

Fairholme (NH) Ltd

Fairholme Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Fairholme is a care home registered to provide nursing and personal care for up to 60 people. At the time of our visit there were 48 people living at the service. Fairholme is situated in the town of Cambourne. It is a two-storey building with a range of aids and adaptations in place to meet the needs of people living there.

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

Before this inspection we received concerns about low staffing levels, staff absences not being covered and a lack of appropriate and person-centred care.

At this inspection we found no evidence that staffing levels were or had been unsafe and there were enough staff on duty to meet people's needs. The management team had the authority to cover for staff absences, and apart from the occasional short notice absence, shifts were always covered. The service had some staff vacancies and recruitment to these posts was on-going.

People's health conditions were well managed and where people needed specific care, to manage on-going conditions, there were treatment plans in place that provided clear instructions for staff. Treatment plans were followed, and daily records of the care provided were completed, after each intervention, helping to ensure people received consistent care.

People's care plans were person-centred and reflected each person's needs and preferences. People told us, and we observed, that staff were attentive to people's needs and provided care in a personalised and individual way. People were relaxed and comfortable with staff and had no hesitation in asking for help from them. Comments from people and relatives included, "It's nice living here", "They are all friendly and approachable" and "It's alright here, staff are really good."

People were offered a range of healthy meal choices. In response to a recent COVID-19 outbreak, fewer people were using the dining room and more people were eating meals in their rooms, to help reduce the risk of the spread of the virus. As a result of this people were currently being served a hot dessert at the same time as their main course. People we spoke with and observed were happy with this arrangement and we saw that desserts were covered in cling film to keep them warm. We were assured this practice was being kept under review.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were informed about people's changing needs through effective shift handovers and informative records of the daily care provided for people. Risks were identified and staff had guidance to help them support people to reduce the risk of avoidable harm.

There was time for people to have social interaction and activity with staff. Individual and group activities were provided for people. Some people spent their time in their room or in bed because of their health needs or personal preferences. The activities co-ordinator spent one-to-one time, with people who stayed in their rooms, engaging in conversations or individual activities. This helped to prevent people from being socially isolated.

Staff knew how to keep people safe from harm. Staff had received appropriate training and support to enable them to carry out their role safely, including the management of medicines.

The premises were clean and well maintained. Where faults or repairs were needed these were rectified in a timely manner. People had access to equipment where needed.

Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection. Government guidance about COVID-19 testing for people, staff and visitors was being followed.

People and their families were given information about how to complain and told us they would feel comfortable raising a concern. People, their relatives and staff told us they thought the service was well managed and communication with the management was good. People were regularly asked for their views on the service provided and feedback was used to make continuous improvements.

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

Rating at last inspection and update

This service was re-registered with us on 21/05/2021 and this is the first inspection under the new registration. The last rating for the service, under the previous legal entity, was good, published on 6 February 2018.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and the quality of the care provided for people. A decision was made for us to inspect and examine those risks as well as carrying out the first comprehensive inspection for a newly registered service.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe, Effective, Responsive and Well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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.

Fairholme Nursing Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people living at Fairholme. We looked around the premises and observed staff interacting with people. We spoke with the registered manager, the clinical lead, two nurses, five care staff and one housekeeper. We also spoke with a relative and a healthcare professional who were both visiting the service.

We reviewed a range of records. This included four people's care records, multiple medication records and two staff recruitment files. We also looked at a variety of records relating to the management oversight of the service. These were audits of the care provided and maintenance and safety checks of the premises.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed the staff training records we had requested from the registered manager and spoke with three relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Before this inspection we received concerns about staffing levels being unsafe. At this inspection we found there were enough staff on duty to meet people's needs.
- Conversations with people and staff confirmed there were enough staff on duty and short notice absences were covered wherever possible. As one care worker told us, "Yes the staffing is generally good. We do have some shortfalls, but they are nearly always covered" and a relative said, "There are always enough staff when I visit."
- The service had some staff vacancies and recruitment to these posts was on-going. The registered manager assessed staffing levels based on the needs of the people living at the service and only accepted new admissions when there were sufficient staff employed.
- During our inspection we saw staff were responsive to requests for assistance and call bells were promptly answered. Staff recognised when people needed support and had enough time to engage with people in a meaningful way.
- The provider's recruitment practices were robust and staff confirmed appropriate checks were undertaken before they supported people living at the service.

