M.D. Care (Uk) Limited

Fairways Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Fairways Residential Care Home is registered to provide accommodation and personal care for up to 70 people. At the time of this inspection 52 people lived at the home.

The service had a change of registered manager and management team during October 2016, the new manager for the service obtained their registered manager status during February 2017. 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.

This unannounced comprehensive inspection took place on 21 and 22 February 2017, with two CQC inspectors visiting the home on both days. At the last inspection that was conducted in March 2015 the provider was compliant with the requirements of the regulations.

At this inspection we identified two breaches of the regulations and a number of recommendations for the provider to implement. You can see the action we have asked the provider to take at the end of this report.

We identified the provider did not always follow the principles of The Mental Capacity Act 2005 when making best interests decisions for people. There were also shortfalls in relation to conditions being met for people in their Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely.

We also identified some shortfalls in the care and welfare of people in regard to maintaining healthy nutrition.

Generally risk assessments were completed for people, however, some of these had not been updated or reviewed when people's needs had changed.

People received their medicines as prescribed. Medicines were managed safely, stored securely and recorded accurately. However, we identified some shortfalls in the system used to administer creams to people.

People told us they felt safe living at the home. They told us they knew how to call for support if they needed it. Staff were able to describe the different types of abuse that people may be at risk from and told us they would report any potential abuse to their line manager. There was evidence that learning took place from the review and analysis of accident and incidents

Staff told us they felt well supported, there was a revised system for staff supervisions and electronic

learning in the process of being implemented. Staff told us the recent additional dementia training they had received had been 'Excellent'.

People told us staff were kind, friendly and caring and took time to chat to them and make sure they had everything they needed. People said staff treated them with patience and compassion. Support was offered in accordance with people's wishes and their privacy was protected. People received personal care and support in a personalised way. Staff knew people well and understood their physical and personal care needs and treated them with dignity and respect.

People were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Recruitment and selection procedures ensured staff were recruited safely. Staff spoke knowledgably about their role and spoke positively regarding the training and support they received. Staff told us they felt valued and were happy working at Fairways Residential Care Home.

There was a varied programme of activities on offer throughout the day. People told us they really enjoyed the activities and entertainment the home offered. The provider had recently recruited additional activities staff which enabled every one living at the home to take part in meaningful activities if they wished.

Where possible people and their relatives had been involved in planning the care and support they received. Equipment such as hoists and pressure relieving mattresses and cushions were readily available for people.

There was a system in place for people to raise concerns and complaints. People knew how to make a complaint and told us they felt confident they would be listened to and action taken if required.

People and staff told us the service and staff morale had improved since the changes to the management team and new manager had been in post. They said there was an open, honest and supportive culture. There were systems being put in place to drive the improvement of the safety and quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service required improvement to become safe.

Medicines were managed safely, stored securely and records completed accurately, however, some improvements were needed in completion of records relating to medicine and cream applications.

Generally people had risk assessments in place to ensure every day risks were identified and minimised where possible, however, some of these required updating when people's needs changed.

Staff were recruited safely and pre-employment checks had been conducted prior to staff starting employment.

Is the service effective?

Requires Improvement

The service required improvement to become effective.

Staff did not always follow the principles of The Mental Capacity Act 2005, when caring and supporting people.

Shortfalls were identified in providing appropriate care and treatment for some people.

Staff received on going support from senior staff who had the appropriate knowledge and skills. Induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Is the service caring?

Good

The service was caring. Care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff understood how to provide care in a dignified manner and respected people's right to privacy.

Staff were aware of people's preferences and took an interest in people and their families to provide person centred care.

Is the service responsive?

Good

The service was responsive. Generally, people's needs were assessed and care was planned and delivered to meet their needs.

There was a large variety of activities that people could participate in if they wished.

Family members continued to play an important role and people spent time with them.

People could raise a concern and felt confident that these would be addressed promptly.

Is the service well-led?

Requires Improvement

Generally the service was well led. However, the inspection identified two breaches of the regulations and some areas of improvement the service needed to address.

Staff felt well supported by the management team and felt comfortable to raise concerns if needed and felt confident they would be listened to.

Observations and feedback from people and staff showed us the service had a positive, open culture.

