

Oxford Care Homes Limited

Fairholme House

Inspection report

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Date of inspection visit:
30 May 2023
07 June 2023

Date of publication:
05 July 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Fairholme House is a residential care home providing personal and nursing care for up to 22 people. The service provides support to older people, some of whom were living with dementia. At the time of our inspection there were 17 people living at the service.

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

There had been significant improvements made to improve people's outcomes. People told us they felt safe living at Fairholme House. Staff knew how to identify and report any concerns. Staffing levels had improved, and the home was using no agency staff. There were sufficient staff deployed to meet people's needs. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. Medicines were managed safely, and people received their medicines as prescribed.

People had a pleasant dining experience which offered a variety of appetising homemade food choices available at times that suited people's preferences. The menu was overseen, and food prepared by an enthusiastic catering team who knew people's needs very well. Staff supported people to maintain food and fluid intakes.

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 had a particularly good understanding of when the principles of the Mental Capacity Act should be applied.

Provision of activities had improved, and people had opportunities to participate in meaningful activities and we saw evidence people were involved in choosing activities and following their hobbies.

The home was well-led by a new registered manager who was committed to improving people's quality of life. The registered manager had developed internally and knew the service well. The registered manager and the provider created a clear management structure and established a group of staff who worked well as a team. The provider's oversight of the service had significantly improved. The provider had introduced effective quality assurance systems which were used to monitor the quality and safety of the service. Staff worked well with external social and health care professionals.

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

Rating at last inspection and update

The last rating for this service was requires improvement (Published 19 July 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this

inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended the provider consider current good practice guidance on staff training, induction and supervisions and take action to update their practice accordingly. At this inspection we found the provider had acted on the recommendations and had made improvements.

Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced focused inspection of this service on 31 May 2022. Two breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment as well as good governance. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fairholme House on our website at www.cqc.org.uk

Follow up

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?

Good ●

The service was 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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Fairholme House

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

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Fairholme House 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. Fairholme House 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed the provider's last inspection report and action plan. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives. Some people living in the home could not verbally give us feedback. As such we looked around the home and observed the way staff interacted with people. We further received feedback from five relatives. We looked at six people's care records and medicine administration records (MAR). We spoke with 11 members of staff including the registered manager, carers, kitchen staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records relating to people's care and the way the service was managed. These included staff training records, five staff recruitment files, quality assurance audits, incidents and accidents reports, complaints records, and records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection systems had not been established to assess, monitor and mitigate risks in relation to fire and legionella safety. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's environmental safety was maintained through the maintenance and monitoring of systems and equipment. There were up to date risk assessments and management plans for legionella and fire safety.
- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure these risks were managed and that people were safe. The provider's electronic recording system effectively interlinked people's risks, allowing personalised planning of care.
- People's risk assessments included areas such as falls, skin integrity and choking. Where people had been assessed as requiring regular checks, records seen indicated that these had been completed and we saw staff completing them at the point of care.

Using medicines safely

At our last inspection the provider's systems to manage medicines were not always effective. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines as prescribed, and the service had safe medicine storage systems in place. Where people were prescribed when required medicines (PRN), they had PRN protocols in place to guide and enable staff to safely administer PRN medicines.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Staff had been trained in administering medicines and had their competencies to administer medicines regularly checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage

medicines safely.

Learning lessons when things go wrong

At our last inspection we found the provider had not established systems to assess, monitor and mitigate the risks relating to quality and safety of care. As such there were no lessons learnt. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had introduced and embedded a system to manage shortfalls and aid lessons learnt. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. For example, a fall analysis trend had resulted in management arranging a falls prevention training aimed at improving the level of falls.
- Discussions with staff showed there had been learning following shortfalls. Records of staff meetings also highlighted where learning and change had been implemented.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe from abuse living at Fairholme House. Comments included, "Yes, I definitely feel safe, there are plenty of staff and they know what they are doing" and "I use a Zimmer [frame] now, but I can still get about and using it is a confidence thing really. I haven't had a fall since I came here."
- People were supported by staff that knew how to raise safeguarding concerns. One member of staff said, "I received training, and I can report concerns to safeguarding team." Records showed staff had received regular safeguarding training and updates.
- The provider had a safeguarding policy in place which staff followed. Where concerns had been identified, the registered manager had raised these issues with the local authority safeguarding team and worked to help resolve the issues.

