

Fairburn Mews Health Care Limited

Fairburn Mews

Inspection report

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Date of inspection visit:
15 August 2017
23 August 2017

Date of publication:
10 October 2017

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

Fairburn Mews is a purpose built facility offering nursing and residential care for up to 20 people some of whom need mental health care and have complex care needs including personality and psychotic disorders. Some people also have physical needs associated with Huntington's Disease. On the day of the inspection there were 19 people living in the home.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager in post although they were on annual leave on the day of the inspection. They were interviewed on their return from leave the following week. 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.

People were supported by knowledgeable and well trained staff who showed competence in all aspects of care delivery. All staff knew what may constitute a safeguarding concern and what action to take if required. Any adverse events, whether safeguarding or accidents, were reviewed in depth and lessons learnt shared with all staff.

The home had a positive risk-taking culture which was supported by robust risk assessments. People's needs and preferences were considered in all aspects of care delivery and any identified risks were minimised in conjunction with people's wishes to reduce the risk of harm.

Staffing levels were appropriate to meet the needs of people in the service although it was identified there were pockets of pressure at times due to the complexity of needs and number of staff some people needed for support. This was constantly re-assessed and all shifts were covered.

Medication was administered, stored and recorded safely and in line with best practice.

Supervision and training was available for all staff and we saw progress had been made to incorporate additional specialist topics such as autism and dementia to assist staff further in providing good care.

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.

Nutritional and hydration needs of people were well managed with guidance from speech and language therapists and dieticians closely followed. This was mirrored for any other health or social care needs where regular reviews and advice was sought as needed.

Staff showed compassion and empathy to all people they were supporting, and we observed very positive

interactions between people. It was evident staff knew people well and we saw much humour and joviality in the home. The atmosphere was calm and relaxed and very much recognised as people's home.

Care records provided detailed information for staff to follow and ensured people's needs were met in the way they wished. They were regularly reviewed and included all aspects of a person's life. Daily notes were an accurate reflection of care interventions and completed in full.

Activities were well managed with a full range of group and individual opportunities for people to engage with as they wished.

Complaints were managed in a timely manner and resolutions sought to the satisfaction of all parties.

The home had a robust quality assurance process which unpicked every aspect of care delivery, and ensured any shortcomings were addressed promptly and effectively. The actions which had been completed were also reviewed to ensure they were still relevant. This showed a culture of continuous improvement was embedded in the home.

The registered manager provided directional leadership and had a knowledgeable leadership and staff team who echoed the values of the home which were to provide a high quality of life for people promoting their independence.

Further information is in the detailed findings below

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 remained good.

Is the service effective?

Good ●

The service was effective.

Staff had access to regular supervision and training.

The home had appropriate Deprivation of Liberty Safeguard authorisations in place and adhered to the requirements of the Mental Capacity Act 2005.

People were supported well with their nutritional and hydration needs, and had access to external professional input as required.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

Fairburn Mews

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 comprehensive inspection took place on 15 August 2017 and was unannounced. The registered manager was interviewed by telephone on 23 August 2017 as they had been on annual leave during the inspection.

The inspection team consisted of two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had knowledge of supporting families and carers of people with complex health needs.

Prior to the inspection we requested a Provider Information Return (PIR) which was returned. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked information held by the local authority safeguarding and commissioning teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

We spoke with five people using the service and four of their relatives. In addition we spoke with seven staff including two care workers, one nurse, the physiotherapist, the clinical nurse manager, the operations manager and the registered manager. We also spoke with a visiting social care professional and the Specialist Advisor for the Huntington's Disease Association.

We looked at four care records including risk assessments, three staff records including all training records, minutes of resident and staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.

Is the service safe?

Our findings

One person told us, "I feel safe here" and another said, "I like living here, it's my home." Relatives' views echoed these comments.

Staff could recognise signs of abuse and knew how to report concerns. One care worker we spoke with told us "People are safe as they are well looked after. We have all the equipment we need to keep them safe." Safeguarding concerns were reported appropriately and all concerns were reviewed. Staff received specific supervision or further training if necessary, and we saw any learning from such events was implemented.

