

## Farrington Care Homes Limited

# The Fairways

### 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?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

About the service: The Fairways is a care home that provides accommodation and personal care for up to 20 people. At the time of the inspection 19 people were using this service. The Fairways is owned by Farrington Care Homes Limited who have a number of other care services in the UK.

People's experience of using this service:

The service provided was not always safe. The provider did not always ensure the safe management of risks to people. This was because they did not assess the risks associated with uneven floors and paths, use of portable heaters and windows that did not have tamperproof restrictors. Where risks were identified measures were not in place to support staff to mitigate the risk of harm.

The provider's systems for improving the quality of the service and mitigating risks were not always operated effectively. This meant that people were not protected from the risk of experiencing safe or effective care.

The provider did not always make sure people's consent to care and treatment was evidenced. Some relatives had signed people's care plans and people's mental capacity to consent to their care and treatment was not assessed prior to this. We saw that best interest decision had not always been made in line with the Mental Capacity Act 2005.

People had care plans in place that gave guidance to staff about how they wanted their care to be provided. However, these had not been reviewed monthly. Therefore, it was not possible to confirm if these care plans were up to date and if care was being provided as people wanted or needed it to be done.

There were activities in place for people but some younger people's care records did not contain plans about addressing their social interests and hobbies. One younger person told us they were bored at times.

People's care records were not always kept in a secure manner. We found archived records in an unsecured cabinet in a communal area.

Most people using the service, their representatives were happy with the service provided. They said that it met their needs and they felt safe with the staff.

Most people said that the staff were "lovely" kind, caring and they had good relationships with them. We observed staff to be caring and respectful in their interactions with people. The staff felt they could approach the manager should they need to and found the manager responsive when they needed support. support they needed.

Health care professionals spoken with confirmed staff were quick to ask for advice and followed their guidance. They found staff kind and caring. The staff worked with other healthcare professionals to make

sure people had the right support and equipment to gain skills and remain as independent as possible.

#### Rating at last inspection:

The last inspection took place on 27 March 2018 and the service was rated as Requires Improvement. This was because some shortfalls we found at inspection had not been identified through the providers checks and audits and was a breach of the regulations in good governance. The report published on the 8 May 2018. Since using our new inspection approach the provider has been rated as Requires Improvement in three inspections.

#### Why we inspected:

This was a comprehensive inspection based on the previous rating. We also took into consideration shared information from commissioning bodies and other feedback we had received in planning when we would return to inspect the service.

#### Action we have asked the provider to take:

We found four breaches of the regulations with regard to Safe care and treatment, need for consent, Person centred care and Good governance. You can see what action we have asked the provider to take within our table of actions.

#### Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. We may inspect sooner if we receive any concerning information.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe  
Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective  
Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring  
Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive  
Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led  
Details are in our Well-Led findings below.

**Requires Improvement** ●

# The Fairways

## **Detailed findings**

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by two inspectors.

