

Fairview Care Home Ltd

Fairview House

Inspection report

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Ratings

Is the service effective?

Requires improvement



Is the service responsive?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of Fairview House on 19 and 20 January 2015, at which a breach of legal requirements was found. This was because information relating to people's ability to make decisions, pain management and incidents of behaviour that challenged was not recorded appropriately.

After the comprehensive inspection, the provider sent us an action plan detailing what they would do to meet legal requirements in relation to the breach. We undertook a focused inspection on 8 June 2015 to check they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Fairview House' on our website at www.cqc.org.uk.

The home provides accommodation and personal care for up to 24 people, including people living with dementia. There were 21 people living at the home when we visited.

The home had a registered manager. 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 and associated Regulations about how the service is run.

At our focussed inspection on 8 June 2015 we found action had been taken and some improvements had been made. However, the provider was not meeting the regulations fully.

All the people using the service had cognitive impairment to some degree and were unable to make certain decisions, such as to receive personal care and medicines

Summary of findings

from staff. Staff had made decisions on behalf of people and family members had been consulted. However, the decisions had not been documented in a way that showed the relevant legislation had been followed.

The registered manager had re-introduced forms used to record incidents where people became particularly anxious or distressed. These helped the provider and health professionals design suitable support plans. By working closely with dementia care specialists, staff had managed to reduce the frequency of such incidents.

Information had been developed and recorded about the signs displayed by people who were unable to tell staff when they were in pain. The information had helped staff provide appropriate pain relief.

People received appropriate care and support in accordance with their individual needs. Care plans provided comprehensive information about how people wished to be cared for and these were reviewed regularly. Family members were kept up to date with any changes to their relative's needs.

We identified a breach Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the full version of the report.

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 effective?

The service was not always effective. Records of decisions taken on behalf of people were not documented.

Staff had received appropriate training and sought verbal consent from people before providing care or support. Effective procedures were followed when it was necessary to hide medicines in people's drinks.

Requires improvement



Is the service responsive?

The service was responsive. People received personalised care from staff who understood their needs. Care plans provided comprehensive information and were reviewed regularly.

Family members were kept up to date with changes to their relative's needs. Information had been developed to help staff identify when people needed pain relief.

We could not improve the rating for this key question from 'Requires improvement' to 'Good' because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Requires improvement



Fairview 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 a focussed inspection to follow up on concerns identified at our previous inspection and to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook a focussed inspection of the home on 8 June 2015. This inspection was unannounced and was conducted to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 19 and 20 January 2015 had been made. We inspected the service against two of the five questions we ask about services: is the service effective and is the service responsive. This is because the service was not meeting legal requirements in relation to these questions. The inspection was conducted by one inspector.

Before the inspection, we reviewed information we held about the service including notifications. A notification is information about important events which the service is required to send us by law. We reviewed the provider's action plan, which set out the actions they intended to take to meet legal requirements. We also reviewed information sent to us by the local safeguarding authority.

We spoke with three people living at the home and one family member. We also spoke with a senior representative of the provider, the registered manager, four care staff and the cook. We looked at care plans and associated records for five people, monitoring records for 21 people and records of accidents and incidents. We observed care and support being delivered in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service effective?

Our findings

At our comprehensive inspection on 19 and 20 January 2015 we found information relating to people's ability to make decisions was not recorded appropriately. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our focussed inspection on 8 June 2015, we found the provider had not completed all the actions they told us they would take. The ability of people to make decisions had not been documented and decisions made on behalf of people had not been recorded.

Staff told us that all the people using the service had cognitive impairment to some degree and this limited their ability to make certain decisions. These included decisions relating to the use of bed rails to protect people from falling out of bed, the delivery of personal care and the administration of medicines. Therefore, staff had made decisions in relation to these matters on behalf of people. The registered manager had consulted with families and showed us new forms which they intended to use to record decisions. However, the forms had not been completed. Consequently, the provider was unable to demonstrate that they had an effective process in place to ensure staff followed the principles of the Mental Capacity Act, 2005

(MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant.