We looked at staff recruitment records and found appropriate checks had taken place. References were obtained and Disclosure and Barring Service (DBS) Checks completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

Staffing levels ensured people's needs were met promptly. Some people received one-to-one support during their waking hours and staff were rostered to work with these people for parts of the day. This reduced flexibility of the overall staff team but all staff were aware of the efforts of the registered manager to increase the staffing ratio. Staff said rotas were manageable and they were rarely required to do extra shifts. We looked at the staffing rotas and saw all shifts had been covered as required.

Risks were well-managed and promoted positive risk-taking. Moving and handling risk assessments were very detailed and provided clear guidance for staff. People were individually assessed for equipment by the physiotherapist who also regularly reviewed the procedures used within the home. People had specific personal emergency evacuation plans in place.

In one care record we saw a thorough analysis of the benefits and risks posed of not using arm rests on a wheelchair within the home. The risks of injury, including the potential for hospital admission, had been discussed in depth with the person and they had agreed they were happy to take these risks, having signed the record themselves. In another record we saw a detailed assessment and plan around one person's risk of choking due to dysphagia but their wishes to eat normal consistency food were respected as they had capacity to make this choice. Regular reviews took place to ensure the balance of safety against the person's wishes and quality of life.

We found medicines were stored, administered and recorded appropriately. Nursing staff displayed patience and kindness while they administered medication, explaining what the medicine was for, gained people's consent and ensured all medicines had been taken before moving to the next person. Competency checks also reinforced safe practice.

We found no discrepancies with stock levels of medication including controlled drugs. Where people required thickening agents due to swallowing difficulties these were stored appropriately. Staff had appropriate guidance in place for PRN (as required) medication and where people were reluctant to take their medication, detailed care plans provided staff with guidance on how to encourage and, as a last resort,

give a person their medication covertly. Appropriate decision-making processes were in place for covert administration of medication.

Is the service effective?

Our findings

This key question had previously been rated requires improvement but on this inspection we found considerable progress had taken place.

One relative we spoke with said, "They seem to be well trained and know my relation's needs, likes and dislikes." Another relative told us, "They know more than me. They have helped me understand a lot of things about my relative's condition." All relatives we spoke with were positive about the standard of care provided.

One new care worker told us about their in-depth induction which included safeguarding, moving and handling, infection control, fire safety, mental capacity and deprivation of liberty safeguards training, and non-abusive psychological and physical intervention (NAPPI) training to reduce people's distress levels. Each session had been followed by a questionnaire which had been marked by an assessor to ensure the staff member had full understanding of the topic studied. In addition to the training they had undertaken they had also shadowed fellow workers, enabling them to get to know people using the service and found all the team very supportive. They were currently completing the Care Certificate which is a national set of minimum standards for all staff new to care. They had also been scheduled to attend specific training around caring for people with Huntington's Disease.

Another care worker told us they had confidence only the right people were being employed following the induction as any concerns about people's practice was taken seriously and support offered if this was felt to be the solution. If this did not yield an improvement the person was not employed.

Staff told us they received regular supervision, appraisals and training and we saw evidence of this. One staff member told us training "was good and kept up to date. It's usually face to face and I've recently attended dementia and Huntington's Disease training." They also told us they received regular supervision with the Clinical Nurse Manager. Another care worker told us they could access their own training record to ensure it was current and always obtained notification of forthcoming training in plenty of time to attend. Training was current for all staff and where this was about to expire, future sessions were planned. We also saw evidence of observed practice by the physiotherapist to ensure staff were competent in transferring people.

We asked relatives about the food on offer. They told us people got great choice and staff went out of their way to get the food people wanted. Care records detailed people's food preferences and any special requirements. We observed lunchtime where food was served from a heated trolley by kitchen staff in the dining room. Tables were laid with cloths, mats and condiments and people were offered drinks in a calm, relaxed atmosphere. People who had chosen to remain in their rooms had drinks available. For people deemed to be at nutritional risk, food and fluid charts were in place and completed appropriately. We spoke with one care worker who was able to explain who was at nutritional risk and what actions had been taken to manage these. The registered manager also explained people who lacked capacity were supported as much as possible to make healthy choices.

We found the home was spotlessly clean, odourless and furnished to a high standard. The décor was fresh and there was cheerful artwork on the walls along with photographs of people living in the home. It felt spacious and welcoming. One person told us, "It's clean. They do my room every day" when asked if they felt the home was clean."

