Care Quality Commission

Fairfield Care (West Dorset) Limited

Fairfield House

Inspection report

41 Putton Lane, Chickerell,
Weymouth, DT3 4AJ
Tel: 01305 779933

Date of inspection visit: 17 and 22 December 2015
Date of publication: 03/02/2016

Ratings

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

Overall summary

The inspection took place on 17 and 22 December 2015.

Fairfield House is registered to provide care for up to 16 people in a residential area of Weymouth. At the time of our inspection there were 16 people with nursing care needs living in the home. The people living in Fairfield House all have nursing and support needs relating to mental health.

The service did not have a registered manager at the time of our inspection. The manager had previously applied to become the registered manager but had not been successful at that time. They explained the circumstances that mitigated this and had put in an application to start this process again. The last registered manager had left the service in September 2013. 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.

Staff were not able to explain how they cared for people within the framework of the Mental Capacity Act 2005 and care plans did not evidence that consent was sought in line with this legislation. The provider had plans in place to resolve this.

Staff were confident and consistent in their knowledge of people's care needs and felt supported in their roles.

Summary of findings

People were protected from harm because staff understood the risks they faced and how to reduce these risks. They also knew how to identify and respond to abuse. Care and treatment was delivered in a way that met people's individual needs and staff kept clear records about the care they provided.

Deprivation of Liberty Safeguards had been applied for when people who needed to live in the home to be cared for safely did not have the mental capacity to consent to this. Staff understood these Safeguards.

A nurse was available to people and staff; providing treatment and guidance as necessary. People received their medicines as they were prescribed.

People were engaged with a wide range of activities that reflected individual preferences, including individual and group activities. Activities were supported by care staff and were available throughout our inspection.

People described the food as good and homely and there were systems in place to ensure people had enough food to eat and enough to drink.

People's rooms and communal areas were kept clean throughout our inspection.

People and their relatives were positive about the care they received from the home and told us the staff were compassionate, kind and attentive. Staff treated people, relatives, other staff and visitors with respect and kindness throughout our inspection.

The manager and the directors took responsibility for quality assurance in the home. Where the improvements were identified as necessary action was taken to ensure this happened.

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?

Good

The service was safe. There were enough staff to meet people's needs.

People felt safe and were supported by staff who understood their role in keeping them safe.

People were supported by staff who understood the risks they faced and provided consistent support to reduce these risks.

People received their medicines as prescribed.

Is the service effective?

Requires improvement

The service was effective but some improvements were required.

People had not had decisions about their care made clearly within the framework of the Mental Capacity Act 2005. This put them at risk

of receiving restrictive care. There were plans in place to resolve this.

Deprivation of Liberty Safeguards (DoLS) had been applied for people who needed their liberty to be restricted for them to live safely in the home.

People were cared for by staff who understood the needs of people in the home and felt supported by their management.

People had the food and drink they needed. They told us the food was good.

Is the service caring?

Good

The service was caring. People received compassionate and kind care. People and relatives spoke highly of the care people received.

Staff communicated with people in a friendly and warm manner. People were treated with dignity and respect by all staff and their privacy was protected.

People and their relatives were listened to and involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive. People received care that was responsive to their individual needs because staff shared information. Care plans were accurate and work was being undertaken to rectify omissions and make further improvements.

People were able to take part in activities tailored to their needs and preferences.

People and their relatives were confident they were listened to.

Summary of findings

Is the service well-led?

Good

The service was well led. People, relatives and staff had confidence in the management team.

Staff were able to share their views and these were acted on when appropriate.

There were systems in place to monitor and improve quality these were effective in identifying where improvements were necessary.

Fairfield House

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 the 17 and 22 of December 2015 and was unannounced. The inspection team was made up of two inspectors.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us and information received from other parties. The provider had not completed a Provider Information Record (PIR) because we had not requested that they do so. A PIR 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 gathered this information during our inspection.

During our inspection we spoke with four people living in the home, two visiting relatives and six members of staff, and the manager and a director. We observed care practices and 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 also looked at seven people's care records, and reviewed records relating to the running of the service. This included three staff records, quality monitoring audits, training plans and accident and incident forms.