The provider was in the process of putting in place a range of audits to monitor the quality of the service provided. However, these had not identified the areas of improvement and breaches of the regulations found at the inspection.

Fairways Residential Care Home

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 comprehensive inspection took place on 21 and 22 February 2017 and was unannounced. Two CQC inspectors visited the home on both days.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We also asked the local authority who commission the service and the local safeguarding team for their views on the care and service given by the home.

During the two day inspection we met and spoke with the majority of the people living there and spoke with three visiting relatives. We also requested written feedback from GP's, the local authority who commission the service and the local safeguarding team on their views of the care provided at the home. We also spoke with a visiting district nurse who regularly visited Fairways Residential Care Home. We spoke with the manager, the owner, two independent care consultants who had been recruited by the owner to provide support to the management team, nine members of care staff and housekeeping staff. Because some people living in the home were living with dementia and were not able to tell us about their experiences we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific method of observing care to help us understand the experience of people who could not talk with us.

Following the inspection we received written positive feedback from a number of relatives on the service their family members received from Fairways Residential Care Home.

We observed how people were supported and looked in depth at four people's care, treatment and support records and a large selection of MARS. We checked aspects of a further five people's care and support records to establish the quality of care they received. We also looked at records relating to the management of the service including staffing rota's, staff recruitment and training records, premises maintenance records, quality assurance records, staff meeting minutes and a range of the provider's policies and procedures.

The provider had completed a Provider Information Return (PIR) inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We used the information in the PIR to plan and undertake the inspection.

Requires Improvement

Is the service safe?

Our findings

Every one we asked told us they felt safe living at Fairways Residential Care Home. One person said, "It took a little bit of getting used to, moving in, but I'm used to it now and very comfortable, they come and take me out and make sure I'm alright".

There was a system in place to ensure people's risks were assessed and plans were in place to reduce these risks. Generally, people had risk assessments in place for areas of risk such as falls, moving and handling, nutrition and pressure area care. Records showed an assessment of need had been carried out to ensure risks to their health were managed. Overall, where risks had been identified for people an assessment was completed and a management plan was put in place. However, one person was reluctant to accept personal care and cream application from staff. The risks of the damage to the person's skin had not been fully assessed and there was not a specific management plan in place that was in the person's best interests. This was an area for improvement.

Staff were able to identify different forms of potential abuse, however, there was no information on display in the home, guiding people and staff on who to contact should they need to report any abuse. We asked a member of staff what they would do if they witnessed abuse. They told us, "I would tell my manager". We discussed this with the manager who arranged for an up to date guidance poster to be displayed in the communal areas of the home.

During our tour of the premises we noted there were a large number of wardrobes that were not secured to the walls. These could pose a safety risk for people if they were to topple over when people opened them. We recommend wardrobes are secured to the wall to ensure the risks to people's health and safety are reduced.

One person had their drink thickening supplement in their bedroom. This can prove a risk to people's health if it is ingested dry by mistake. We discussed this with staff who made sure the thickening supplement was placed out of reach of people walking into the bedroom.

Medicines were stored correctly and managed effectively. The stock of medicines recorded in the medicine stock book accurately reflected the stock of medicines held at the home. This showed returned medicines were accounted for accurately. There was a system in place for recording the daily temperature of the medicine room and medicine fridge. Staff were knowledgeable about the correct range of temperatures and told us the correct action they would take if the temperatures went out of range. However, there was not any guidance on the temperature records for staff on what the minimum and maximum temperature range should be. This is an area for improvement.

People's creams were not dated when they were opened but there was a system in place where all creams, except those in sealed pump containers were replaced each month with the new cycle received. Cream records were signed to show when they were applied and there was a system of body maps in people's care plans to ensure people had prescribed creams applied at the correct frequency, however, these were not all

consistently completed, some body maps showed staff where to administer creams but others were blank. This is an area for improvement.

One person had transdermal patches prescribed for pain relief. A transdermal patch is a medicated adhesive patch that is placed on people's skin to deliver a specific dose of medicine through the skin and into the bloodstream. Staff told us they always made sure these patches were placed on alternative shoulders each week. However, they did not use body maps to show and record where the patch had been placed, so that alternate sites could be used to reduce the risk of skin irritation. This is an area for improvement.