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. We found people had decision-specific mental capacity assessments in place such as managing finances and for receiving care and treatment. Best interest decision meetings had been held to agree the decision with all relevant parties and in line with the checklist in the MCA to ensure any previously held views of the person had been considered.

Staff consistently asked people their preferences and where care interventions were required, explanations were always given and people checked they were happy with this.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. We saw the home had the appropriate authorisations in place, and where these had expired, new applications had been made to the supervising body. Staff were aware of who had a DoLS in place and what actions were needed to ensure compliance with these.

We saw people had access to a range of support from external health and social professionals as required including the dietician, falls team and tissue viability nurse. The registered manager also told us, "The company has a list of specialists who provide regular scrutiny over any concerns to people's physical health such as pressure care issues. They provide advice and will review what we are doing to ensure the risks are minimised." One visiting social care professional told us, "Fairburn Mews is a very good care home as staff are knowledgeable and skilled in meeting people's complex needs."

Is the service caring?

Our findings

We asked people how they felt living in the home. One person told us, "Good. I like everyone. They are my friends." Another person said, "I speak to staff if I'm not well." One relative told us, "They can't do enough for you. Staff are lovely." Another relative said, "The place is clean and tidy, staff are incredibly kind and they always seem pleased and welcome us when we phone or visit."

We observed positive interactions between staff and people living in the home and saw people were comfortable with each other. There was a great deal of friendly jokes and banter throughout the day promoting a relaxed and cheerful atmosphere. One relative told us, "They treat them like family. I couldn't fault the place." Staff were attentive to people's every need such as ensuring they were comfortable and warm enough. Staff always responded if a person made a sound or spoke to them, ensuring people were valued and acknowledged.

People were clean and wore appropriate clothing. We noted little details like colour- coordinated accessories and age appropriate clothes had been considered. Some people, where able, went out with staff to make their own purchases.

Care records showed people had regular contact with advocates as well as family and friends. Detailed life histories included personal preferences such as clothes they liked to wear, gender of care worker, hairstyle and particular beauty products. One question was 'What do I want most out of life' to which one person had put 'To live it all and shop until I drop.' We saw from their records this person was going out on frequent shopping trips. Another care record showed how important their faith was to them and there was evidence of regular visits from a local priest.

The home had a keyworker system in place which meant care workers took the lead for supporting specific people and ensuring they went on outings together and they enjoyed a positive relationship with people. One care worker discussed how they supported a person to use the bank and facilitated the person taking the lead for their transactions rather than doing it for them.

We observed staff treat people with dignity and respect at all times. We saw staff always knocked on people's doors, announced who they were and asked if they could come in. One relative said, "Dignity is their main thing. If they walk into a room, they always knock and do not barge in. They show people such respect." Conversations with people were conducted discreetly where needed and people were offered the choice of location for dining or medical support as needed.

The registered manager advised people's spiritual and cultural needs were based on their own views, and they told us people's views change. "We ensure an ongoing discussion around this to reflect people may now want to get involved when previously they haven't. Where people have lost their verbal communication abilities, we ensure their previously known wishes are followed and clarify specifics with family and staff where appropriate."

Is the service responsive?

Our findings

One person told us, "Activities are good here. I get on well with [name]." Another person said, "We love going shopping with [name], my keyworker. We go out and shop, and have days out." A further person told us, "I've had my room painted and wallpapered. I chose all the colours."

All the relatives we spoke with felt there were enough activities and nobody felt any changes were needed. They told us people were encouraged to join in but it wasn't forced. One relative said, "They have 'chick flick' nights and pizza nights. They do what people want." Another relative told us, "When it's someone's birthday, the staff come in on their day off to celebrate with them."

A well-designed display board outlined all the forthcoming activities and we saw staff used this as a talking point when walking past with people. We saw a range of internal and external activities on offer catering for all interests and tastes. The service promoted the use of holistic therapies to encourage relaxation and wellbeing. These therapies enabled people to talk in a non-pressured, person-centred manner with staff who did not directly support with care.

