

Hertfordshire County Council

Fairway Residential Care Home

Inspection report

Green Lane
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Date of inspection visit:
29 March 2022
29 April 2022

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20 July 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Fairway Residential Care Home is a 'care home' registered to provide accommodation and personal care for up to 45 people.

The service has been identified for use by the Local Authority as a designated care setting for people discharged from hospital with a positive COVID-19 status. This is the sole use of the service.

At the time of our inspection visit, there were 24 people using the service. This number fluctuated during the course of the inspection with multiple admissions and discharges taking place.

Since our inspection, designated care settings have ceased from being used by local authorities. Fairway Residential Home stopped new admissions on 12 June 2022 and closed on 04 July 2022.

People's experience of using this service and what we found

Checks and audits had not been consistently completed and were not fully embedded into everyday practice. Quality assurance records had not been maintained sufficiently for the registered manager to demonstrate consistent oversight of the service. A comprehensive action plan had been completed to address areas where improvements were required. This included areas such as the content and detail within people's care plans and associated risk assessment, oversight of incidents and accidents, how complaints and feedback was recorded and responded to and the maintenance of accurate staff training records. The registered manager was open and honest about the challenges that came with managing a designated care setting, and fully participated in the inspection process in a candid manner.

People were encouraged to be involved in decision making and have control over the care they received, whilst taking into consideration the service was a designated care setting and people were required to complete an initial period of isolation on admission. Staff spoke positively about the changes being made to care documentation and records which supported the increased involvement of people.

Feedback was encouraged by the registered manager, with 'post stay' surveys being completed by people and their relatives. There was a complaints procedure in place, which was readily available at the service. However, records regarding the management and response to any complaints received required further detail and organisation.

People told us they felt safe at the service and expressed they had no concerns. Staff knew and understood the safeguarding procedure in place and their responsibility to report any concerns they may have.

Medicines seen were managed safely and there were robust infection prevention and control measures in place. Staffing levels were sufficient, with safe recruitment processes followed when new staff were appointed.

Assessments of people's needs were completed by the hospital discharge team prior to people being admitted into the service. Care plans detailed people's immediate care needs for the duration of their stay at the service and people were involved in the planning of their care wherever possible.

Staff had received training, and although the overall staffing records were not up to date, they spoke positively about the access to training, support and guidance they were provided with.

People were supported to ensure their health needs were met. The service worked in partnership with multiple health professionals to ensure that any changes to people's health and well-being were responded to promptly and their recovery from COVID-19 was monitored.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people with respect and compassion. People praised the staff team and described them as caring and attentive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 12 May 2020.

At the last inspection, the service was not rated (published 14 November 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was not always safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Fairway Residential Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by one inspector.

Service and service type

Fairway Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Fairway Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 29 March 2022 and ended on 29 April 2022. We visited the service on 29 March 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who were using the service about their experience of the care provided. We also reviewed feedback received from people and relatives who had previously used the service.

We spoke with nine members of staff including the registered manager, team leaders and care staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including audits, quality checks and policies were also reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant 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; Learning lessons when things go wrong

- Risks to people's health, safety and wellbeing were identified. Assessments were completed once a person was admitted to the service and included guidance from health professionals, where it had been provided by the hospital discharge team.
- Staff understood the risks to people's safety and welfare and knew what action they needed take. However, the guidance provided in care plans varied in quality and detail from person to person.
- Due to the short-term nature of people's stays at the service, reviews of people's needs did not always take place. We saw that some records had been updated when a person's isolation period ended and they were able to access more areas of the building. However, for some people, there were no updates or changes noted.
- The registered manager confirmed, due to the increased pressure and demand for the service in recent months, a number of checks had 'fallen by the wayside'. This included audits of people's risk assessments and care plans. The registered manager explained it had been difficult to maintain people's records due to the short-term nature of the service and conflicting advice they had received from visiting professionals regarding the required content of care records. An action plan was in place to address the inconsistencies found within people's care records and the associated risk assessments.
- Staff completed records in relation to any accidents or incidents that occurred at the service, including falls.
- The registered manager had recently reviewed the process for logging and the review of accidents and incidents. They told us, "The old log was a little confusing and not all in the right place." They confirmed that records would now be audited monthly.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to help protect people from the risk of harm and abuse. Information regarding safeguarding and how to report concerns was displayed in the service.
- Staff knew what to do if they identified any concerns and understood their responsibilities in relation to safeguarding. They told us they had received safeguarding training and had access to information and guidance.
- People told us they felt safe. One person told us, "Absolutely safe. I'm very comfortable here." Another person said, "The staff can't do enough for you. Always around and make you feel safe and cared for."

