

# Mr Gregory Brian Reeve

# Fairby Grange

## 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



### Overall summary

The inspection took place on 18 February 2015 and it was unannounced, which meant that the provider did not know that we were coming.

Fairby Grange is a residential home providing personal care with accommodation for up to 30 older people, some of whom were living with dementia. At the time of our inspection there were 24 people lived at the home.

There was a registered manager at Fairby Grange. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were at risk of abuse because all staff had not undertaken suitable training in order to recognise and respond to suspected abuse. Relevant safeguarding guidance for staff was not available to enable staff to make sure people were safe. We have made a recommendation about the use of appropriate safeguarding guidance for staff.

# Summary of findings

Although people told us that they felt safe when the staff were providing their care, the practices within the home were not always consistent with people's positive views about their safety.

Medicine records were not recorded correctly or handled safely and members of staff were not adequately trained in medicine administration.

Not all staff had the training they needed to effectively care for people. Staff had not received effective training, support and supervision. Annual appraisals had not taken place. Staff had not received regular checks of their competency to carry out their roles.

Staff did not respond in a timely way to people when they requested their care or support, which showed that the provider did not have sufficient staff to meet the needs of people.

The leadership of the service was not effective and quality assurance systems were not in place, which would enable recognising and addressing shortfalls in the service to ensure people were safe and their health, care and welfare needs were met.

People's consent to their care and treatment had not been sought or acted upon. Staff showed a lack of understanding with regard to the principles of MCA. Staff had not received the appropriate training and support to ensure people were supported to make decisions in their best interests and how they should recognise if someone was being restricted unlawfully.

Mental capacity assessments did not always follow the principles of the MCA (2005) and DoLS applications had been made without following any assessment of the person's capacity to make certain decisions. People or their relatives had not been consulted or involved in these assessments.

There were no records of involvement of people in the preparation of menus in the home. Some people stated the food was good, others told us the food was not to their liking. People had limited choices in the menu. We have made a recommendation about the use of appropriate guidance for the provider to seek involvement from people in menu choices.

Person centred care plans were in place and had been reviewed. However, the records could not demonstrate

each person or their relatives were involved in regular review of their care, treatment and support. We have made a recommendation that the provider involves people in the decisions about their care, treatment and support.

People and relatives knew how to make a complaint if they were unhappy. The provider had a complaints procedure. However, the procedure did not refer to other agencies which meant people did not have easy access to all the information about their rights should they wish to make a complaint about the service. We have made a recommendation about the use of appropriate guidance on complaints.

Staff did not consistently demonstrate respect for people's dignity.

People spoke positively about the way the home was run. They stated the registered manager was very approachable and understanding. However, there were no systems in place to review the quality of service that was provided for people. Regular audits were not carried out to make sure all aspects of the service promoted people's safety and welfare.

Accidents and incidents were recorded but there was no evidence to show that the registered manager or the staff had regularly reviewed, monitored or learned lessons from incidents that had occurred.

Risk assessments were in place to identify risks when meeting people's needs. There were assessments on various areas of care such as falls, mobility, bed rails and diabetes. These risk assessments were reviewed in 2014.

Staff supported people with their health care appointments and visits from health care professionals such as the local GP. Care plans were amended immediately to show any changes, and reviewed by staff as and when necessary to ensure that they were up to date.

People received the care and support they needed. They said they liked living in the home. One person said, "I like living here. I have my pet cat with me in the home and I feel this is an example of how caring they are. They love him. Can you believe it?"

# Summary of findings

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Staff had not received up to date training in safeguarding people. However, they were aware of their role and responsibilities in relation to safeguarding people from abuse.

There were not always enough staff to meet people's needs in a timely manner.

Medicines were not always safely administered. Staff demonstrated poor practice when giving medicine to people.

The provider demonstrated safe and appropriate recruitment practices and procedures.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective.

Members of staff were not appropriately supported. Staff supervision were not up to date and annual appraisals did not take place.

Staff had not undertaken Mental Capacity Act (2005) (MCA) and Deprivations of Liberty Safeguards (DoLS) training, to make sure that they understood how to protect people's rights.

People had varied views about the food. However, they were not involved in making chooses about the menu.

People told us that the service met their needs well but we found improvements were needed.