Systems and processes to safeguard people from the risk of abuse

- People told us they were happy living at the service and felt safe.
- People were protected from potential abuse and avoidable harm by staff who understood and knew about the different types of abuse.
- Staff received appropriate safeguarding training as part of their initial induction, and this was regularly updated.
- The service had effective safeguarding systems in place and staff knew how to report and escalate any safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks were identified, assessed, monitored and regularly reviewed. These assessments contained guidance for staff on how to protect people from known risks while maintaining their independence.
- Where people presented with behaviour that challenged staff and other people there was guidance and direction for staff in care plans, on how to help reduce the risk of this behaviour.
- All equipment was regularly serviced, and staff understood how to support people to move around safely. Equipment and utilities were regularly checked to ensure they were safe to use.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Using medicines safely

- Medicines were managed safely. People received their medicines safely and on time. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
- Body maps were completed, to mark where injectable medicines and pain-relieving patches had been sited each time. This meant staff knew which site to use, when giving the next injection or applying the next patch, to ensure that injection sites were rotated to prevent skin damage.
- Some people were prescribed 'as required' medicines for pain relief or to help them to manage anxiety. Care plans included protocols detailing the circumstances in which these medicines should be used.
- There were systems in place for the storage, ordering, administering, and disposal of medicines. Storage temperatures were monitored to make sure medicines were stored correctly and would be safe and effective.
- Medicines were audited regularly with action taken to make ongoing improvements.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There was a system in place to record any accidents and incidents and analyse the incidents so any trends or patterns could be highlighted.
- Appropriate action was taken to learn from the events or seek specialist advice from external professionals to minimise the risk of adverse events reoccurring. For example, seeking advice from external healthcare professionals such as GPs, occupational therapists or physiotherapists, after incidents where people had fallen.

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.

This is the first inspection for this newly registered service. This key question has been rated good. People's outcomes were consistently good, and people's feedback confirmed this.

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

- Before this inspection we received concerns about the way people were served their meals. In particular that hot desserts were given to people at the same time as their main course which resulted in the dessert being cold when eaten.
- At this inspection we found people were being served both courses together. In response to a recent COVID-19 outbreak, fewer people were using the dining room and more people were eating meals in their rooms, to help reduce the risk of the spread of the virus. This had resulted in lunch service taking longer and serving both courses together had helped to ensure people all received their lunch at the agreed time. However, people we spoke with and observed were happy with this arrangement and we saw that desserts were covered in cling film to keep them warm. Although the outbreak was over, as a safety precaution this system currently remained in place, and was being kept under daily review.
- People were provided with healthy meals which they enjoyed. Staff were aware of people's needs and preferences in relation to what they ate and drank. One person told us, "The food is good, if anything they give me too much."
- Hot and cold drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, either through choice or because of their health needs, all had drinks provided and these were refreshed throughout the day.
- Where required people were regularly weighed. Action was taken to increase calories when this was identified as necessary. There were clear guidelines in place outlining the action staff should take, and when, if they were concerned about people's food and fluid intake.
- Where people received their food via a percutaneous endoscopic gastrostomy (PEG) tube, into their stomach, appropriate procedures were in place to ensure people received the prescribed amounts.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Before this inspection we received concerns about some people's healthcare needs not being met. This referred to two people who had specific health needs and in general about people not having their continence needs met, resulting in stained mattresses.
- At this inspection we looked at the daily care records and treatment plans for the two people concerned and found their specific health conditions were being effectively managed. Appropriate support and advice had been sought from external healthcare professionals to ensure the right approaches were being used.
- Mattresses were checked regularly to ensure they were clean and appropriate for the people's needs. A few days before our inspection an audit of all mattresses had been carried out and two mattresses were found to be stained and these had been replaced.

- Staff supported people to see external healthcare professionals regularly such as tissue viability nurses, physiotherapists, GPs and dentists. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.
- Care plans for oral care had been developed for each person to identify their needs and take action when needed to support people to access dental care. A visiting healthcare professional told us, "Staff take oral care seriously and are willing to take any new ideas on board."
- People were encouraged to stay healthy and active. Staff supported people to continue to mobilise independently wherever possible.

