Care Quality Commission

Fairview Care Home Limited

Fairview House

Inspection report

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Ratings

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

Overall summary

This inspection took place on 28 November and 1 December 2014 and was unannounced. The service provides accommodation and personal care for up to 24 people, including some people living with dementia. There were 21 people living at the service when we visited.

The service had a registered manager in place. 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 not always protected from the risks of inappropriate care as some records were not fully completed. Where people lacked the capacity to make certain decisions, records of the decisions made on their behalf were not always kept. Staff did not have access to information to help them identify when people needed pain relief. When people displayed behaviours that

Summary of findings

challenged others, staff did not record the triggers or the responses that were most effective, so appropriate strategies could be planned. The quality assurance system had not picked up these concerns.

People and their relatives spoke positively about the care they received and told us their needs were met. One person said, "Oh, it's lovely here, I really like it." A relative told us "The care is excellent." Care plans were personalised and provided comprehensive information about how people wished to be cared for.

People were cared for with kindness and compassion. One person told us "Staff are wonderful." Another person said of the staff, "The best thing is they listen to you." A community nurse described staff as "engaging, concerned about their residents, caring and supportive." Staff knew people well, protected their privacy and involved them in planning their care.

People told us they felt safe at the home. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. The risks of people falling, developing pressure injuries or being harmed by bed rails were managed safely.

Medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of them. People received their medicines safely and as prescribed.

There were enough staff to meet people's needs and people were attended to quickly when they called for assistance. The process used to recruit staff was safe and ensured staff were suitable for their role.

People received appropriate support to eat and drink and were offered a choice of nutritious meals including fresh fruit and a range of drinks. They had access healthcare services and were referred to doctors and specialists when needed.

Staff were skilled and knowledgeable about the needs of people living with dementia and how to care for them effectively. The received appropriate training and were supported through the use of one to one supervision and yearly appraisals.

There was an open and transparent culture within the home. Visitors were welcomed and there were good working relationships with external professionals. Staff worked well together which created a relaxed and happy atmosphere, which was reflected in people's care.

The provider sought feedback from people and staff on an ongoing basis. The registered manager was aware of key strengths and areas for development for the service and there was a development plan in place.

We have made a recommendation about creating suitable environments that support people living with dementia.

The lack of recorded information about some people's needs was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this 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 safe?

Good

The service was safe. People told us they felt safe and staff knew how to identify, prevent and report abuse. Risks were managed effectively and equipment was used safely. Plans were in place to deal with foreseeable emergencies.

Medicines were stored securely and managed safely. People received their medicines as prescribed.

There were enough staff to meet people's needs. Contingency arrangements were in place to ensure staffing levels remained safe. The recruitment process was safe and ensured staff were suitable for their role.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective. Where people lacked the capacity to make decisions, best interest meetings were not always recorded.

People were offered a choice of suitably nutritious meals and received appropriate support to eat and drink. The nutritional intake of people at risk of malnutrition was monitored effectively.

Staff were suitably trained and received appropriate support from the provider. People could access healthcare services when needed.

Is the service caring?

Good

The service was caring. People were cared for with kindness and treated with consideration. Staff understood people's needs and knew their preferences, likes and dislikes.

People (and their families where appropriate) were continually involved in assessing and planning the care and support they received.

People's privacy was protected and confidential information was kept securely.

Is the service responsive?

Requires Improvement

Not all aspects of the service were responsive. There was a lack of information to help staff identify when people needed pain control. When people displayed behaviours that challenged others, records were not kept of what led to the behaviour or the interventions that were most effective.

A range of activities was provided within the home, although not all people were satisfied with these.

People praised the quality of care and told us their needs were met. Care plans provided comprehensive information about how people wished to be cared for. Reviews of care were conducted regularly.

Summary of findings

Is the service well-led?

Not all aspects of the service were well-led. Quality assurance system had not identified that some information was not recorded effectively. Action had not been taken to prevent a person from being injured when they were moved.