**Requires Improvement**



### Is the service caring?

The service was not consistently caring.

Although people's diversity and values were respected, staff had not always ensured people's dignity was protected.

The management team and staff had not always demonstrated caring, kind and compassionate attitudes towards people.

People were supported in promoting their independence and encouraged to receive visitors.

**Requires Improvement**



### Is the service responsive?

The service was not consistently responsive.

Care plans did not show that each person was involved in regular review of their care plan, which included updating assessments as needed.

**Requires Improvement**



# Summary of findings

The activities people chose from were limited and did not meet their individual needs or preferences.

There was a complaints procedure. However the procedure did not properly signpost people to other agencies if they were not satisfied with outcome of any investigation.

People's needs were fully assessed with them before they moved to the home, to make sure that the home could meet their needs.

## Is the service well-led?

The service was not consistently well led.

The provider had a clear set of vision and values, which had not been successfully used in practice.

There were no quality assurance and monitoring systems in place to identify shortfalls or to develop and improve the service.

Staff, people and professionals were not provided with opportunities to share their views and concerns and be involved in developing the service.

**Requires Improvement**



# Fairby Grange

## Detailed findings

### Background to this inspection

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

The inspection took place on 18 February 2015 and was unannounced.

Our inspection team was made up of two inspectors and one expert-by-experience who spoke with people living in the home. This was how we obtained the views of people who used the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had knowledge, and understanding of older person’s residential homes, hospital support, and supporting family and friends with health care problems.

We spoke with 18 people, eight relatives, one person who visited for a ‘taster’ day, three senior support workers, three support workers, one activity coordinator and the registered manager. We also contacted health and social care professionals who provided health and social care services to people. These included community nurses, doctors, local authority care managers and commissioners of services.

We looked at the provider’s records. These included three people’s care records, including care plans, mental health care notes, risk assessments and daily records. We looked at two staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We reviewed previous inspection reports and notifications before the inspection. A notification is information about important events which the home is required to send us by law.

At our last inspection on 10 October 2013, we had no concerns and there were no breaches of regulation.

# Is the service safe?

## Our findings

People who used the service informed us that they felt safe and had no concerns. However, our own observations and the records we looked at did not always match the positive descriptions people and relatives had given us. One person said, “Yes I feel safe. I’ve had no cause to feel otherwise”. Another person said, “Absolutely!”. Relatives felt that their family members were safe. One relative said, “Oh yes, it’s all safe. At least now I can walk away and know she’s safe and cared for”. Another relative said, “I think my relative is safe here. We are happy with it” and “There’s peace of mind now. It’s a great relief to have my relative here”.

Fairby Grange had a safeguarding policy which detailed what staff should do if they suspected abuse. The policy listed the possible signs and symptoms of abuse. It detailed the names and numbers of organisations that abuse should be reported to. Although staff had access to the provider’s policy and they knew how to recognise abuse and act appropriately they did not have the local authority’s guidance available which should work alongside any provider policy to guide the staff. Staff understood the various types of abuse and how to report any concerns about abuse to make sure people were protected. Staff told us that they had completed safeguarding adults training. The staff training records showed that 13 out of 28 staff had completed safeguarding adults training in 2012 and these had been due for renewal in 2014. This meant that not all staff had received training to enable them to keep people safe, although they did know what to do in practice.

**We recommend that the provider seeks and follows local authority’s guidance on how to keep people safe.**

The registered manager used a weekly roster system to determine the number of staff on shift. There were day, night and wake night shifts on the roster. We observed that there were 3 staff on morning shift and 3 on late shift, which the registered manager confirmed. We asked staff and the registered manager if there were people who required two staff to support them with their care and they told us that there were two people. Staff used the hoist to move one person. This meant that when 2 members of staff attended to one person, there was only one staff member to provide care and support for 23 people. If both people who required 2 members of staff to support them required

support at the same time, there would not be enough staff to safely meet people’s needs. On one occasion in the afternoon, one person wanted to use the toilet, there was no staff to support this person. It took a while before staff came to assist the person. The management of the service had identified that there were insufficient staffing and had made arrangements to cover this with the registered manager working alongside care staff to support people. The registered manager accepted that there had been staff shortage and told us that they had problems recruiting staff in the past, which was the reason for inadequate number of staff. They had recently recruited more care staff that were undergoing induction. This showed that although steps had been taken to recruit new staff the provider did not have sufficient staff to meet the needs of the people at all times and the roster system used to determine the number of staff on shift was not effective.