#### Service and service type:

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

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

#### Notice of inspection:

The inspection was unannounced

#### What we did:

During the inspection we looked at the care records of five people, a sample of medicines records and other records related to the management the service including safety certificates and quality audits. We reviewed three staff files. This included staff recruitment and training records. We spoke with three people using the service and a visiting friend and a relative. We observed staff interaction throughout the day and 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. We also spoke with two visiting health care professionals, the activities co-ordinator, the cook and three members of staff and the registered manager.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- ☐ The provider had a risk management system to identify risks to people and others and to mitigate any identified risks. However, this was not always effective. We saw that there were a number of risks that had not been identified and not mitigated or that had been identified but still not mitigated. For example, we saw uneven flooring in various part of the home which could be trip hazards. Some of these had been identified but there were no plans with clear timescales in place to mitigate associated risks.
- ☐ The home had recently installed new windows. There were window restrictors in place but these could be easily overridden by using a switch on the side. The windows could therefore be opened fully so that a person could easily pass through the windows and were therefore at risk of falling from a height. The Health and Safety Executive in its guidance 'Falls from windows in health and social care' states, "Window restrictors should....be robustly secured using tamper-proof fittings so they cannot be removed or disengaged using readily accessible implements (such as cutlery) and require a special tool or key. Please note that 'safety restricted hinges' that limit the initial opening of a window can be overridden without the use of any tools and are not suitable in health and social care premises where individuals are identified as being vulnerable to the risk of falls from windows."
- ☐ We did not see a risk assessment in relation to people who might be at risk of falling from height. There were a number of risks associated with falling from height including a few roof windows in the home which could be accessed from people's bedrooms on the second floor. There were also some doors on the first and second floor which led to the roof and outside stairways to be used in the event of a fire. In addition, the alarms which were on two fire doors leading to the roofs were turned off locally so that they would not alarm at source but would alarm at the main control system on the ground floor. As staff might be busy on the floors or in people's bedrooms they might not hear the main alarm when this was activated and therefore might not know that the doors have been opened as the local alarm had been switched off. The handy man switched these alarms back on when we pointed these to the registered manager.
- ☐ There were some electric radiators in use in the home, because some of the radiators linked to the central heating system were not working well. These were also present in the conservatory. There were no risk assessments regarding the use of these radiators and no consideration had been given as to whether these needed to be guarded to protect against the risks of burns associated with coming into prolonged exposure to a hot surface, such as should a person fall against a radiator. Following our inspection, the registered manager sent us a risk assessment to ensure the safe use of portable heaters in the service.
- ☐ Some people had behaviours which could challenge the service. We saw there were records of these

incidents as appropriate to monitor their incidence. We however did not see appropriate risk assessments in place to mitigate any risks that might arise as a result of people behaving in a way that challenged the service.

- We saw the use of at least two electrical multi- way adapters/plugs. There are multiple publications that document that these plugs carry an increased risk of overheating and fire. We pointed these to the registered manager who proceeded to remove these.
- ☐ People had a range of other risk assessments which included risks for falls, developing pressure ulcers, malnutrition and moving and handling. We saw that appropriate risk management plans were not always in place where risks were identified. For example, we did not see risk management plans in place for two out of the five people whose care plans we looked at. The risk management plans where these were in place were also not always reviewed monthly as is the usual practice in the home to ensure these were up to date.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ There were safety and maintenance certificates in place to show that the premises and the equipment in use in the home were appropriately maintained. We saw safety certificates for the lift and lifting equipment. We also saw gas safety certificates and electrical safety certificates.
- ☐ There was also evidence that the hot water system was being maintained and monitored to prevent any possible infection associated with hot water systems. Firefighting and fire detecting equipment were also maintained. People had Personal Emergency Evacuation Plan (PEEP) which were kept in a folder ready to be used in the event of an emergency. People were given a rating associated with the level of risk to aid evacuation should that be needed.

#### Using medicines safely

- ☐ Medicines are supplied to the home in 28 days cycles. At the time of the inspection the service was four days into a new cycle of medicines. We saw that medicines administration records (MAR) were appropriately completed when medicines were administered to people, except in one case. This was corrected when we pointed this out. An appropriate code was used to describe the reasons for people not taking their medicines where this occurred.
- ☐ Instructions to administer medicines were clear and protocols were in place where people were prescribed medicines to be given as required. Random checks on the quantity of medicines in stock against the number of times they had been administered and signed for showed that medicines were administered appropriately. There was one case when the amount of a medicine in stock did not match, but this was because the quantity of the medicine in a cabinet had not been added to the overall amount in stock. This was amended when we pointed it out.
- ☐ Medicines were generally administered at appropriate intervals. We saw an antibiotic that was administered at short intervals during the day, which meant that the person would have gone for a period of about 14 hours overnight without the medicine. The member of staff assisting us with the medicines said they would review this with the relevant healthcare professionals.
- ☐ Medicines were stored appropriately and the temperature at which the medicines were stored was monitored. There was also a medicines fridge and the temperature of the fridge was also being monitored

as required. There were appropriate arrangements to store and manage controlled medicines