There was an open and transparent culture within the home. There was a whistle blowing policy was in place and staff knew how to report concerns.

The provider and the registered manager were approachable and people felt the home was run well.

The provider sought feedback from people and staff; they used the information to improve the home.

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 planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 and 20 January 2015 and was unannounced. The inspection was conducted by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 also reviewed information we held about the home including notifications. A notification is information about important events which the service is required to send us by law.

We spoke with six people living at the home and two family members. We also spoke with the registered manager, two senior care staff, five care staff, the cook and the maintenance person. We looked at care plans and associated records for five people, staff duty records, three recruitment files, records of complaints, accidents and incidents, policies and procedures and quality assurance records. 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. Following the inspection we received feedback from a community nurse.

We last inspected the home in September 2013 and found no concerns.

Good

Is the service safe?

Our findings

People told us they felt safe. A family member said, "I have no concerns for [my relative's] safety. Knowing they're safe takes a lot of weight off my mind." Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse, and how to contact external organisations for support if needed. They said they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. One staff member told us "I know I'd get total back up, but if not I could go to the owners." The provider had suitable policies in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse.

Staff had been trained in the use of a limited form of restraint, which they used to keep one person, and themselves, safe when delivering personal care. Staff were clear about when and how they used this and the registered manager monitored its use appropriately.

Risks were managed safely. All care plans included risk assessments which were relevant to the person and specified actions required to reduce the risk. These included the risk of people falling, developing pressure injuries or being harmed by bed rails. One risk assessment had not been completed for a person who was using bed rails, but the registered manager addressed this immediately. A community nurse told us staff were creative in designing strategies to keep people safe, for example in the positioning of mattresses to prevent them being harmed if they fell.

We observed equipment, such as hoists and pressure relieving devices, being used safely and in accordance with people's risk assessments. Hoist slings were allocated individually to ensure they were the right size and type to support the person safely. Relatives confirmed that hoists were always operated correctly by two members of staff.

There were plans in place to deal with foreseeable emergencies. The provider had a sister home in a neighbouring town, and arrangements had been made to share resources if the need arose. An emergency bag had been prepared containing contact details for staff, management and contractors available out of hours, together with personal evacuation plans for people. These included details of the support they would need if they had to be evacuated. Some of these plans were not up to date but the registered manager was working to update them. Staff were aware of the action to take in the event of a fire and fire safety equipment had been upgraded recently so the location of a fire could be identified more quickly.

People were supported to receive their medicines safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Staff knew how people liked to take their medicines and medication administration records (MAR) confirmed that people had received their medicines as prescribed. One person was receiving their medicines covertly by staff hiding them in the person's food. Their GP had advised how this should be done safely and staff described how they achieved this in practice. This allowed the person to receive essential medicines in a safe way.

There were enough staff to meet people's needs at all times. People were attended to quickly when they pressed their call bells for assistance. Some people could not use their call bells; arrangements were in place for staff to check on these people regularly and we observed this happening. Staffing levels were determined by the registered manager who assessed people's needs and took account of feedback from people, relatives and staff. The registered manager had developed a flexible duty roster to take account of potential staff absence. This demonstrated good planning and ensured staffing levels were maintained at a safe level.

Records showed the process used to recruit staff was safe and ensured staff were suitable for their role. Experienced staff observed how applicants interacted with people when they attended for interview. The interviews included questions about safeguarding to assess the applicant's knowledge. The provider carried out the relevant checks to make sure staff were of good character with the relevant skills and experience needed to support people appropriately. Staff confirmed this process was followed before they started working at the home.

Requires Improvement

Is the service effective?

Our findings

People's ability to make decisions had not been recorded appropriately, in a way that showed the principles of the Mental Capacity Act, 2005 (MCA) had been complied with. 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.