The examples above showed there were not enough staff deployed to meet peoples’ needs and keep them safe at all times. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulations 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were given to people as prescribed by their doctors but records were not always kept. There were several gaps in recording, where medicines had not been signed as having been given. For example, on two occasions in February 2015 there was no record to show whether two people had received their prescribed medicines because staff had failed to sign the records at the time. We asked the registered manager about the gaps and we were told that the medicines were given but staff forgot to sign. There were no records that indicated that these medicines were given and no medicine audits being undertaken to highlight any poor practice. The registered manager said that when any gaps in the records were brought to her attention, she would talk with the member of staff responsible; however she was unable to provide any written evidence to support this. There was a sticker on the homely remedy list form for one person that stated ‘needs updating’. The date of the form was 2011. We could not evidence if this had been carried out or not. There was no robust procedure to audit all aspects of medicines management.

## Is the service safe?

The registered provider's policy relating to the administration of medicine was not being followed by staff. We observed poor practice in the giving of medicines. A member of staff had put people's medicines in separate plastic pots. The member of staff took the individual pots to three people in turn. For one person, the member of staff tipped the tablets into their own hand before putting one tablet at a time into the mouth of the person. The medicine records for the three people had been completed before their medicines were given. There was a risk that people might not receive the correct medicine as staff were not following the correct procedure. The provider's medication policy clearly stated that 'The medicine trolley will be taken to the resident' and 'there must be two members of staff present, one performing the actual physical handling and the second checking on the procedure and the rate of dosage'. The registered manager said that they would have been the second person. The medicine round was at 8.00am, and the registered manager arrived around 9.00am. Further, the medicine trolley remained locked in place in the dining area and was not moved during our observations.

Staff who handled medicines said they had completed training to do so safely. The staff training records showed that 14 staff were identified as competent to administer medicines. Out of these 14 staff, five were trained in 2008, one person in 2009, two in 2010, one in 2011, two in 2013 and two in 2014. Ten staff had 'supervision' written against their names, which the registered manager explained as supervision to show competence in medicine administration. This showed that not all staff had received up to date (refresher) training to enable them to safely administer medicines to people.

The examples above showed that medicine records were not recorded correctly, medicines were not handled correctly and members of staff were not adequately trained in medicine administration. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulations 12(1) (g) (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were stored safely. There was lockable storage available for stocks of medicines. There were two medicine trolleys, which were locked and secured to the wall. There were safe procedures for ordering and disposing of medicines. The medicine fridge was locked and a record

had been kept of the fridge temperatures, to make sure that medicines were stored safely. The contents of the controlled drugs cupboard and register were checked and these records were accurate.

The provider operated safe recruitment procedures. Staff files included completed application forms, which had staff members' educational and work histories. There was a system in place to make sure staff were not able to work with people until the necessary checks had been received to confirm that they were safe to work with people. Each file contained evidence of satisfactory pre-employment checks such as disclosure and barring service (DBS) check, the right to work in the UK documentation and references. Staff files contained copies of their passports and information about their qualifications. This showed that the provider had effective recruitment and selection processes in place. There were policies and procedures in place that guided staff about safety. These included a business continuity emergency plan that set out how people's care would continue in the event of an emergency, such as partnership working with other care home in the area and social services contact details. Staff told us they kept up to date with important changes to people's care needs by reading their care plans, risk assessments and attending staff meetings and daily handover meetings between shifts.

Risk assessments were completed to show that the risks to people had been considered when providing care. These included people's risk of falls and what support they needed when walking. The risk of people developing pressure sore areas on their skin if they had limited mobility was assessed. We saw examples where people had signed these records showing their agreement with the assessment. Guidance about any action staff needed to take to make sure people were protected from harm was included in the risk assessments. Staff were aware of and used action plans contained in care plans to minimise the risk of incidents such as falls. Where people's needs changed, the registered manager and staff had updated risk assessments and changed how they supported people to make sure they were protected from harm.