#### Preventing and controlling infection

- ☐ There were arrangements in place to help prevent the spread of infection. There were signs in the reception area to use the hand rub available and for visitors to be mindful about infecting others if they had a cold. There were appropriate handwashing facilities throughout the home. Staff used gloves and aprons when providing personal care. We also saw that the registered manager had completed an infection control audit to check the standards of infection control and prevention in the home.
- ☐ Where there had been an infection that could easily be transmitted to others in the home, the registered manager and staff had taken appropriate action to manage the spread of the infection and alerted the relevant agencies.

#### Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- ☐ The registered manager monitored all incidents and accidents in the home and carried out an analysis of these monthly. For example, they checked how many of incidents and accidents were associated with falls and they reviewed people individual risk assessments.
- ☐ Where there have been incidents when things have gone wrong in the home, the registered manager shared the learning with staff to prevent similar incidents from happening again. An example was when there was an incident with the administration of medicines to a person. A meeting was held with senior staff when the incident was discovered to discuss this and to prevent this from happening again.
- ☐ Care staff had received safeguarding adults training and could tell us how they would recognise and report abuse appropriately. Their comments included, "If I saw something, I have to report directly to the manager, like somebody doing something wrong to the residents. I would report it directly, if I didn't it would keep happening." One care worker described what they would do if a concern was not addressed by the management team, "We could complain to the CQC or Hillingdon or the person's social worker."

#### Staffing and recruitment

- ☐ The provider had a procedure for the safe recruitment of staff. Prospective staff completed application forms and attended interviews to assess their aptitude for the caring role. The provider used a company that vetted staff prior to them working at The Fairways. References were received from previous employers, checked and translated if they were not written in English. Criminal record checks were completed to ensure staff were of good character. Staff identity checks and the right to work in the United Kingdom were also carried out prior to staff commencing their role.
- ☐ Staff we spoke with told us there were enough staff to meet people's needs. Their comments included, "Yes there are enough staff, because if they are short they will hire someone, so not short of staff," and "It's alright, it is good here, there are enough staff yes." During our visit we observed that people were not kept waiting when they asked for support and staff were not rushed when they supported people. This indicated staffing levels were adequate to meet people's needs.
- ☐ The registered manager told us how they ensured there were enough staff to meet people's care needs and described how they recruited staff to ensure an appropriate level of staff who either had previous experience and skills or who had the capacity to learn new skills to offer safe care to people.



## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- ☐ Whilst looking at people's care records we noted that in a few cases relatives or representatives had made decisions on behalf of people who used the service or agreed to their care plans. We did not see that people's mental capacity had been appropriately assessed in these cases of that best interests decisions had been made on behalf of these people. In one case a person had a power of attorney in place, but the person's mental capacity had not been assessed in relation to specific decisions to determine if others were needed to make decisions on their behalf.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- ☐ Where people might have been deprived of their liberty, the registered manager has made appropriate DoLS applications to deprive people of their liberty. The authorisations were kept in a file and monitored to ensure that subsequent applications were made in a timely manner before they expired. During the inspection we did not see circumstances where people might have been subjected to restrictions on their liberty

- ☐ We saw staff asking people about their day to day choices and others who could spend their time as they wanted without any restrictions. Some people woke up when they wanted to, chose where they wanted to spend their time and the activities they wanted to engage in. Where people have been assessed as safe, they were able to go out independently.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- All the care plans we looked at contained a pre-admission assessment. We saw that the registered manager was involved in the assessments of the needs of people who were referred to the home. Most of these took place when the registered manager visited people to meet with them and assess their needs. The forms used were completed appropriately and contained adequate information about people's needs, preferences and wishes, to determine if the service would be suitable for them. The assessments also had details about people's cultural needs and religious beliefs.

- These assessments were then used to create people's care plans so people's needs and preferences were reflected in these.