Most people using the service had a cognitive impairment. Staff had received training in the Mental Capacity Act, 2005 (MCA). They showed an understanding of the legislation in relation to people living with dementia and sought consent from people before providing day to day care. Care records showed three people were unable to provide consent to certain decisions, including the use of bed rails, the administration of medicines and the receipt of personal care. Family members told us these decisions had been discussed with them, but best interest decisions had not been recorded. This meant the provider was unable to confirm that care and support was being given in accordance with people's wishes or in their best interests.

People were not always protected from the risk of unsafe or inappropriate care due to the lack of accurate records being maintained. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

One person was receiving their medicines in a hidden way without their consent. An assessment of their capacity had been completed by the GP and a best interest decision had been made after consultation with staff, the GP and the person's next of kin. In this case the MCA had been followed and the person's rights were protected.

The provider had appropriate policies in place in relation to Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager had made DoLS applications for two people and was waiting for the local authority to complete their assessments. In the meanwhile, staff were aware of the support those people needed to keep them safe.

People and their relatives spoke positively about the care they received and praised the quality of the food. One person said, "It's lovely here, the food's good, I'm very happy." A family member told us staff made sure their relative "eats well and drinks lots."

People received appropriate support to eat and drink enough. They were offered varied and nutritious meals including a choice of fresh food and drink. Bowls of fresh fruit were also available for people to help themselves. Kitchen staff were aware of people who needed their meals prepared in a certain way or fortified to increase their intake of calories. Drinks were available to people and within reach, together with a variety of cups and beakers to suit people's needs.

People were encouraged to eat well and staff provided one to one support where needed. When people did not eat their meals, staff tempted them with alternatives, such as sandwiches or fresh fruit and gave people time to eat at their own pace. They closely monitored the food and fluid intakes of people at risk of malnutrition or dehydration and took appropriate action where required.

Staff were skilled and knowledgeable about the needs of people living with dementia and how to care for them effectively. New staff followed the Skills for Care common induction standards. These are the standards people working in adult social care need to meet before they can safely work unsupervised. Records showed staff were up to date with all the provider's essential training and this was refreshed regularly.

People were cared for by staff who were motivated and supported to work to a high standard.

Staff were supported appropriately in their role. They received one-to-one sessions of supervision with a senior member of staff and yearly appraisals from a senior representative of the provider. These provided opportunities for them to discuss their performance, development and training needs, which the provider monitored effectively. One staff member told us "the owner brings in cakes and treats for staff to show their appreciation." Another member of staff said, "The owner comes twice a week and is always at the end of the phone if we need advice. At my appraisal we discussed my

Requires Improvement

Is the service effective?

development and they gave me options. They're very supportive." Most staff had obtained vocational qualifications relevant to their role or were working towards these.

People were able to access healthcare services. Relatives told us their family members always saw a doctor when needed and were admitted to hospital promptly if investigations or treatment were required. Care records showed people were referred to GPs, community nurses and other specialists when changes in their health were identified, for example if they started to lose weight or showed signs of developing pressure injuries.

The environment was safe and some adaptations had been made to make it suitable for older people, such as a passenger lift, level access to outside decking and a large clock in the lounge. However, signage was limited, some areas were not well-lit and there was a lack of colour contrast in some communal areas. This did not support people living with dementia to navigate their way around the home. For example we heard people asking staff the way to the toilet, their rooms or the lounge.

We recommend the provider considers guidance issued by recognised national bodies about creating suitable environments that support people living with dementia.

Good

Is the service caring?

Our findings

People were cared for with kindness and compassion. One person told us "Staff are wonderful." Another person said of the staff, "The best thing is they listen to you." A relative described staff as "dedicated, kind, caring and compassionate" and said, "I can't fault them." Another relative told us "Their care takes a lot of weight off my mind. They're conscious of the fact that it's not just the person they're caring for, but the people left at home worrying about them." A community nurse told us that during their visits, they had found staff to be "engaging, concerned about their residents, caring and supportive."