There was a policy for staff to follow when dealing with accidents and emergencies. Staff considered the risks that people may face when care and support was provided. One staff member told us how they checked to ensure any hoists they used to safely move people were in good



## Is the service safe?

working order. Accidents and incidents were recorded. Four minor accidents related to staff had taken place since the last inspection and one incident related to a person who

used the service. These were documented and follow up action was recorded on the electronic monitoring system. This showed that staff had followed home's policy on accident and emergencies.

# Is the service effective?

## Our findings

People told us that the service met their needs well. People said, “I had a slight accident, staff called the doctor and he came here to my room, he recommended the hospital, so off I went with my daughter. I soon came back, and I’m healing now”. Another person said, “They get a doctor straight away. One time I was sick, and the manager took me to the hospital herself” and “You just tell them if there’s anything wrong and they’ll get a doctor in”.

Relatives were confident about the home meeting people’s health needs. One relative said, “She’s improved a lot since coming here”. Although people and their relatives told us they felt confident that the care was effectively meeting their needs we found that improvements were required.

Members of staff felt supported by the registered manager, however one to one formal supervisions had not regularly taken place. Out of the three staff files we looked at, one person had one to one formal supervision once a year since 2008 up till 2014. The other two members of staff had no one to one formal supervision records in their file. Members of staff said, “I normally have supervision every 3 months but I cannot remember the last time”. The registered manager confirmed that they had not had the time to have formal supervision with staff. They said, “Supervision should be done 6 times a year but because of staff shortage, I could not do them as I work on the floor. Staff do talk to me informally. Staff had not received annual appraisals, which are needed to identify staff performance and which areas staff needed to continue to improve their skills and knowledge.

Staff had limited awareness of the Mental Capacity Act (MCA) 2005 and not all staff had been trained to understand this and the Deprivation of Liberty Safeguards (DoLS). For example, we asked staff to tell us the process of DoLS but they were unable to describe this. We heard comments such as “We apply for DoLS to keep people safe”. The staff training records showed that 3 out of 28 staff had completed Mental Capacity Act training in 2013. This meant that not all staff had received training to understand the MCA principles and how to apply them in practice.

Staff had not received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 23 of

the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulations 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Information in staff files and discussion with staff showed that a staff induction programme was in place. This included shadowing an experienced worker until the care worker was deemed competent. Staff had completed National Vocational Qualification levels in health and social care. National Vocational Qualifications (NVQs) are work based awards that are achieved through assessment and training. To achieve an NVQ, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

While staff and the registered manager understood their responsibility for applying for DoLS when people’s freedom was restricted, they did not understand the process for assessing people on their capacity to make their own decisions and what to do if they needed support to do this. For example, DoLS applications were made for 4 people with dementia out of 7 people ‘to make them safe’. However, an assessment on their ability to make specific decisions or consent to actions was not carried out. People’s photographs were put on a computer at the reception hall displaying these to everyone entering the premises. We asked if their consent was sought and we were told this was done verbally. This was not recorded anywhere. There were electronic key pads on doors in the home but people had not been assessed under the MCA and their consent sought to these restrictions. The registered manager had not considered if people could be supported in a less restrictive way such as increasing staffing to support people. Steps taken in the home did not follow the principles of the Mental Capacity Act (MCA) 2005.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulations 11(1) and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported by familiar staff who understood their needs. Staff showed they knew each person by describing what people’s needs were and the part they played in delivering the care that had been planned to meet people’s needs. People with more complex health needs such as dementia were known to staff so that their health and wellbeing was planned for and delivered

## Is the service effective?

effectively. For example they were aware of people with specific needs because of their deteriorating condition. Staff understood how to deliver additional assistance such as supporting an individual to attend their health care appointment.

There were mixed views about food. People said, “The food is very good. It is lovely”. “Excellent food, but sometimes difficult to cut”. Other comments included, “There’s not really enough hot drinks. I would prefer more”. “The food is not always great. Not a lot of choice. There’s no cooked breakfast except on Saturdays”. “Cheap and cheerful! There’s plenty of choice but it’s very repetitive and boring. For example, toad in the hole, then sausages. I was used to the best food, but it’s difficult for them here. And it’s a business; they’ve got to make a profit” and “it is boring food. It’s all right but not ‘my food’ and not enough gravy by far”.