Medication administration records (MARs) had been fully completed with staff signing when medicine was administered. The provider had recently returned to a system of manual MAR from an electronic hand held system. The manager and staff told us they preferred to use the manual system. People had their photo included on their MARS to ensure medicines were administered to the correct person and their allergies were clearly recorded. Staff showed us they were in the process of completing 'PRN' as needed protocols for all people who had medicines administered 'as required'. One person had medicine administered 'covertly', in their yoghurt. Their GP had been contacted and their authority obtained as required. Staff told us they used an independent pain assessment tool to check if people needed their medicine, for example additional medicine for pain relief.

Records showed all staff who had responsibility for administering medicines had received medicine training. In the week following our inspection, medicine competency assessments were completed on key staff, records of these assessments were shared with us after the inspection. The manager told us they were going to approach independent pharmacies to see if they would visit the home and complete a medicine audit.

People had the correct equipment in place to support and maintain their safety. For example, if they needed mobility aids these were placed nearby so they could reach them easily. If they required pressure cushions and pressure mattresses to maintain their skin integrity these were available, clean and in the case of the mattresses, set at the correct position for their weight.

People had been individually assessed and plans made and recorded for emergency evacuation from the building, for example in the case of fire. These personal evacuation records were kept at reception, for easy access and were colour coded which gave staff effective, at a glance guidance on who needed most support to assist them from the premises.

The provider had a system in place to ensure the premises were maintained safely. Up to date service and maintenance certificates and records relating to fire, electric, gas, water systems, lifts and hoists were available. A full water system check including legionella testing had been completed, which showed the premises were free from legionella. Legionella is a water borne bacteria that can be harmful to people's health.

There were detailed systems in place to record, review and analyse any incidents and accidents that took place. The incident was recorded along with key areas such as what happened, the time of the incident, the location and injuries sustained and the action taken to help identify trends and prevent reoccurrence. The incidents and accidents were analysed each month, for example a person had suddenly started to have a large amount of falls, their GP was contacted and they were diagnosed with anaemia, their medicines were reviewed and changed to accommodate this and the falls greatly reduced.

Recruitment practices were safe and the relevant checks had been completed before staff worked

unsupervised at the home. These checks included the use of application forms, an interview, reference checks and criminal record checks. This made sure that people were protected as far as possible from staff who were known to be unsuitable.

There were enough staff employed to meet people's needs. Staff rotas correctly reflected the levels of staff on duty during our inspection visit. Staff said there were enough staff on each shift to manage the needs of the people living at Fairways Residential Care Home. The manager said they had constantly reviewed the needs of people to ensure the correct levels of staff were available on each shift, they told us about their staffing dependency tool they were shortly to begin using which would also support them to ensure they were staffing the home to the correct levels.

We observed people who required assistance were generally supported in a timely manner and did not have to wait for lengthy periods to get assistance. One person told us, "Sometimes I have to wait a while, but not often, I know how to use the alarm if I need it, they come quite quick then". The manager told us they had completed a successful period of staff recruitment and with a team of permanent staff they now had minimal use of agency staff. This had been reduced down to agency cover at night and one staff member during the day. This would have a beneficial impact on people living at the home as they would have continuity of care from a stable staff team who knew them well.

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. We checked whether the service was working within the principles of the MCA.

The manager understood their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). DoLS applications were correctly completed and submitted to the local authority. Feedback received from the local authority identified that one person's conditions on their DoLS had not been met which had resulted in this person being unlawfully deprived of their liberty.

During our inspection we reviewed the DoLS for three people who had conditions. The conditions in place were being met and there were systems in place to record and evidence this. For example, one person had a condition that stated they needed to go out for a walk at least once a week and to record when they asked to go out. Records had been correctly completed and showed reception staff had a running record of when the person asked to go out for a walk and when they were taken out for walk. The manager was in the process of implementing a system so they could effectively manage the DoLS procedures. This meant they would know when people's DoLS were applied for, the date they were due to expire and by what date they needed to make any new applications.