Staff spoke fondly of the people they cared for and treated them with consideration. For example, where it was difficult to understand what people were saying, staff used facial expressions, body language and touch to reassure people and make them feel listened to. Non-care staff also interacted well with people by smiling, bending down to make eye contact and taking time to listen.

Staff clearly understood people's needs. We observed a person had fallen asleep in a chair and looked uncomfortable; a care staff member attended to the person quickly and supported them to move to a more comfortable position. When a person shivered slightly a member of staff offered to get them a jumper. As they put it on the person they commented, "Your hair smells nice", which made the person smile. It was the person's birthday and every member of staff who met them wished them a "happy birthday" and spent a few minutes with them. A staff member said, "We like to make them feel special on their birthdays."

When staff provided support for people to move from one position or location to another, they explained what they would need to do, why they needed to do it and how they would do it. They sought people's permission by asking questions. They then took time to settle the person in their new position afterwards.

When people moved to the home, they (and their families where appropriate) were involved in assessing and planning the care and support they needed. Comments in care plans showed this process was on-going and family members were kept up to date with any changes to their relative's needs. People's preferences, likes and dislikes were known, support was provided in accordance with people's wishes and staff used people's preferred names. A family member told us "I've seen and discussed [my relative's] care plan and staff contact me when anything needs changing." A family member had requested that the staff did not leave the hoist in a person's room as it made the room look "clinical." Staff had listened to them and always removed it after use.

Staff ensured people's privacy was protected by speaking quietly and ensuring doors were closed when providing personal care. When one person started to adjust their underwear while walking down the corridor, a member of staff quickly intervened. They recognised that the person needed to change their clothing and discreetly lead them into the nearest toilet. They left the person briefly, while they went to get replacement clothes and knocked before re-entering the bathroom on their return. This showed sensitivity, consideration and respect. People had been asked whether they had a preference for male or female care staff; their preferences were recorded, known to staff and respected. Confidential information, such as care records, was kept securely and only accessed by staff authorised to view it.

Requires Improvement

Is the service responsive?

Our findings

People had been prescribed medicines for pain relief as and when needed. Many people were living with dementia and were unable to communicate their pain verbally. Staff were able to describe the body language and behaviours of people which may indicate they were in pain. However, these were not recorded in people's care plans. A pain assessment tool had been used in the past for one person, but had not been used for other people, the majority of whom were unable to tell staff when they were in pain. Staff did not have access to information to help them identify when people needed pain relief, which meant people may not have received pain relief in a consistent way.

The development of support plans for people who displayed behaviours that challenged others was not always effective. Staff had taken advice from specialists to help develop appropriate plans and staff were trying a range of responses to see which worked. These included using different staff members to support the person, wearing different coloured clothes, using different rooms for providing personal care and different times of the day. However, the triggers that led to the behaviour and the effectiveness of the responses were not being recorded. The staff could not analyse their interventions to identify which were most effective so they could be used consistently.

People were not always protected from the risk of unsafe or inappropriate care due to the lack of accurate records being maintained. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People praised the quality of care and told us their needs were met. One person said, "I get all the help I need." Another person said "Oh, it's lovely here, I really like it." A relative told us "The care is excellent." A community nurse told us they had recently looked into the way staff had managed a person's pressure injuries. Their conclusion was that "the long term management [of the person's injuries] by [staff] was commendable given the complexities of this individual's health."

Care plans provided comprehensive information about how people wished and needed to receive care and support. For example, they gave detailed instructions about how people liked to receive personal care, how they liked to dress and how they liked to spend their day. Records of daily care confirmed people had received care in a personalised way in accordance with their individual needs and wishes.

Reviews of care were conducted regularly by key workers. A key worker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members. As people's needs changed, their care plans were developed to ensure they remained up to date and reflected people's current needs. People and their relatives were consulted as part of the review process.