The failure to have a system in place to make sure staff followed the MCA was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff followed effective procedures in relation to hiding medicines in a person's drinks to make sure they received essential treatment. The person's relative told us the registered manager had discussed this with them and records showed the person's doctor had been consulted to make sure this was safe. The relative said of the staff "They always tell me when they do it, so I can keep an eye on [the person] to make sure [they] drink it all and get the full dose." Staff were aware of the risks involved with this method of administration and took appropriate steps to minimise them. Staff had received training in MCA and showed an understanding of the legislation by seeking verbal consent from people before providing day to day care.

Is the service responsive?

Our findings

At our comprehensive inspection on 19 and 20 January 2015 we found information relating to the management of people's pain and incidents where people had become anxious or distressed was not recorded appropriately was not recorded appropriately. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our focussed inspection on 8 June 2015, we found the provider had completed all the actions they told us they would take in relation to these matters.

People praised the quality of care and told us their needs were met. One person said of the staff "They help you with anything you want. I get a choice of a bath or a shower and I can do whatever I want." Another person told us "I'm very grateful for all the help I get. It's very nice here. I'm very happy." A relative of a person we were unable to communicate with said, "The care is fine. I think [the staff] do a stunning job. They're so patient and know exactly how to look after [my relative]."

The registered manager had re-introduced forms used to record incidents where people became anxious or distressed. These showed the potential cause or trigger for the incident, together with the action taken by staff and whether this was effective. This had allowed the provider and mental health professionals to analyse incidents and design appropriate plans to support the person. Staff worked closely with dementia care specialists, which had led to reviews of medication and a reduction in incidents.

Some people were not able to verbalise their pain other than through their body language and behaviour. Information had been developed and recorded about the signs each person displayed when they were in pain. Records showed staff had picked up on these signs and had administered pain relief appropriately.

Records of daily care confirmed people received appropriate care and support in accordance with their individual needs and wishes. Staff supported people to make choices and were responsive to their needs. Care plans provided comprehensive information about how people wished to receive care and support. For example, they gave detailed instructions about how they liked to receive personal care, how they liked to dress and where

they preferred to spend their day. At lunchtime we observed people were given the option of having their lunch in the dining room, in the lounge or in their rooms. People who did not want the menu of the day were offered an alternative. The care plan for one person said they often declined full meals and should be offered finger food as an alternative. We heard them decline their lunch and shortly afterwards saw staff offered them sandwiches, which they ate. People had access to hot and cold drinks at all times and were encouraged to drink well.

Recording forms were used to monitor how much people had eaten and drunk, when they had been supported to change their position in bed and when they had used the toilet. These helped protect people from the risks of malnutrition, dehydration and the development of pressure injuries. Most forms were up to date, although the "turning chart" for one person contained gaps, so the provider was unable to confirm that the person had been supported to change position as often as they should have been.

When people moved to the home, they (and their families where appropriate) were involved in assessing and planning the care and support they received. As people's needs changed, their care plans were reviewed regularly to ensure they remained up to date and reflected people's current needs. People and their relatives were involved in this process. Whilst records of their views or comments were not kept, 'family update' sheets confirmed that family members were informed of any changes to their relative's needs.

A range of activities was provided by staff and external entertainers. These included music, reminiscence and quizzes. We observed people were singing along to old songs, which they appeared to enjoy. Staff frequently changed the activities based on responses they received from people to the entertainment. This helped ensure activities met people's needs. Where people chose not to engage in group activities, staff spent time with them on a one-to-one time basis. One person enjoyed helping with simple tasks like setting the table or drying dishes and were supported to do this by staff.

We could not improve the rating for this key question from 'Requires improvement' to 'Good' because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have systems or processes in place to ensure decisions taken in relation to service users were recorded.</p> <p>Regulation 17(1) & 17(2)(c)</p>