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 service, to help ensure their needs were understood and could be met.
- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed.
- Management and staff worked with external healthcare professionals to deliver care in line with best practice.

Staff support: induction, training, skills and experience

- People were supported by a staff team who had access to a range of training in health and safety and subjects relevant to people's needs. Staff said training was good and included refresher training to make sure their practice was in accordance with up to date guidance and legislation.
- Nurses were provided with the time and opportunity to maintain their professional development which is a requirement of the registration.
- Staff were provided with opportunities to discuss their individual work and development needs. One to one meetings took place at least quarterly, as well as twice weekly staff meetings, where staff could discuss any concerns and share ideas. Staff feedback about training and management support was positive.
- New staff had completed a comprehensive induction and worked alongside more experienced staff to get to know people. The provider's induction programme reflected best practice recommendations.

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

- The service was clean and well maintained. When we looked around the building, we noticed a frayed carpet in a doorway upstairs. The registered manager and clinical lead told us they were aware of this and arrangements for it to be repaired were in place.
- The premises were suitable for people's needs and provided people with choices about where they could spend their time. People's bedrooms were personalised with their own possessions and decorated to their taste.
- Access to the building was suitable for people with reduced mobility and wheelchairs. Passenger lifts were available for people to access the upper floors. Corridors were wide enough for wheelchair users and free from clutter. There was an appropriate range of equipment and adaptations to support the needs of people using the service.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- Staff had received specific training which had led to staff having an understanding of the requirements of the Mental Capacity Act 2005.
- Records were held showing which people, living at the service, had appointed Lasting Powers of Attorney (LPA's). This was clearly recorded in people's care plans. Families were encouraged to be involved in people's care plan reviews.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- There was a relaxed atmosphere in the service and staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. We observed people were confident requesting help from staff who responded promptly to their needs.
- Families spoke positively about staff and the care provided for their relatives. Comments included, "They are all just so caring and all adore my Mum", "They are all friendly and approachable" and "[Person] is well looked after."
- Staff enjoyed spending time with the people they supported and took time to sit and chat with people throughout the day. Staff knew what was important to people and how to offer comfort and reassurance. As one person told us, "If I am having a bad day staff will stay and chat and the manager will always come and talk to me if I request it."
- Staff were committed to providing the best possible care for people and enhancing their well-being, often helping people by doing extra things for them. For example, one person was not well enough to attend a family wedding and staff arranged for the bride to visit the service in their wedding dress. We were told this gave the person enormous pleasure and helped them to feel more included in the family event.
- Where people were unable to express their needs and choices, care plans detailed their ways of communicating. Care plans also contained background information about people's personal history. This meant staff were able to gain an understanding of people and engage in meaningful conversations with them.

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

- People were involved in day to day decisions and had control over their daily routines. People were able to choose how they spent their time and which activities they engaged with. We saw that some people chose to spend time in their own rooms while others preferred the service's shared lounges.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care people could manage for themselves and what they needed help with.
- People's rooms were decorated and furnished to meet their personal tastes and preferences.
- People were able to decline aspects of planned care and staff respected people's decisions and choices in relation to how their support was provided.

Respecting and promoting people's privacy, dignity and independence

- Staff clearly understood the importance of protecting people's privacy, dignity and independence. We observed staff respecting people's privacy, dignity and independence throughout the inspection. For

example, supporting people to use equipment, eating lunch and ensuring, at all times, that doors were closed when providing personal care.

- People's right to privacy and confidentiality was respected.
- People's personal relationships with friends and families were valued and respected. While still complying with infection control and COVID testing requirements, families were able to visit as often as they wished. Relatives told us they were always made welcome when they visited.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Before this inspection we received concerns about staff providing care that was task orientated rather than person-centred.
- At this inspection we found, due to the needs of people living at the service, specific care monitoring and treatment tasks did need to be carried out at set intervals during the day. However, it was clear from observations and talking to staff that all care was provided in a person-centred way. For example, people were offered choices about their daily routines and staff adapted how and when they completed the vital care tasks to fit around people's wishes.
- Care plans were comprehensive and accurately reflected people's needs. These were kept under review and updated as people's needs change. Records of care monitoring checks were well kept.
- Staff had a good understanding of people's individual needs and told us care plans were informative and gave them the guidance they needed to care for people. Staff were informed about people's changing needs through effective shift handovers. This helped ensure people received consistent care and support.