The provider had a complaints procedure in place. Relatives told us they had not had reason to complain but knew how to if necessary. Records showed complaints had been dealt with promptly and investigated in accordance with the provider's policy.

A mixed range of activities was provided in the home 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. The activities were frequently changed and refined according to responses from people to the entertainment, to ensure they 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. Two people enjoyed helping with simple tasks like setting the table or drying dishes and were supported to do this by staff. A survey conducted by the provider showed not all people were satisfied with the level of activities provided. The provider had responded to this by arranging additional activities outside the home.

Requires Improvement

Is the service well-led?

Our findings

There was an open and transparent culture within the home. Visitors were welcomed, there were good working relationships with external professionals and the provider notified CQC of all significant events. One person described the registered manager as "excellent." A relative said, "I've met one of the owners and I think the service is very well run." Responses to a recent survey by the provider showed people thought the registered manager was "approachable", "friendly" and "helpful." We observed positive, open interactions between the registered manager, staff, people and relatives who appeared comfortable discussing a wide range of issues in an open and informal way.

Staff praised the management of the home and said they were able to raise any issues or concerns with the registered manager who "always listened and responded." Staff told us they enjoyed working at the home and felt valued. One member of staff described the staff approach as "team orientated." We observed staff worked well together which created a relaxed and happy atmosphere and was reflected in people's care.

Having identified the need for team development, the registered manager had worked with the provider to improve the skill mix and experience of each team. They reviewed staff responsibilities, and ran team building events. A management structure was also put in place with clearly defined areas of responsibility. Minutes of staff meetings showed staff contributed by identifying improved ways of working. For example, new equipment they requested was purchased and a new method of communication between shifts was introduced. This had led to better team working. One staff member said, "We're all pulling together now." Another told us it was "clear who's in charge and what we should be doing each shift." Relatives felt this had benefitted people; one said "There's little staff turnover and things are so much better now."

The provider sought feedback from people and staff on an ongoing basis. In addition, the provider undertook surveys of people and their families each year. Responses from the most recent survey were positive, showing people were satisfied with the overall quality of service provided. The registered manager had used the information to identify actions and improvements. These included providing activities outside the home, increasing staffing levels and displaying information about the service more prominently, which we saw had been done.

The registered manager was aware of key strengths and areas for development for the service and these had been recorded in the PIR. There was a development plan in place, which included the installation of double glazing and a wet room, which had just been completed, and on-going decoration.

Most incidents and accidents were responded to appropriately and investigated effectively. However, care records showed one person had received a minor injury when being moved and no action had been taken to prevent this from occurring again. This put the person at risk of further injury. We identified this to the registered manager who took immediate action. Records showed that all other incidents and accidents were responded to promptly and action taken to prevent them recurring. For example, when a person fell from a hoist, the hoist was taken out of action until it had been checked by a qualified person. The registered manager reviewed how and when the hoist was used and issued updated guidance to staff. Safeguarding incidents were investigated thoroughly and findings were shared with other agencies, in accordance with locally developed arrangements. Any learning was identified and this fed into plans for staff development and training.

The provider had a system in place to regularly assess and monitor the quality of service people received. This included audits of key aspects of the service such as medicines, infection control, the environment, people's care plans and staff training. Where audits had identified concerns, action plans were developed to ensure improvements were made. In addition the registered manager and the deputy manager spent time observing care being delivered and monitoring how staff interacted with people to check they were treated with dignity and respect. However, we noted that the auditing system had not identified the lack of information in some care plans about best interest decisions and the management of people's pain and behaviours.

The service had an appropriate whistle blowing policy in place and staff knew how to report concerns. However, the policy was not up to date and emphasised the

Requires Improvement

Is the service well-led?

consequences to staff of making false allegations, rather than the benefits to people and the service of raising concerns. This could deter staff from reporting incidents of poor practice or abuse.

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 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	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records People were not protected from the risks of unsafe or inappropriate care arising from a lack of proper information about them. Regulation 20(1)(a).