Mental capacity assessments and best interest decisions were in place for people in relation to specific decisions. However, some of these decisions had not been made in consultation with people's representatives. In addition, some people's relatives had given consent for people where they did not have the legal authorisation such as lasting power of attorney for the person's welfare.

Some decisions had not been included for those people who did not have the capacity to make the decision. For example, one person was living and dementia and had been assessed as not having the capacity to make decisions about their care. They did not have any best interests decisions made about the administration of their medicines and the need to follow their safe swallowing plan. For another person, their mental capacity had not been reassessed since their admission in to the home in May 2016. Following discussion with staff they acknowledged that this would need reviewing because the person was living with dementia and would often refuse personal care.

The shortfalls in adherence to The Mental Capacity Act 2005 were a breach of regulation 11(1) of the HSCA (RA) Regulations 2014

One person was nutritionally at risk and had lost weight over a period of two months. The person was having their foods fortified and supplementary nutritional drinks. The person had not been weighed since

January 2017 although their nutritional risk assessment stated they needed to be weighed weekly. Staff told us this was because they did not have specialist hoist scales to be able to do this. They said the specialist hoist scale was being delivered during the week of the inspection. However, staff had not used alternative calculations such as using Mid-Upper Arm Circumference (MUAC). This is the circumference of the left upper arm, measured at the mid-point between the tip of the shoulder and the tip of the elbow. MUAC is used for the assessment of nutritional status where people cannot be weighed. The manager took immediate action to ensure the person was referred to the GP and that they were weighed on the hoist scales.

Another person's records stated they had consistently lost weight over a period of time. Their nutrition records stated they were eating all the food they were offered but despite this their records showed they were still losing weight and their last recorded weight was 36kg. Records did not identify if this person had been referred to the GP, we raised this with staff, who confirmed they had not raised this with the person's GP but they would now contact the GP as soon as possible.

Feedback received from the local authority identified a further person who had lost a significant amount of weight which had resulted in the local authority making a safeguarding concern to the local Safeguarding Adults Team.

The shortfalls in providing appropriate care and treatment for people is a breach of Regulation 9 (1) of the HSCA (RA) Regulations 2014.

Fluid records were completed for people and showed what people had eaten and how much fluid had been consumed per day. The records also showed the target amount of fluid needed on a daily basis for each person, this meant staff would be able to identify how much fluid people would need per day to prevent them becoming dehydrated. We checked three people's fluid records which had been accurately totalled and completed by staff.

Staff told us the induction training they received had been effective and that they had felt well supported throughout their induction period. New staff were completing the care certificate through a local college. The Care Certificate is a nationally recognised induction qualification.

Staff spoke highly of the recent training organised by the manager. One said, "I've done this job for years and learnt so much in the last few months. The dementia training was brilliant and showed me the different ways we can try and connect with people".

Staff told us they were well supported by the manager and that they could approach them with anything. One staff member said, "Things are so much improved. (Manager) is brilliant she's identified what we are good at and given us roles that we will be good at". Staff said although they had not had formal one to one sessions they did not feel unsupported. The manager acknowledged that staff had not received one to one supervision sessions or annual appraisals under the previous management. The head of care and a senior care worker were being trained in managing and supervising staff so they could effectively support staff. There was a one to one supervision schedule in place to make sure staff had formal sessions.

People's dietary needs were assessed, and guidance on people's diets were available in the kitchen. The provider used an independent food company that delivered all the meals pre prepared on a weekly menu. The meals were then heated and served, additional or alternative meals were available, such as scrambled eggs, omelettes and sandwiches. People were able to request an alternative meal if they did not like what was on the menu, or would prefer a snack such as sandwiches, jacket potato, eggs or soup. The manager told us they were aiming to replace the system of pre prepared meals with fresh, home cooked meals in the

future.

The kitchen equipment and fittings appeared well maintained and clean. The kitchen had been assessed by the local environmental authority and had been awarded a 5 star rating.

People and relatives told us the meals were tasty and well presented. The chef was very knowledgeable about people's dietary needs including those people who had specialist religious diets. We completed two periods of observation, one of which was over the lunchtime period. People and staff chatted with each other throughout the meal, staff discreetly supported people who needed any assistance and people had specialist crockery that meant they could be independent in eating and drinking. Staff took the time to make sure they had eye contact from people and waited until they indicated they were ready for the next mouthful of food before giving it to them.