Staffing and recruitment

- People and relatives told us there were enough staff and they rarely had to wait for someone for support. Comments included, "There are usually ten or eleven of us sitting here (in the main lounge) and there is nearly always someone about" and "There are always people [staff] around you here and that makes it alright, it is much better than me being on my own."
- On the day of the inspection we saw people attended to in a timely unrushed manner. There was a sense of calm in the home.
- Records showed the provider followed safe staff recruitment processes which included disclosure and barring service checks (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.
- The provider supported people with safe visitation and this aligned with government guidance. People and relatives told us visits were facilitated and encouraged.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider consider current good practice guidance on staff training, induction and supervisions and take action to update their practice accordingly. The provider had made improvements.

- New staff completed a comprehensive induction and did not work unsupervised until they and their line manager were confident, they could do so. The induction included the provider's own improved mandatory training as well shadowing opportunities of experienced members of staff.
- We found staff had access to supervisions and appraisals which were used to develop and review their practices and focused on well-being support as well as professional development. Staff told us they felt supported and that these meetings provided an opportunity for them to meet with their line managers and agree objectives as well as discuss their performance.

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

- People received care and support that was centred around their assessed needs, choices and decisions. Care was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation. This was monitored to ensure consistency of practice.
- Assessments of people's needs were comprehensive, and people's records showed a streamlined process from first contact to admission.
- Records also showed people and their relatives were involved throughout the process.

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

- People were supported with nutrition and hydration in a dignified way. The dining environment was pleasant, and food was home cooked. On the day of the inspection, we saw people had a positive dining experience and staff were at hand to provide support in a dignified way.
- The service provided good quality food with a variety of different options to choose from each day prepared by a knowledgeable kitchen staff. People told us their feedback was sought and used to improve their dining experience. Staff were aware of people's individual preferences and patterns of eating and drinking.
- People told us they enjoyed the food and said, "The food is very good, there is a choice and someone comes round with a sheet of paper in the morning", "[Staff] the cook is very good. I am a vegetarian and she always manages to give me different things, I had a veggie curry today" and "Food and drink, they look after

you very well and there is too much sometimes."

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

- People experienced positive outcomes regarding their health and wellbeing. The provider had systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support.
- Where referrals were needed, this was done in a timely manner. People told us and records showed they saw professionals whenever they requested. One healthcare professional told us, "I recently gave staff some resources and suggestions to reduce anxiety for a resident during personal care. Things are much improved now and the resident is a lot happier with care."
- People's care and support was planned and coordinated when people moved between different services. The service involved people in decisions about their health and encouraged people to make choices, in line with best interest decision-making.

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

- Fairholme House was an adapted building which had gone through an environmental refurbishment. The home smelt fresh, had been repainted and decorated to a good standard.
- The home was spread across two floors with winding stairs for access which had been risk assessed. People's rooms were personalised and decorated with personal effects.
- There were a number of communal sitting areas around the home including a conservatory where people could spend their time. One person commented about the pleasure they felt when they visited the conservatory and said, "It is lovely there, when the sun is going down it shines in there and I go and just sit on my own there."
- The home allowed free access and people could move around freely in the communal areas of the building and the outside space which had beautiful, landscaped gardens with several sitting areas.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported in line with the principles of the Act. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out. Where capacity was not evident to make specific decisions, best interest decisions had been made and management and staff followed the correct process to do so.
- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use photographs and documents were signed by people or their legal

representatives.

- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "Support people in their best interest. We can use distraction techniques like change of environment. We take one person in the garden and it calms them."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

At our last inspection the provider had failed to ensure people's care records were up to date and reflected current care. This was a breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had invested in an electronic care recording system which effectively interlinked people's risks, allowing personalised planning of care. This allowed real time care plan updates and point of care recording.
- People received care and support specific to their needs, preferences and routines. Care planning was focused on the person's whole life, including their goals, skills and abilities. We saw evidence people and their relatives were involved in the planning of care.
- Staff knew people very well, had a good understanding of their individual needs and made sure those needs were met. People's needs and any changes were communicated amongst staff through recording system alerts, daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

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.