- We saw that in some cases the registered manager had received the placing authorities' needs assessment of the person to help the registered manager come to a decision about admitting the person. These were available on record.

Staff support: induction, training, skills and experience

- Staff told us that they received an induction when they commenced their post and received ongoing training. Staff records indicated that staff completed an induction and had a probationary period where their competency as a care worker was assessed. Training included, safeguarding adults, moving and handling, infection control, communication, food safety and dignity in care. Staff who administered medicines received medicines training and their competency was assessed. Most staff had received dementia training and training to manage behaviour to challenge the service. A couple of staff who had not received this training were booked to attend a course soon, according to the training oversight tool.

- We found that not all staff had received Mental Capacity Act and DoLS training. When we spoke with staff although some were aware of their responsibility under the Act not all staff were able to tell us about the DoLS. For example, two care workers responses were, "DoLS? I have forgotten about this," and "DoLS I can't bring this to mind, I did a year or so ago." We brought this to the registered managers attention who told us they would act to address this.

- Staff told us they were supported by the registered manager. Their comments included, "The manager is approachable she has been here before and she has come back again," and "[Registered manager] is ok they would listen." The registered manager undertook supervision sessions with staff. The oversight document that tracked staff supervision sessions showed that staff should receive supervisions four times a year. We saw that most staff had received supervision in December 2018 and February 2019. This demonstrated supervision was being formally provided to staff.

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

- People were mostly positive about the meals served. One person told us, "The food is good," but another said, "I sometimes want my meal taken away as I don't fancy it but they don't offer another choice." We asked people who had just eaten their meal on the day of inspection if they had enjoyed it and their responses were positive.

- There was a rolling four-week menu that gave two choices of meals each lunch time and people were asked their choice each day. The cook told us people could request an alternative. We saw that when people did not want their choice they were offered something else to eat. For example, we observed one person did not eat their meal. They said it was too early at 12pm as they had not long eaten their breakfast and they had a cup of coffee and biscuits at midmorning. Staff offered them a sandwich that they did eat. Staff

covered their meal and put it to one side should they wish to eat it later.

- People who required support to eat were given this. One person was supported to eat in an unrushed manner by a care worker. They were sitting in their wheelchair to eat. We were informed this was because they had a health appointment. Staff explained they wanted the person to be ready should the transport arrive but they also wanted to ensure they ate lunch prior to their visit in case they were at the hospital for some time. The person did eat well. They were collected and went with staff support to their appointment shortly after lunch had finished. This demonstrated staff had been concerned for their well-being and were organised to ensure they were ready for their transport.

- The daily menu choice flagged if people required a specific diet for example if they were required to be pureed or if they were diabetic. The cook told us that all cakes and biscuits were made with a sweetener so they were all suitable for people with diabetes.

- Staff offered numerous hot and cold drinks throughout the day to support people to remain hydrated. On the day of inspection there was a choice of cold drinks offered at lunch time that included, orange squash, lemonade, blackcurrant or water. Later a choice of hot drinks were also provided.

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

- The registered and staff supported people with their healthcare needs as required. People's medical conditions were appropriately recorded in their records. Where people had medical appointments, they were appropriately supported to attend these. People were also referred to the GP when staff thought people were not well and the appropriate referrals were made to relevant healthcare professionals.

- A range of healthcare professionals supported people in the home to review their healthcare needs and appropriate records were maintained to keep track of the support people received

- Visiting health care professionals both confirmed that the staff were always proactive in asking for appropriate health support for people. One of them told us, "Lovely really friendly staff always welcoming. Often phone us up if they have an issue and we come straight out. They phone at the slightest concern, and yes usually follow our advice." Another health care professional told us that all people living in the home had health care plans updated by the GP service in the local authority on a yearly basis. They described these plans were used by staff and health professionals to manage people's ongoing health needs. They confirmed that a GP would visit when there were acute concerns that required a physical examination to determine the best course of treatment.