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.

- People's communication needs were identified, recorded and highlighted in care plans. For example, about any visual problems or hearing loss and instructions for staff about how to help people communicate effectively.
- Staff knew how to communicate effectively with people in accordance with their known preferences.

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

- Care plans recorded information about people's interests, past hobbies and what they enjoyed doing with their time.
- There was time for people to have social interaction and activity with staff. The activities co-ordinator arranged individual and group activities for people. These included, music, games, craft sessions, pamper sessions and ball/skittle games.
- Some people spent their time in their room or in bed because of their health needs or personal preferences. The activities co-ordinator spent one-to-one time with people, in their rooms, engaging in conversations or individual activities. This helped to prevent people from being socially isolated.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
- People told us they would be confident to speak to the management or a member of staff if they were unhappy.

End of life care and support

- The service often provided end of life care to people, supporting them while comforting family members and friends. When people were receiving end of life treatment specific care plans were developed.
- As people neared the end of their life the service sought support from GPs to discuss any relevant care and medicines for pain relief.
- People's views on the support they wanted at the end of their lives was discussed with them. For example, where people expressed a wish not to go into hospital and be cared for at the end of their life in the home. This was recorded and respected.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated 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

- Before this inspection we received concerns that there was a policy in place not to cover for staff absences, leaving some shifts short staffed. At this inspection we were assured that this was not company policy and the management team had the authority to cover for staff absences. As reported in the Safe section we found no evidence that staffing levels were or had been unsafe.
- The management structure at the service provided clear lines of responsibility and accountability across the staff team. Managers provided effective and supportive leadership to the staff team and their individual roles and responsibilities were well understood.
- Staff spoke positively about managers and the way they ran the service. They told us they felt valued and were well supported. Comments from staff included, "I've been here for a long time and so have some of the other staff and managers. We work so well together", "We have a good system here and they are very keen on auditing and checking", "We have a strong staff team. Twice weekly meetings with either the manager or clinical lead" and "The communication is really good."
- The management team carried out regular audits of all aspects of the care provided, observations of staff practice and the premises. Where any issues were identified appropriate action was taken to ensure they were addressed and the service's performance improved.
- Important information about changes in people's care needs was communicated at staff shift handover meetings.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager, clinical lead and provider had comprehensive oversight of the service and understood the needs of people they supported. There was a strong emphasis, within the staff team, on meeting people's individual needs and staff demonstrated a thorough understanding of people's differences and individual preferences.
- We observed that staff had good relationships with people, and they were treated well. Staff were committed to providing the best possible care and support for people. As one staff member said, "I just love my job. It's all about the residents and how I can make a difference for them."
- People, their relatives and healthcare professionals told us they thought the service was well managed and communication with the provider and staff was good. Comments included, "The manager is amazing; I have every confidence in the home", "Well managed service", "Everyone seems really switched on" and "It is a pleasure to come here."

- The service's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider understood their responsibilities under the duty of candour. Relatives were kept well informed of any changes in people's needs or incidents that occurred.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.
- The provider had notified CQC of any incidents in line with the regulations.

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

- People and their relatives were regularly asked for feedback on the service's performance. This was through informal conversations and questionnaires. The service had received several compliments and the responses from the most recent survey were positive. Where any suggestions were made these had been considered and action taken to address them.
- Where appropriate, relatives were invited to care plan reviews to help ensure people's voices were heard when discussions took place about their care.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by managers.

Continuous learning and improving care

- The registered manager had responded openly to the local authority about a recent safeguarding concern. Lessons had been learnt from the investigation and some improved systems had been put in place for the monitoring of the care provided for one person.
- Systems used to assess and monitor the service provided were continuously evaluated and improved. This helped to ensure the provider had a comprehensive overview of the service and knew where improvements could be made.

Working in partnership with others

- The service worked collaboratively with professional's and commissioners to ensure people's needs were met.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.