Staffing and recruitment

- There was a safe system of staff recruitment. Appropriate checks were made of staff suitability. This

included a Disclosure and Barring Service check (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

- Staff told us that staffing levels were sufficient, and they were consistently working with high numbers of colleagues on shift. Staff told us they had enough time for social interaction with the people staying at the service and they did not feel rushed. One member of staff told us, "We have plenty of time and can go at people's own pace."
- We observed that staff were attentive and able to respond promptly to the needs of people. Staffing levels were seen to be consistent on the planned rota.

Using medicines safely

- People's medicines were managed safely. Systems were in place for the receipt, safe storage and administration of medicines received from the hospital for the duration of person's stay at the service.
- We checked medicines and saw accurate records for each person. Records showed that medicines were checked regularly so that any potential errors could be identified and addressed quickly.
- Staff undertook medicine training and confirmed that an observed competency check was completed before they were able to administer medicines. One member of staff told us, "I was trained in medicines and underwent checks before completing any round."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were completed by the hospital discharge team prior to people being admitted into the service.
- Care plans were completed by senior staff with the involvement of people, where this was possible. Information provided by the hospital discharge team was seen to be incorporated.
- Care plans detailed people's immediate care needs for the duration of their stay at the service. This included support needs around mobility, medicines, skin care, physical health, diet and hydration, and personal hygiene needs. Care preferences were included, when expressed by people.
- Care plans varied in detail from person to person and there was an action plan in place to address inconsistencies that had been identified by visiting professionals.

Staff support: induction, training, skills and experience

- Staff training records were not up to date at the time of our inspection visit. The registered manager confirmed they had plans in place to complete a full training analysis of every staff member and had agreed a number of training sessions and refreshers with the local care providers association.
- Staff told us that training was provided. One member of staff told us, "I've had training on a regular basis. I think I'm up to date." Another member of staff told us, "The training has been okay. Some modules have had to be online due to the pandemic, but we have had the courses we need provided."
- Staff told us they felt supported by senior staff, in the main. Staff said they at times where the demand for the service was high they had not received supervision or opportunities to meet as a staff team. However, all staff we spoke with told us that the registered manager and senior staff were approachable and they felt listened to.

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

- People were consulted about when they ate and the meals they wished to have. Each person had a pictorial 'menu' in their room as a prompt and reminder of the drinks and snacks available to them.
- People's food and drink preferences were recorded in care plans, with any allergies or specific dietary requirements clearly documented.

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

- Records showed that staff were prompt to respond to any changes in people's health conditions.
- Each person was temporarily registered with the GP who provided support to the service for the duration of their stay. This meant that people did not experience any delay in obtaining health advice or support and

their recovery from COVID-19 was monitored.

- The registered manager told us they had a close working relationship with the hospital discharge team and could access the advice and support of multiple agencies to ensure people received effective care.
- Records showed the service had worked with other professionals to promote people's health such as the GP, occupational therapists, physiotherapists and dietitians.

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

- People had their own rooms. Each room had been decorated in neutral colours and the service provided people with the equipment and furniture they needed for the duration of their stay.
- There were enough communal facilities with a spacious garden that people could access once they had completed their isolation period.

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 MCA 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.

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.