There were 'themed hydration stations' with cold drinks and a variety of sweets and snacks for people to help themselves to, themes included, Thirsty Thursday, Worldly Wednesday and Fruity Fridays. Each theme had appropriate foods such as snacks from different cultures and countries for Wednesday and a selection of different fruits on Friday. These were easily accessible for people on each of the living units. People helped themselves to these snacks and drinks and or staff offered them throughout the day. Bright contrasting coloured beakers were used for people living with dementia. This was good practice and research has shown that people living with dementia can see the coloured cups easily and may subsequently drink more. We recommend the provider continues to consult best practice guidance regarding meeting the nutritional needs for people living with dementia.

Relatives told us their family member health needs were well managed. People had access to the chiropodist and optician as needed. One relative said, "The medical attention is perfect. (Head of care) always keeps me informed. He phoned me to let me know mum was unwell and they were getting the doctor. She's got a chest infection and she's having antibiotics".

A visiting health professional told us the staff made appropriate referrals to them and the staff always followed their instructions. They spoke highly of the staff and gave an example of where staff had taken swift action and followed the health professional's guidance. This meant that a person who was at risk of developing an unusual pressure area on the neck and hand had the right care from staff to prevent this happening. We spoke with the person and saw that this care and the advice from the health professional had continued.

The manager acknowledged the environment and decoration was still not entirely suitable for people living with dementia. This was because the colours were neutral and not everyone had signage on their bedroom doors so they could recognise their bedrooms. The toilet doors and handrails had already been painted in contrasting colours so people could easily see them. The provider had arranged for a full environmental assessment of the home from dementia care specialists and told us they were committed to meet their recommendations.

Good

Is the service caring?

Our findings

Relatives told us, "I find all the staff very good, they are always friendly, we are very happy with everything here, no concerns at all". Another person told us, "I'm very happy living here, the staff are very kind and friendly".

There was a relaxed, welcoming and friendly atmosphere at the home. People told us staff were caring. Comments included, "All the carers are lovely", "They all treat me well", and "They are all kind and caring. I know them and they know me". Relatives told us and we saw they were free to visit whenever they wanted. Relatives told us staff were very caring and kind to both their family member and themselves. One relative said, "As Mum said all the carers are lovely. (Named senior care worker) is outstanding the care is second to none". Another said, "The care is excellent…I see the staff just sitting talking with people and gently stroking their hands or face. It's so lovely. The staff now just sit and talk with people".

Staff spoke fondly of the people they cared for, they wanted to be able to provide the best possible care for them and felt that the increase in staffing levels meant they were able to do this better. Staff genuinely cared for and had affection for people and this showed in the ways they interacted with them. People reached out to staff when they needed comfort and staff held and reassured people. For example, one person was unsettled and wanted to go home. Staff acknowledged the person's feelings and offered them comfort in a hug. The person leant into the hug and settled. When people smiled at staff and stroked their face staff responded positively.

There was frequent laughter between staff and people. Staff recognised the importance of music, singing and dancing to people, especially those living with dementia. We saw staff dancing with people and encouraging people to sing along and play instruments with the music playing if they wanted to. Both activities and care staff made time to sit and talk and engage with people.

Staff were enthusiastic about their roles and how they could improve people's lives. One staff member said, "I love my job. I'm so passionate about people getting good care. I think we all go that extra mile here for people". Staff told us they felt confident people received good personalised care, they gave examples of how people preferred their care and support to be given. One person particularly enjoyed cleaning and staff made sure they had a duster available for them so they could do some dusting if they wished.

Staff were aware of the importance in respecting people's rights to privacy and dignity. On one bedroom door a notice had been placed which stated, 'I like my privacy, please knock and wait outside my room'. Staff used people's preferred names and staff knocked on people's doors before entering their rooms. When people received personal care staff made sure people's bedroom doors were closed.

People's independence was promoted and they moved freely about the home. If they needed support to go out of the home for a walk this was provided. We saw people helping the housekeeping, kitchen and dining room staff with household tasks. Activities staff told us they were planning to look at providing different daily living activities for people. This was so they could meet people's need to be occupied.