We also spoke with two healthcare professionals who had worked with the home or had visited people living at the home.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said: "I always feel safe and the staff are very approachable." Another person told us: "The (staff) that help me are kind. There is no cruelty." Some of the people living in the home were living with dementia and did not always use words to communicate. They were relaxed with staff; often smiling when staff were with them. The relatives we spoke with shared a confidence that their relative was safe. One relative told us, "I know (relative) is safe, (relative) is well looked after." Staff were able to describe how they protected people from the risks of abuse by describing the signs they needed to be aware of and knowing where they would need to report any concerns they had.

Staff were able to describe how they reduced the risks that people faced. They described confidently and consistently the measures they took to keep people safe. For example they described how they reduced risks relating to people's mental and physical health, and their mobility. Risks were managed in a way that supported people's dignity. We saw that when people were being supported during periods of distress, this was done gently with kindness and patience from staff.

Accidents and incidents were reviewed by senior staff and actions taken to enhance people's safety. For example we saw that when people had fallen a range of actions had taken place including medicines reviews, staff training, GP calls and requests for additional funding. This meant that people were at a reduced risk of reoccurring accidents.

There were enough staff to meet people's needs safely. People did not wait to receive care and staff were able to spend time engaged in activities with people as well as responding to people's support needs. We discussed staffing levels with the manager and they told us that they were fully staffed and they described the measures they took to ensure that staff deployment was effective. For example, they considered public transport timetables when planning shifts and assisted staff to get to work when transport was not available. This approach was appreciated by the staff who told us they felt part of a stable staff team with enough staff to meet people's needs.

Staff were recruited in a way that protected people from the risks of being cared for by staff who are not suitable to work with vulnerable people. We reviewed staff recruitment documentation and saw that appropriate checks had been made on staff employed to work in the home. One member of staff did not have a reference available from their last employer; however they had been in continuous employment with the provider as bank staff and their suitability to work with vulnerable people had been established. This was not clear on their records.

People received their medicines as prescribed. During our inspection we observed people receiving their medicines and this was done safely. A person who was supported to take medicines told us they always received the right medicines and that the nurses were very approachable. A nurse described how they worked in partnership with people's GP's to ensure people's medicines were reviewed regularly in order that they met individual's needs. Medicines were given in a personalised way: people were asked if they wanted medicines and where people had woken up late they were given their medicines at a time that suited them and reflected their prescription. Some people in the home took medicines that require extra measures to be taken in their storage and administration because they are covered by the Misuse of Drugs Act. These controlled medicines were accounted for accurately.

The room that medicines were stored in was over 25 degrees on the day of our inspection. Records showed that this had frequently been the case in the last month due to difficulties with the heating caused by an external electrical fault. The manager and directors were liaising with the appropriate electricity provider about this fault and people's care was being managed safely. Advice had been sought about the temperature in the medicines room and the nurse told us they were acting to lower the temperature. The director assured us that this was under review and actions would continue to be taken to ensure the temperature was appropriate for the safe storage of medicines.

The home was clean throughout our inspection. People commented to us that it was always clean. A cleaner told us they were able to do their work effectively because there were always appropriate supplies available and they were supported effectively.

Requires improvement

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met.

People received care that was designed to meet their needs and staff supported people's ability choices about their day to day care. However, care plans did not consistently reflect the principles of the Mental Capacity Act 2005 (MCA) and staff were not confident talking about how this legislation framed their work. For example, when people did not have the capacity to make decisions for themselves there was not always record of a capacity assessment to evidence this. Care plans were designed to meet people's needs but it was not clear if these were agreed by someone with the legal status to do so or if decisions had been made in their best interests. This is particularly important when people refuse care and treatment as it is the Act that gives staff the authority to act in people's best interests. For example, one person was receiving medicines covertly and no best interest decision had been recorded to show the process followed. This was rectified during our inspection.

We spoke with the nurse with overall responsibility for care plans, the manager and a director about this. They explained that they had highlighted that care plans had not all been signed appropriately during a recent care plan audit. We saw that this audit had highlighted where care plans were not signed. There was a plan in place to ensure that this work was done and they told us they would seek advice about how best to record capacity and best interest decisions as part of this work.

The home had applied for Deprivation of Liberty Safeguards (DoLS) to be authorised appropriately. DoLS aim to protect the rights of people living in care homes and hospitals from being inappropriately deprived of their liberty. The safeguards are used to ensure that checks are made that there are no other ways of supporting the person safely.