We observed a coffee morning and heard respectful and interesting conversations taking place. Weekly meetings were held with people in the home where people were encouraged to join in and make their views heard. Previous minutes evidenced things had changed as a result of these discussions such as visiting different places and the creation of art work for people's rooms. People had personal photographs decorating their bedroom doors and their rooms were also highly personalised. Some people had lists to guide staff and visitors as to 'do and don'ts' and each room looked 'owned', homely and cared for.

Relatives felt included in all aspects of care support. One told us, "They involve and inform us about everything. We could not make the last care plan meeting but they rang us and let us know what had happened." Relatives said staff were approachable, would listen to them and respond. All we spoke with told us how good communication was, ensuring information was shared as often as needed. Another relative said, "We can talk to staff. We know that things will get changed if there is an issue."

Care records were detailed, person-centred and provided a holistic assessment of a person's needs. They focussed on what people could do for themselves as well as where support was needed from staff. Where people's primary need affected different aspects of care, this was threaded through the care plans showing how it may impact on each part of the person's support. We found care plans were up to date and showed evidence of regular review and evaluation. Daily records were equally detailed and well completed, and included any care interventions provided and the mood and response of the person. These were complemented by the detailed handover notes which identified any changes and provided a summary of each person's needs for staff at the start of each shift.

We asked people and relatives if they had ever to complain. One person told us, "I have never needed to complain," and another said "If there is anything I'm not happy with, I just speak to [name] and they sort it out." Relatives echoed this with one telling us, "The manager is always there if you need them" and "If I'm

unhappy, I speak to the staff. Anything you may feel unhappy about, they change." Relatives said they could talk to the staff to raise issues, were listened to and things would change if staff were approached. Complaints had all had been investigated thoroughly and we saw evidence of many compliments showing people's high level of satisfaction.

Is the service well-led?

Our findings

We asked people their feelings about living at Fairburn Mews. One person told us, "It's good, but not as good as Tenerife!" Another said, "Nothing needs improving." Relatives were equally happy. One relative told us, "They make it homely, not a home. My relative is very happy here." Another relative said, "They are the whole package. They know [name] so well and understand them. It helps me sleep better at night knowing how well they care for [name]." A further relative told us, "They absolutely care about what people are doing. When saw this place nine years ago, we went away thinking 'wow'. We haven't changed our minds, we still think it's 'wow'."

There was a registered manager in post. 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. One person said, "I know [name] the manager. They are nice and speak to me." They told us they were approachable and friendly. Staff also spoke highly of the registered manager saying they were open and listened to them.

The home had regular resident and staff meetings and we saw minutes of these. Where improvements had been made these were acknowledged and plans evident to show how any issues would be tackled. One care worker told us how much they enjoyed working at the home as they felt valued, which was echoed by the registered manager who felt well supported by the provider.

We saw annual surveys were completed but completion rates were low. However, this was not seen as a concern as relatives told us, "I went to the relatives' meeting last week. We said about changing the colour of the curtains in the dining room and it's been done. They respond to everything you ask for."

There was a robust quality assurance process in place. Topics were allocated over a year, ensuring all aspects of the management of the home were reviewed at least quarterly. In addition to these specific audits, there was monthly analysis of key events such as accident or safeguarding concerns and weight monitoring which were reviewed by the clinical nurse manager and registered manager. The operations manager additionally conducted a 'compliance' review which assessed particular aspects of the home and rated them according to performance. We saw evidence of in-depth discussions about people's specific care delivery and how things could be improved. This, along with the other audits generated an individual house action plan which was a tool used to guide the registered manager and other staff as to areas which needed further attention and ensured the home continually evaluated its quality of service provision.

The premises and equipment overview was equally very well organised ensuring no areas were left unattended. We saw weekly fire alarm tests were completed and at least bi-monthly fire drills during the day and night to ensure all staff had chance to understand the procedure.

The registered manager told us "People have a good quality of life shown by longer than expected life spans (due to their condition) which is testimony to the quality of the service. Feedback we receive from families is

positive and we have excellent support networks in place within and outside the home. We never assume we know. If we need external advice we will get it and use training to enhance our own expertise. However, we also have our own knowledge base and skills, based on high levels of competency which are shared at staff meetings and discussed every day." This was endorsed by the Specialist Advisor from the Huntington's Disease Association who told us the home was keen to participate in their new accreditation scheme to ensure they were providing support and care at the highest possible level.