- Records showed that the registered manager made suitable applications for DoLS where people were deprived of their liberty.
- People's ability to consent to care and treatment was recorded in their care plans. We saw that, where people lacked the capacity to make major decisions, 'best interest' decisions had been made with the involvement of people's relatives, advocates and relevant professionals.
- Staff were aware of the need to always obtain consent when they supported people and were heard seeking people's permission prior to entering their room or completing a task for them.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Throughout the inspection visit we observed staff treating people with respect and compassion. Staff spoke to people in a way they understood and with kindness and warmth.
- Staff explained how they got to know people, despite the short duration of their stay at the service and worked hard to build a rapport. Staff talked about people in an empathetic and kind way, demonstrating a clear understanding of how people might be feeling following their experiences of contracting COVID-19 and being hospitalised. One member of staff told us, "It is a privilege to work with people when they are at a very vulnerable time in their life. I very much enjoy spending time with people and learning about them."
- People who we spoke with praised the care staff. One person told us, "The carers are really good, very caring." Another person told us, "They are simply wonderful. So caring and attentive."
- Feedback received from people who had previously used the service was displayed in the main entrance. Many compliments regarding the caring attitudes and kindness of staff had been received.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were encouraged to share their views and make decisions about the care and support they wished to receive during their stay. One person told us, "Yes, I'm being asked how and when and by who." Another person told us, "I've been made very comfortable. It seems I only have to ask and it's done."
- People were supported to be as independent as they could be, taking into consideration the limitations that being in isolation presented. Most care plans detailed the tasks that people could carry out for themselves.
- Staff gave us examples of how they maintained people's dignity and privacy.
- We observed that staff were discreet when supporting people with personal care and respected people's right to be alone and to be private when they wanted to be.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff told us that changes to care planning and documentation they should complete with people had not always been made clear and the reasons why this was needed. Staff told us that this had caused uncertainty for a while regarding records, but felt that people had received care in line with their needs and wishes.
- Staff spoke positively about the work being undertaken by senior staff to provide people with more personalised care via effective care planning. An 'All about Me' document was being completed with people which recorded their wishes and preferences in all aspects of their care.
- People told us they had choices regarding their care, even when completing their initial isolation period. One person told us, "I've been asked all about me and what they need to know while I'm here. They (staff) are always asking me to say what I want or need. Can't do enough for me."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and recorded in care plans. Guidance was in place detailing how people communicated and any equipment they may need such as glasses or hearing aids.
- The registered manager was aware of the AIS. Information provided to people using the service was available in different formats such as pictorial guides, large text and via use of sign and symbols that people may be familiar with within documents.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place and was readily available in the service.
- People using the service were provided with opportunities to give feedback on the care and 'post stay' evaluation surveys were sent to people and their relatives.
- Records regarding any complaints received and the action taken in response needed further detail and organisation to evidence that complaints were managed effectively by the management team. This action was included in the action plan the registered manager had compiled.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since registering in May 2020, the service had gone through numerous changes in management and senior staff.
- The registered manager was clear on their role and responsibilities however confirmed that the increased demand for the service in recent months had had a negative impact on their ability to ensure quality checks and audits were consistently completed.
- There were a range of planned audits and checks covering all aspects of the service, but these were not fully embedded into everyday practice.
- Internal audits, feedback from people and staff and outcomes of visits from external agencies such as the local authority were being used to drive improvements required at the service. The registered manager had compiled an action plan which detailed the tasks for completion and the changes to be made in response to the findings of the processes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback from people about the atmosphere and staff at the service was positive.
- People were asked for their views on the service provided and to share their experiences of the care they received. The registered manager confirmed that all feedback was shared with the staff team.
- Staff showed a commitment to providing people with good quality care and support. All staff we spoke with told us how they had felt more involved in the development of the service in recent weeks and valued the opportunities to provide feedback and share any learning. One member of staff told us, "We've been meeting each week with line managers and that has been very helpful." Another member of staff told us, "There is a different vibe recently. Morale is high."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider understood the duty of candour and the importance of being transparent with others, as well as taking on improvements across the service.
- The registered manager encouraged feedback from people and staff for the benefit of improving the service offered.
- The comprehensive action plan that had been compiled demonstrated that the registered manager and

provider had promptly responded where lessons needed to be learnt.

Working in partnership with others

- Staff worked in partnership with professionals from other agencies. For example, the local Care Home Improvement Team (CHIT), hospital discharge team and health services.
- Care records showed that health related advice and guidance, when provided, was used to help with people's care planning.
- The registered manager and senior staff ensured that relevant information was shared with future care providers, where this was applicable, once a person was ready to be discharged from the service.