- The provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.
- People had communication needs assessments completed as part of the care planning process. For example, some care plans guided staff to observe facial expressions and show things instead of explaining. For example, toothpaste and toothbrush.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- We found provision of activities had improved. The provider had an activities coordinator in post who supported people with activities of their choice.
- People had access to a variety of activities which included music sessions, gardening, jewellery making and special holiday celebrations.
- People told us they were involved with some activities and commented on some enjoyable and memorable ad hoc events that had been held from time to time. People said, "I like it when the entertainers come in like a ventriloquist. He is very good, and you can't see his lips moving, has lots of puppets and he has just introduced a new one named Boris", "I go down if there is something to do. My grandson came yesterday to play the clarinet and I think it went down very well" and "The local vicar comes in here and I go to the service. It is a short service but always very pleasant and a few of the other residents go too."
- Some people chose not to attend activities and staff respected their wishes. They told us that they were not put under pressure to attend activities if they did not wish too. We saw evidence these people received individual activities.
- Relatives were encouraged to attend activities. One relative commented, "Last year the home held two events for residents and families. Bonfire night we had a fireworks display, food and refreshments were provided. This was a lovely idea and my mum enjoyed having us there with her. At Christmas they had a party for the residents and we were invited to participate in that too, it was a lovely fun afternoon."

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their experiences of care and support and could do so in a range of accessible ways, including how to raise any concerns or issues. The provider had systems in place to manage complaints. We saw the provider had not received any formal complaints since our last inspection; however, any minor issues had been addressed in line with the provider's policy.
- People and their relatives told us they knew how to make a complaint. One person told us, "Well first of all I would say something if I was unhappy with anything. I would go to one of the carers if there was a problem and then to the manager if there was no response." One relative said, "I once raised a minor concern which was addressed and implemented immediately with no problem."

End of life care and support

- People were supported to make decisions about their preferences for end of life care. This included funeral arrangements and preferences relating to their support at the end of their lives. The staff ensured these preferences took account of people's cultural and spiritual needs.
- The registered manager informed us no one was receiving end of life support at the time of our inspection. The team often worked closely with other professionals to ensure people had a dignified and pain free death.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 the provider had failed to establish systems to assess, monitor and improve the quality and safety of care. This was a breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had introduced a significant amount of effective quality assurance systems. There was an improved emphasis on continuously improving the service. The staff team assessed the quality and safety of the service through real time audits via an electronic record system. This provided effective oversight of what was happening in the service. This meant concerns were responded to in a timely way and allowed reviews of care to be completed instantly. Audits included all aspects of care including health and safety checks, safe management of medicines and people's care records.
- There was a new registered manager who had been in post for 3 months. They were supported by a visible and available provider. There was a clear management and staffing structure, and staff were aware of their roles and responsibilities and had confidence in the management team.
- The management team and staff considered information about the service's performance and how it could be used to make improvements. Records showed there were discussions around how to improve people's care following audits and surveys as well as comments from meetings.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were complimentary of the improvements and told us the home was well-led and said, "Overall I think the manager does well" and "Nice changes, they have put down new carpets and this new (vinyl) floor. The new manager is good."
- Relatives were equally complimentary of how the service was run. Comments included, "We think that Fairholme is adequately managed and have noticed an all-round 'refreshment' since the new manager has been in place. We have reported our observations to the owners that the staff seem more confident, and a happy atmosphere pervades", "I think that Fairholme is managed well. All of the residents seem happy there and when we visit, I think that it always seems a calm environment. The lounge has been renovated

and looks nice and refreshed" and "I think the home is managed in such a way that it feels like a real home. Residents needs and wishes come first. As a daughter of a resident, I feel part of the home."

- Staff were appreciative of the support they received from the management team and the directors. They said, "Manager is supportive and available. The owners are always around" and "Good improvements - environment and general outlook. Manager is very fair, and we learn a lot from her. The owners are very supportive, and we can go to them any time."

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

- People and their relatives had opportunities to raise any comments via an open-door policy at any time. Communication was described as a two-way process which enabled better resolution of any issues raised. One relative said, "Communication is very easy. I have rung and been rung. I know I can text at any time and then responded to quickly."
- The provider had introduced surveys and had recently completed one. They told us the information gathered would be used to improve the service.
- Records showed staff attended meetings which included agenda items of updates on staffing and recruitment, feedback from people and relatives as well as current challenges the home was facing. Staff told us they felt listened to.

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

- The provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.
- The registered manager promoted a culture that was open and transparent in everything the service did. They recognised the importance of learning when things went wrong and sharing that learning with others.

Working in partnership with others

- The service was transparent and collaborative with relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals and the commissioners to support care provision, service development and joined-up care.
- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.