Staff told us they felt supported to do their jobs and described how guidance from senior staff and their colleagues ensured they were kept up to date with people's needs. They all spoke competently about the care and treatment of people living in the home and told us that their training was appropriate for their role and their professional development. The manager described how training was designed to meet the needs of people living in the home and to support the ethos of care. For example, moving and handling training was being delivered by the manager which ensured it reflected the needs of people in the home and the environment staff were working in. This moving and handling training also covered people's rights, safeguarding and dignity and respect to reinforce the values underpinning care practice. There was a robust system in place for ensuring that staff training was kept up to date and that they were provided with appropriate support and supervision. The Care Certificate had been introduced in the home. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.

People, relatives and staff all told us that the food was good. One person told us that the: "food is good, like you would have at home". Lunchtimes were calm and social events for those that wanted to eat together on both days of our inspection. People who needed support received this discretely and people who preferred to eat in their rooms were supported to do so.

The chef knew about everyone's nutritional needs and checked at the end of lunch if everyone was happy and made sure that people were offered more if this was appropriate. People's preferences were taken into account with food. For example one person, who did not want their meal, was asked what they would like instead. Another person did not like too much food on their plate and this

Requires improvement

Is the service effective?

was reflected in their portion size. People's known likes and dislikes were recorded and this information was used to plan meals. Where people had guidance in place from the Speech and Language Therapist we saw that this was followed and they were able to eat and drink safely. Food and drink intake was monitored effectively and people were offered a variety of drinks regularly through the day. People's weights and other indicators of adequate nutrition were measured regularly. At the time of our inspection no one was at risk of not getting enough food.

People were supported to maintain their health. Care plans detailed the support they needed to maintain their physical and mental health and staff understood these support needs. A pain assessment tool was being used to ensure that people who did not use words to communicate were at a reduced risk of experiencing unnecessary pain. The nurses used a screening tool to measure signs that people could be in pain and used this information to ensure people got appropriate treatment.

The manager and nurse described positive working relationships with the GP's who had patients living in the home. Records indicated that routine health matters such as medicine reviews and ongoing support for chronic illness were managed safely and effectively. For example one person had regular input related to their diabetes; another person told us they regularly saw a chiropodist. People had access to dentists; two people went separately to appointments during our inspection. When people's health changed we saw that advice was sought appropriately. A health professional told us that the staff and manager were: ""Excellent – very proactive". They described good communication and collaborative working leading to positive outcomes for the person they worked with. This approach was reflected in the effective management of a health emergency that happened during our inspection.

Good

Is the service caring?

Our findings

People and relatives described the service as caring. One person told us, “It is intimate and friendly.” Another person told us: “It is home from home. The staff are lovely.”

Staff took time with people throughout our inspection; offering reassurance whenever necessary. One person said, “They have everything you need. They are kind.” This view of the staff was also shared by visiting relatives who praised the staff for their kindness and attention to detail.

Staff took time to build relationships with people in an individual way. Staff were attentive to people and were both familiar and respectful in their conversations. For example a staff member joked about a person’s dislike of vegetables whilst encouraging them to eat their lunch, another person was feeling low and they had opportunities to talk quietly with staff. Another person had written a letter to the manager saying they appreciated the care but planned to leave. The person had a DoLS in place and needed to stay in the home to be safe due to their dementia. The manager had written a reply to their letter acknowledging their wish and asking them to stay a while. The letter reflected the distraction techniques described in the person’s care plan, empathy and kindness.

People were supported to make choices throughout the day and care provided reflected this. People were encouraged to choose their food and clothing, what activities they joined and day to day decisions such as when they slept. The manager described how important this choice was saying: “People get up at whatever time they want. Sometimes they might want a duvet day.” A person reflected on this choice positively saying: “It isn’t at all regimental.” Relatives told us they also felt listened to and were involved in care decisions.

People were clean and well-dressed throughout our visits and staff spoke with them in respectful ways that reflected their individuality. Staff spoke confidently about people’s likes and dislikes and were aware of people’s social histories and relationships. All staff were respectful of people living in the home, relatives, and each other. This promoted a relaxed and friendly atmosphere. A member of staff reflected on this saying: “It’s lovely – people are happy.”

Care was provided in a way that protected people’s privacy. People’s personal care was managed by staff discretely and staff did not talk about people’s care needs in front of other people. This was maintained at times when people were distressed or in need of urgent attention. Some of the people living in the home could become agitated as a result of their mental health conditions. Staff worked together calmly and respectfully at these times providing care to the person and each other.

Good

Is the service responsive?