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

- At our previous inspection we found that signage was not in place to support people to know where different rooms were. Some work had been undertaken to ensure signage was improved to support people to navigate around the home. For example, blue doors indicated a toilet. The registered manager explained there were plans to redecorate and continue to improve signage in the service.

- There was a lift to support people to go upstairs to the first floor and a chair lift to the top floor. The registered manager told us that only people who were mobile and could use the stairs were placed on the top floor where there was no lift access.

- We found that several people's bedrooms on the ground floor had an exit to the garden. There was a

concrete platform then a significant step down to ground level. In one instance the step was intersected by a ramp going across the step. Therefore, although a person might step outside their bedroom garden door there were immediate hazards should they wish to progress into the garden. The staff explained people using the rooms currently would not access the garden unaided as they required full support to mobilise.

- Although there was a sizeable garden the paths were uneven and not safely accessible to people without staff supervision and they were not suitable for wheelchair users. Our findings showed that the provider had not considered and improved the garden to make it more 'dementia friendly'. For example, paths finished abruptly and there were no objects of interest for people to interact with or look at. Therefore, the garden area was not being used to its full potential to meet people's needs.
- We brought this to the attention of the registered manager who showed us there was a plan to redecorate the home and a maintenance plan to make the garden more user friendly. This would, if implemented make a significant improvement to the accessibility of all the premises.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

RI: ☐ People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence

- ☐ People's personal information was not always kept in a confidential manner in the service. We found a filing cabinet with people's archived personal notes stored on the ground floor in corridor area. The cabinet did not have a working lock. In addition, a cupboard in the lounge/conservatory area containing people's records had been left unlocked without staff present when we checked the area. As such people's confidential information and privacy was not being maintained. We brought this to the attention of the registered manager who agreed to address this oversight. Throughout the remainder of the inspection the cupboard containing current records was kept locked in a secure manner.
- ☐ One person told us that staff respected their privacy, they said, "They are nice and respectful. Yes respectful, they knock on the door before they come in." We observed staff knocking on bedroom and bathroom doors and waiting to be asked to come in before entering.
- ☐ It was brought to our attention that people who did not have mobile phones might find it difficult to speak with their families in private and that there was no longer a pay phone for people to use. There was an arrangement that should relatives ring the office to speak with people a cordless phone was brought to the person. One person told us if there was a phone call, "The registered manager comes with the phone or takes messages. I speak in the lounge or upstairs in my bedroom." The staff told us that the conservatory area could also be used by people to speak with their family members or talk on the phone. People could request to use the office phone should they wish to.

Ensuring people are well treated and supported; equality and diversity

- ☐ We observed staff engaging and having appropriate interactions with people during the inspection. Staff were responsive to people when they were restless and spoke respectfully to people, including them in their conversation with others. Staff anticipated people's care needs and gave assistance promptly in a kind and supportive manner.
- ☐ People and visitor's comments about staff were mostly favourable. Their comments included, "Staff are lovely," and "The carers are fine, they're lovely, bless them, the food is good and good heating. It's comfortable here." One person expressed that they preferred some staff to others. They described when they had an issue with a care worker this had been addressed by the registered manager and the staff member no longer supported them. Both visiting health care professionals told us they found staff friendly and welcoming. Their comments included, "Very nice and caring," and "Lovely, [Registered manager] and everyone is approachable, there is always someone chatting with residents." They confirmed that staff were

"patient" and "tried to help," people who displayed behaviours that sometimes challenged them and others.

- The provider admitted people with diverse needs to the home. They also had staff to help reflect the diverse needs of people using the service. In most cases people were supported to meet their diverse needs and we saw attempts made by the registered manager and their staff in that respect, for example to provide culturally appropriate meals for people. However, we did not always see that people's diverse needs were addressed in their care records or they had plans about how to meet these needs. We discussed this with the registered manager and they said they were in the process of reviewing all people's needs, including their diverse needs.