Where possible people and their relatives were involved in planning their care. Relatives told us, communication in the home was, "Very good". They said they were kept informed of any changes that affected their relative and were kept involved in all aspects of their care and support. People's relatives and friends were free to visit them throughout the day. We spoke with visiting relatives who told us they were always made to feel very welcome whenever they visited.

People's care records were kept secure in a lockable room and no personal information was on display.

Good

Is the service responsive?

Our findings

Relatives told us they were kept up to date about important matters that related to their family members. A relative said, "I have been involved and kept informed of everything. Both me and Mum have been consulted and our wishes listened to".

People had their needs assessed and from this a written care plan was produced. This written plan detailed how staff were to provide care and support to the person. People's care plans were reviewed monthly but some were not up to date. For example, one person's care plan reflected that they stayed in bed at all times. However, staff were able to tell us they knew the person preferred to get up each afternoon and the daily records stated the person was getting up each afternoon and returning after a few hours, but the information in the care plan contradicted these preferences. This could mean that if staff were newly employed and did not know the person well, they would follow the care plan instructions and leave the person in bed rather than getting them up which they preferred to do, which could pose a risk to their wellbeing and health.

Some people had a diagnosis of diabetes, which was managed through medicine or with careful attention to their diet. Their care plans did not include any information for staff on how to manage people who had diabetes, what triggers to look for and what to do in the event they suffered a hypo or hyperglycaemic incident. This meant people could be at risk if they were to display the early signs of an hyper or hypoglycaemic incident, and staff did not have the appropriate guidance and knowledge to recognise these signs. If people are caught in the early stages of a hypo or hyperglycaemic incident, the risks to their health are lessened.

The manager told us they were in the process of reviewing all of the care plans and ensuring they were up to date and held the correct guidance for staff. This is an area for improvement.

Staff were very knowledgeable about people and were able to describe how they communicated, what their behaviours meant and what support and care they needed. They knew people as individuals, their life history and what was important to them. All of this information was included in the care plans. For example, in the afternoon one person, who was living with dementia, repeatedly rolled up and held their trouser legs and walked about the lounge. Staff explained this was because the person used to wade out to get the boats in and this is what they were doing. This showed staff knew people as individuals and the importance of their life history.

People's care plans included 'This is me' which is a document that details what is important to the person. People and or their relatives had also completed '10 things about me' this included how people had liked to spend their time, their occupation and other important information. The activities staff told us they were planning to use this information to develop individualised activity plans for people.

People had the required specialist equipment such as pressure mattresses, pressure cushions and mobility aids. Where people required a specific mattress setting to maintain their skin integrity we saw the settings

were at the correct level for their weight. People had their mobility aids within easy reach and for the people we checked, their pressure cushions were available for them and in use when they were sitting in their chair.

Staff told us about the pain assessment tool that was used to assess people's level of pain where they may not be able to communicate clearly. Staff spoke knowledgeably about people's specific conditions and gave examples of how people presented when they were uncomfortable or in pain, which allowed them to ensure people's pain was managed effectively.

Call bell alarms were available in all bedrooms, bathrooms and toilets and people told us they knew how to use them and that staff generally came quite quickly. One person said, "Normally they are quite quick, sometimes I have to wait a while but not all the time".

The provider had employed three activities staff to provide activities and stimulation for people to enhance their sense of wellbeing. The activities staff clearly knew the people well and spoke knowledgably about people with warmth and affection. An activity member of staff told us, "I'm settling in now, everything is organised for everyone so there is plenty for people to do all day and evening if they wish. Everyone has been very supportive and friendly…there was a lot to do at the start but we are definitely getting there now, I really enjoy it".

A relative told us, "The activities are completely different. It's since the new activities staff have been here. People are chatting and laughing and before they all just sat there asleep. I've already booked myself in. I've seen them baking cakes, painting and doing all sorts of different things". People told us there was plenty going on to keep them occupied. One person said, "I'm a busy old bird and if I want to go out I just ask one of the girls and they take me out".