Our findings

People's care was delivered in a way that met their personal needs and preferences. Staff listened to people and ensured they got what they asked for or needed. For example a person requested to eat in their room and staff immediately arranged this. Another person was in discomfort and the nurse made them comfortable straight away. People told us they felt well cared for and this was a view shared by relatives. One relative told us: "(Person) has been very well looked after." Information about people's personal preferences was recorded to help plan care. One relative had supplied a picture of how their relative had had their hair before they became unwell. The person's hair was styled in a similar way during our inspection.

People's care needs were recorded alongside plans to meet these needs in their records. These plans were being reviewed by nurses and updated at the time of our inspection. Records showed that people's needs were reviewed regularly and any changes led to changes in their care plan. For example one person's risk of falling had increased and their care plan had been altered to reflect the need for increased staff support. Needs were assessed and care plans written to ensure that physical, emotional, social and spiritual needs were met. Where appropriate people had been involved in developing advanced care plans to ensure that they were cared for in the way they wished to be at the end of their lives. Relatives were kept involved and asked for their opinions on how care could be best delivered. One relative described how all decisions were explained to them and they were asked: "what do you think about this… what would you like to happen".

The care staff kept accurate and detailed records which included: the care people had received; what activities they were involved in; what they ate and drank; physical health indicators and whether they were content. These records, and people's care plans were written in respectful language which reflected the way people were responded to by staff. The detail and accuracy of the records meant that changes in a people's well-being would be picked up quickly. During our inspection a person became unwell and staff were able to refer to records to identify how their health had changed and were able to provide this information to health professionals.

Activities were planned for groups and individuals and delivered by the care staff. This meant that people received one to one attention when they needed it and activities could be planned that met people's needs and preferences. Activities included singing, art work and baking. Links were maintained with the local community and when possible relatives were invited to take part on these. For example the day before our inspection a local school had come to sing carols and everyone had enjoyed a buffet tea together. One relative commented: "Nice to be involved and invited to events." A local priest was a frequent visitor to the home both to visit people who wished to spend time with them individually and with their choir for the whole home.

Staff had a positive attitude to concerns and mistakes. Staff told us that they would be comfortable identifying a mistake and were certain they would receive guidance and support. Staff told us they were sure that these would be dealt with properly because the manager was professional and wanted the best care for people. There was a policy outlining how the provider would respond to complaints, but there had been no complaints received in the last year. Relatives and people told us they would be comfortable to talk to staff about any concerns they had. One relative explained they had confidence in how the staff responded to concerns saying: "Anything is taken on board and dealt with – even trivial things."

Good

Is the service well-led?

Our findings

The manager had been in post for over a year and had previously applied to become the registered manager. This application was not successful in April 2015. There were mitigating circumstances covering the time period following this application and the manager had been supported by the directors in fulfilling their role during this time. They were now confident that they were fully undertaking their role and had reapplied to become registered with the Care Quality Commission. The directors were represented during our inspection and were involved in the home providing support, guidance and undertaking quality assurance work. The manager and director spoke of the staff team with high regard.

There were systems and structures in place to ensure that the quality of service people received was monitored and improved. For example there were audits and reviews undertaken by the manager and directors and meetings were scheduled to ensure consistency and shared understanding.

Audits were effective in ensuring change. An example of this was an audit of medicines had led to changes around how some medicines were recorded. This made the system more effective for people receiving medicines that they only needed some of the time. Staff files had also been audited and this had led to a change in questions asked at interview to ensure that any gaps in employment history were explored. This made the recruitment process safer. Incident and accident forms had been completed by staff and reviewed by the manager. Appropriate actions had been taken and recorded so that trends could be analysed.

Staff had a shared understanding of the ethos of the home and understood their responsibilities. One member of staff told us "There is good communication. Everyone knows what they are doing." They spoke of high standards being expected and one member of staff explained this ethos as: "Treat people with love, care and respect". Another told us we want: "People to be happy and comfortable. This is their home. We want relatives to know their relative is safe". The manager spoke in these terms throughout the inspection and team meeting minutes provided evidence that the ethos and expectation of team work to achieve this were openly discussed.

The service was held in high esteem by people, relatives, staff and professionals. One member of staff said, "I love it here. It feels right when you come through the door." A relative told us that the staff and manager were: "Incredibly accommodating and understanding" and always engaged "professionally and diplomatically". A professional described working collaboratively with the manger and staff, describing them as "mature and professional".

Staff felt heard by the management and respected them. One staff member said, "The manager knows everyone well." Another told us that the manager: "listens a lot…" and was "very supportive".