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

- We observed staff giving people choices and asking them what they would like. This included choice of drinks and activity. Staff told us how they offered people a choice to maintain their independence. For example, one care worker said, "I ask them what clothes they want to wear and if they want something to drink."
- There was a good initiative to give people choice that were not yet completely in place but in the process of being implemented. The cook showed us that they were taking photos of food to build up a library of pictures for each meal on the rolling menu. This was so they will be able to create a picture reference for all people to make choosing their meal easier. They thought that some people living with dementia would benefit from this visual prompt.

## Is the service responsive?

### Our findings

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

RI: ☐ People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ Each person using the service had a care plan that was kept in the registered manager's office. These contained information about people's needs, preferences and wishes about how they wanted to be cared for and guidance for staff about how to meet people's identified needs.
- ☐ We saw that the care plans were not always reviewed monthly. Some had not been reviewed since October 2018. The registered manager confirmed that these should be reviewed monthly and said they were in the process of transferring the current care records to a new format. We also noted that some people and relatives had not always signed their care plans or attended reviews to show their involvement in the care planning process and to make sure care plans accurately reflected people's changing needs.
- ☐ People living with diabetes had care plans to help manage this condition. These referred to signs and symptoms for staff to monitor as indicators of people's condition. It also mentioned staff could check people's blood sugar levels but it did not always make clear when this should take place and what action staff should take in response to varying blood sugar level readings. We also noted that the care plans did not refer to healthier eating and about how the person could be supported to better manage the diabetes.
- ☐ People and visitors, we spoke with during the inspection and an anonymous feedback received after the inspection described that people were not supported to go out on outings on a regular basis throughout the year. We received feedback that staff supported people to sit in the garden during the summer months when it was hot but people could not always fully enjoy the garden and walk around because of its standard of maintenance, landscaping and the uneven pathways.
- ☐ In addition, to older people, the service also accommodated a number of younger adults. We saw that their care plans did not always cover their social and recreational needs and about developing individual living skills. Whilst activities were provided for older people we saw that younger people's care plans did not address the activities that would be suitable for them, such as how they could be involved in the local community and what additional support they would require with this.
- ☐ We spoke with a younger adult using the service and they told us that whilst they were very happy living in the home, sometimes there was not enough for them to do and they got bored. They told us there was not always a lot going down in the lounges that interested them and would join in, if there was something interesting.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Most people and relatives said they were happy with the standard of care provided in the home. Relatives said they were kept informed of changes in their family members' conditions and could discuss the care they received with the registered manager.
- During the course of the inspection we saw many relatives and friends visiting the home. They were made to feel welcome and seemed to be familiar with the staff and the registered manager.

#### Improving care quality in response to complaints or concerns

- People and relatives we spoke with knew that they could raise a complaint with the registered manager and provider and most thought these would be taken seriously. There was a complaints procedure displayed in the home and this was also available in people's rooms.
- When we looked at the complaints procedure displayed in the corridor we saw that it did not appropriately refer to all the agencies people could complain to whilst in receipt of social care. For example, it wrongly referred to the CQC as a complaints agency and made no mention of the Local Government Ombudsman as a possible avenue for people and others to complain to about the service. This meant that people might not have had all the necessary information they needed to complain.
- The registered manager looked in their policies and procedures folder but still could not find an up to date complaints procedure until they downloaded one from the provider's website. They said they will replace the old procedure in the home with the new one. Following our inspection they sent us an amended version of the complaints procedure.
- Where people had complained, we saw that these were appropriately investigated and responded to. Appropriate records were maintained to provide an audit trail of the action taken to remedy complaints where these were substantiated.

#### End of life care and support

- Some people had comprehensive end of life care plans in place and others did not. People had integrated care plans completed by their GPs which addressed the medical aspect of end of life care, but this was not always translated into local care plans for the care home staff to deliver.
- People had 'do not attempt cardio-pulmonary resuscitation' (DNACPR) orders in their care records. These have in the main been completed or reviewed by the GP so these were up to date. Staff were aware of these so they could follow the relevant instructions when needed.
- We asked staff if they had received end of life care so they were confident in meeting people's end of life care and those we spoke with said they had not received this training. Training records and the registered manager also confirmed that training in end of life care has not taken place. The registered manager said they would look at arranging this training for staff.