Activities staff spent time each day with people who chose to stay or were cared for in their bedrooms. People who choose to or were cared for in their bedroom had music or the television on. Those people cared for in bed had family photographs and pictures on the wall where they could see them from their bed.

There were things for people to pick up and do in the lounge and activity room. These ranged from books, rummage boxes, magazines, adult colouring books, soft toys and tactile and brightly coloured objects. There was an extensive programme of activities each day and the activities workers spent time with people on an individual basis and in groups. Examples of activities included, armchair exercises, play your cards right, pamper afternoons, cookery classes, sensory activity, arts and crafts, skittles, quizzes and cinema afternoons. During the inspection we saw people participate in exercises, singing, dancing and playing musical instruments. Activities staff had planned 'Worldly Wednesdays' where they offered people small tasters of food from around the world. These foods included both sweet and savoury foods. People visibly enjoyed tasting the different sweet and spicy tasting foods.

People and relatives told us they knew how to complain if they needed to. There was guidance on display in the communal areas of the home, informing people how and who to make a complaint to if required. The provider's complaint policy gave the correct contact details for the local authority and local Government Ombudsman, should people need to contact them in the event of a complaint or concern. We reviewed the complaints the provider had received in the previous year and found these had been responded to.

Requires Improvement

Is the service well-led?

Our findings

Staff told us they had confidence in the management team. They told us they felt supported and valued and felt staff morale was much improved. One member of staff said, "It's so much better now, I'm actually happy to come to work and look forward to it, we all work well together and the manager is very approachable…I never worry about asking for help".

Relatives told us there were significant improvements in all aspects of the home over the last few months. One said, "I come in every day and now the staff always stop and say how are you? The new manager has made a real difference and there are more staff".

People described the culture of the home as 'friendly and happy'. Staff said they felt the culture was open and supportive. The manager told us they operated an open door policy and staff confirmed this to be the case. The manager had held a variety of staff meetings which staff said they had found helpful. Staff meetings were minuted and made available for all staff to read to ensure they were kept up to date if they had been unable to attend the meeting. A staff meeting was held during our inspection visit and we saw it was well attended by staff, with clear minutes being made available for the staff shortly after.

Staff told us about the daily handovers that took place at the start of each shift. They said they felt communication in the home was good, and they were given enough information to provide personalised care and support to people. Staff knew how to raise concerns and were knowledgeable about the process of whistleblowing.

People were encouraged to share their views and opinions on the quality of service provided by Fairways Residential Care Home by completing quality assurance questionnaires. The questionnaires covered a range of topics including; admission processes into the home, staffing, care, activities, environment and facilities, food and complaints. We reviewed a selection of the returned questionnaires people and their families or representatives had completed. The manager had responded to the concern raised by one person's family on a survey. These related to concerns about the staff, laundry and management prior to the manager starting at the home. The manager had arranged a meeting at a time that was convenient to the person's family and immediately addressed all of their concerns identified on the survey. This showed people had their concerns listened to and corrective action taken where possible.

The manager had held a cheese and wine event in January 2017 as a way of meeting with people's families and friends. They told us people had enjoyed the event and they were planning to hold another event in order to meet a wider range of visitors and relatives. The minutes of the meeting were going to be sent to those families and friends who could not attend, so that they were kept fully informed.

The manager spoke knowledgeably about notifications they had made to the Care Quality Commission, which had been completed as per the regulations.

The provider had employed an independent consultancy company to provide additional support and

guidance to the manager. The consultancy company had recently introduced a number of detailed quality audits, systems and processes that were in the process of becoming an integral part of the day to day management of the home. We reviewed a selection of these audits that covered areas such as; end of life care, meals and nutrition and privacy and dignity. At the time of the inspection these audits were being completed by the independent consultants but the manager told us, in time, they would be completed by members of the management team. We saw the planned audit schedule that had been prepared to ensure the timely completion of the audits. These had started in January 2017, so only a few had been completed at the time of our inspection.

At this inspection we found two breaches of the regulations and some areas requiring improvement. These shortfalls had not been identified by the service. The systems for assessing and monitoring the quality of the service had been introduced, but needed to be embedded. This is an area for improvement.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not always receive appropriate care and treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Staff did not always follow the principles of The Mental Capacity Act 2005.