

Good

Is the service responsive?

Our findings

We looked at a range of care plans for people with different needs. We saw that a full assessment of care and support needs had been completed for everyone in the home. The registered manager told us that they were very careful about assessment, admission and review especially where people had a diagnosis of dementia because people living with dementia were integrated in the home and they did not intend to specialise or develop a dementia unit. The senior team told us that they had looked at assessment as part of their 'lessons learned' approach to ensure that all admission in the future would be appropriate.

We looked at the care plans and associated charts, forms, daily notes and evaluations. All of these were on the new electronic system. The care files covered physical, psychological, emotional and social needs. People told us they had been involved in the planning. One person said, "I sat down with staff and talked to them about what my needs are". The care assessments and plans were comprehensive, person centred and up to date.

The senior team told us that their care plans were a work in progress and that moving the plans to the new format had been a major project but they now felt they were at a stage where they were ready to refine the plans and continue to develop them. We judged that this electronic format was a comprehensive way of assessing, planning, checking and evaluating the delivery of care.

The senior team were working on a way to give people a written or pictorial care plan or goal plan they could keep for themselves. They had devised a way of people signing either electronically or scanning a signature. We noted that staff could access a shortened version of the care plan on their palm top device and staff told us this was, "A really good way of just checking we are following the care plan".

Our expert by experience looked at activities and entertainments. We saw that there was a range of activities on offer. Some people were happy with parties, entertainers, crafts and games on offer. Other people wanted more or different options but also said they could make their wishes known, "We go to Residents Meetings. We discuss all things ...Meetings are monthly". The staff said they had time to spend with people and tried to offer different activities but that a lot of people really, "Just enjoy sitting with us and talking...".

Several people liked the community involvement. One person told us,"Children from the local school come in to sing sometimes. They bring Lego and jigsaws and puzzles to play with and we help or watch. It's lovely". People also told us that their spiritual needs were met. One person told us about the visiting priest and another said, "A vicar comes in every month to give communion...and all denominations can come".

No one in the home at the time of our visit used specialist forms of communication like British Sign Language or Braille. The registered manager told us that they would assess the need prior to admission and could access training from local specialists if necessary. There was suitable support for the communication needs of people living with dementia.

The service had a comprehensive complaints and concerns policy and we had evidence to show that the

senior management team could all be involved in investigations if necessary. One person said, "I would go to the manager to make a complaint. If she wasn't available I would go to the deputy. I haven't had to complain though". Other people told us that the company directors were always around and they would talk to them.

Staff were trained in anti-discriminatory practice and we saw that they were aware of people's needs and preferences. Staff made no difference to the way they treated people or the choices they offered them. We saw that people were treated very much as individuals. Religious and cultural preferences were respected and followed.

The original staff team were very experienced in end of life care as they had cared for people with life limiting illness and people who, due to their advanced age, had died in the home. We heard from a visiting community nurse that they would support staff in end of life care. The staff told us they had some end of life medicines in the home for a person so that the community nurses could have access to this if the person's needs changed. Staff spoke about how they looked holistically at the needs of the dying person and their families. A member of staff said, "We get close to people and their families and we like to care for them at this time."

Good

Is the service well-led?

Our findings

The home had a suitably qualified and experienced registered manager. She had managed the service since it opened in 2014. People who lived in the home told us, "The Manager is very hands on - always getting involved". We saw that people responded warmly to her. Staff told us, "The manager is on the floor all the time and is really approachable...cares about the residents and is very, very supportive to staff. I am very happy working with her and for [the providers]".

Staff and people in the home judged that the registered manager created an open culture where they were valued and respected. The registered manager was aware of up to date good practice in care of older adults and the care of people living with dementia, having recently completed a degree in dementia care. The staff we spoke with told us that they were happy in their role and that the team work was good. We also learned, as one staff member told us, "[The directors] are very clear about what they expect of us and about their values. Early in your career they meet with you and make sure you understand the person centred approach here". The inspection team judged that positive values were present in the service and that the senior management team ensured they provided a caring service that valued people.

This company, also owns a smaller home on the Cumbria coast. The registered manager of this home was delivering induction training in The Fairways on the day of the inspection and one of the directors was working a care shift. The other director was also in the home. We learned that the senior team used their skills for the benefit of the homes, routinely worked together, delivered care and worked with care staff as part of their quality monitoring and development of the services.

These two directors and the two registered managers made up the senior management team. Together they consulted with people and their families, the staff team and other interested parties to ensure that both homes provide quality care and services. They also organised joint activities and outings. We also learned that these four people supported each other in ensuring the care homes worked effectively. We judged that there was a good working relationship between the two homes that benefitted all the people who used the services.

We also learned that the management team had looked at the governance of the home because the service had changed its registered numbers in September 2017. In a little over a year the team had increased resident capacity by a hundred percent. They had therefor increased the staffing levels and had developed a new system to ensure the home was well run. The home now had two deputy managers and six senior carers who supported the registered manager in the day to day management of the home.

The company had a quality monitoring system that they had devised to meet their needs. They had monthly residents meetings chaired by a person who lived in the home. One person said, "We have Resident Meetings every month. They don't keep you at the back door, they keep you informed". We saw the most recent survey results and the action plans that were produced from these. They had met with staff on a regular basis and asked their views. We also noted that the new electronic care planning system and the medication system had built in checks and audits that had been completed. We saw that this ensured that

medicines administration, personal care delivery and recording of care practice were all audited and checked. One of the directors told us, "I can log into the system at home and look at daily notes, updates to care plans and any issues that come up as alerts. The system allows all of the senior team to keep check on the quality of delivery".

These new electronic medicines and care management systems had been introduced in May 2018 and the staff and management had been able to input data into these systems to a good effect. We noted that every person had a care file on this electronic system and that all staff carried a telephone/palm top device that allowed them to check the care guidance and to update daily notes, charts and records of things like people's weight, food intake and objectives met. Records were easy to access and up to date.

Some records like fire safety, maintenance and staff files were not, as yet, on the electronic system but this was underway. Both paper and electronic systems were maintained securely. Paperwork was locked away and electronic records were password protected. Palm top devices did not work outside of the property so that information could not be taken away from the home.