# Is the service well-led?

## Our findings

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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- ☐ At our last inspection in March 2018 we found a breach of the Good governance. This was because some shortfalls we found at the inspection that had not been identified through the providers checks and audits. At this inspection there was a continuing breach of the regulation.
- ☐ The provider had a quality assurance system which included a number of checks by the registered manager, provider and quarterly visits by an external company to carry out audits in the home. The quarterly audits were generally detailed and had identified some of the areas for improvements we also identified at this inspection. There was also a health and safety check for the premises which had also identified some of the issues we had found during the inspection that could pose risks to people and others. However, the provider had not ensured that the issues identified and shortfalls were rectified in a timely manner.
- ☐ In addition to the findings of the provider's audits and checks, we also identified shortfalls that they had not identified. These included the fact that care plans were not reviewed monthly, the absence of a number of risk assessments and deficits in the risk management plans so that people's safety and wellbeing were always promoted in a timely manner. In addition, some people's care records were not stored in a secure manner that protected the confidentiality of their personal information.
- ☐ We also identified risks associated with the window restrictors and electric heaters which the provider had not identified through their health and safety risk assessments so they could develop appropriate plans and take appropriate action to mitigate any such risks.
- ☐ Despite the provider's checks we noted that people's mental capacity was not assessed where there were indications they might lack capacity, before others were involved in making decisions about them.
- ☐ In some cases, the provider admitted people from a diverse background. We saw that they had not fully considered and had not developed appropriate plans to help meet people's diverse needs. We saw that they also admitted younger adults but we did not see what specific activities and opportunities were available for them to help with inclusion, keep them stimulated, engaged and to help them develop independent living skills.

The above paragraphs were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Working in partnership with others

- The registered manager was approachable to people and relatives and knew people using the service well. They also engaged well with health and social care professionals who visited the home. They all gave us positive feedback about the service.
- The provider kept a copy of the last inspection report in the home. They had also ensured that the last rating of the service as displayed on their website. They also notified the Commission where incidents and events had occurred in the home as required by legislation.
- To ensure people received appropriate care, the provider worked in partnership with health and social care professionals including commissioning teams, safeguarding adult teams, the local authority quality assurance team and visiting healthcare professionals.

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

- There were some arrangements for the provider to involve people and relatives in the way the service was provided and to seek their views about the quality of service they received. There was a resident and relatives meeting in October 2018 and the registered manager said another was planned for February 2019. We did not see the results of satisfaction survey for 2018 but the manager showed us questionnaires and envelopes that she was preparing to send out to people, relatives, staff and stakeholders to get their views on the service provided at The Fairways.
- There were also some staff meetings that were held in 2018 but we could not see a pattern of regular staff meetings that were held during the year. We saw minutes for a general staff meeting, two senior staff meetings and an 'other' staff meeting. The manager told us each type of staff meetings were supposed to take place quarterly and that she will make sure meetings were arranged for staff on a more regular basis.

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  The provider did not ensure that service users always received care and treatment that met their needs and preferences and in a person centred way. Regulation 9(1)(2)(3a)(3b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider had not ensured that people's capacity to consent to their care and treatment was undertaken in line with the MCA 2005 Regulation 12(1)(a)(b)(d)(e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not ensured that all risks to the health and safety of service users of receiving care and treatment were appropriately assessed. They had also not done all that is reasonably practicable to mitigate such risks. Regulation 12(1)(a)(b)(d)(e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have effective systems to

assess, monitor and improve the quality of the services provided to service users. They did not always ensure that service users' records were maintained securely and in a confidential way. Regulation 17(1)(2)(a)(b)(c)