Relatives also commented on the food. They said, “It always smells good!” Another person said, “She’s got used to the food, but there’s not much fresh vegetables and no fresh fruit. The chef is helpful though”.

We observed the lunchtime meal. People chose where to sit for lunch in the dining room. People were not offered much choice of food for lunchtime. People had roast gammon, roast potatoes, vegetables with gravy and banana pudding as desert. The cook told us that they prepare roast food on Wednesdays and Sundays. They said, “On a Wednesday and Sunday, it’s always roast food. If anyone wants something different, I will prepare it. The cook told us that the registered manager informs them of the meal to cook. They told us that they never had food planning meetings where menus were discussed. We asked the registered manager about people’s choices regarding

food and they told us that they normally have set meals on some days and they speak with people about food choices daily. However, we found no evidence of this in records in the home.

**We recommend that the provider seeks and follows guidance on how to provide nutritious meals and how to involve people in menu planning in the home.**

The registered manager had procedures in place to monitor people’s health. Referrals were made to health professionals including doctors, dentists and podiatry specialist as needed. One person following a number of falls had been referred by their doctor to the falls clinic. Care plans showed that people had access to a range of health care professionals including doctors, community nurses, dentists and opticians when needed and they had regular health checks. Community nurses visited daily to monitor the health of a person who had diabetes. Individual risk assessments for diabetes and catheter care were in place for those people who needed them.

The design of the premises enhanced the levels of care that staff provided because it was spacious, well decorated and had been suitably maintained. Corridors were spacious with good lighting which was crucial for helping a person with dementia to make sense of their environment. Bedroom doors were recognisable with people’s names with different designs on the doors, which made the environment suitable to the needs of people. Safety checks had been carried out at regular intervals on all equipment and installations. Fire safety systems were in place and each person had a personal emergency evacuation plan (PEEP) to make sure staff and others knew how to evacuate them safely in the event of a fire.

# Is the service caring?

## Our findings

People commented as follows, “Very pleasant, caring staff”. “Fantastic staff, very caring”. “It’s like one big family here. I know all their names”. “Mostly helpful and caring”. “Very kind staff, they do care about us here. It’s a nice place to live.”

Although people told us that they were treated with kindness, staff had not always responded to people in a caring manner. One person wanted to use the toilet and there was no staff to support this person. There were mixed views from relatives about caring in the home. One relative told us that one staff was “not so good” and had refused to bring their mother a late cup of tea at 10.00pm as she normally likes it, but other staff do. We were requested by the relative not to raise this with the registered manager because they would like to do so themselves. They said, “We still wished to say again that we are happy with the home”. Another relative said, “All the staff are happy and seem to treat everyone well. It all seems to be going smoothly” and “We are happy with the home. We’ve seen good interaction between staff and residents”.

People were assisted discreetly with personal care. One person who had visual impairment was supported by a support worker to move around, by guiding his four wheeled walker. The member of staff spoke cheerfully to him, reminding him of where they were going and in which direction. However, we observed that this person was still wearing their clothes protector, which was a bib at 11.00am in their bedroom. This showed that staff were not consistently caring and ensuring people’s dignity.

Staff knew people’s backgrounds and talked to people about things they were interested in. Support was individual for each person. People were able to make some day to day choices about their care, such as the clothes they wanted to wear. However, they were not always

involved in choices about the food they wanted to eat and less complex decisions such as the use of electronic key pads on doors in the home. Some people were unable to make complex decisions. When this was the case, people had a named relative to speak on their behalf.

Staff were patient and encouraged people to do what they could for themselves, whilst allowing people time for the support they needed. People were able to choose where they spent their time including in their rooms or in the shared rooms such as the lounge or dining room. People had personalised their bedrooms with their own belongings which reflected their likes and interests, such as ornaments, photographs and pictures.

People’s diversity and values were respected. Staff described in detail how they respected people’s individuality. One staff told us, “The residents are all different. It’s about getting to know them and their individual preferences and more holistic caring”. People were supported differently based on the degree of their needs. One person who needed rest in her bedroom was supported to go to her room and another who wanted to sit alone in the reception area was supported to do so.

People were supported in promoting their independence. One member of staff told us, “If they can wash their face, we support them to do this. We ask them for example about the clothing they would wear. We let them do as much as they can”.

Visitors were welcomed at the home at any reasonable time and people were able to spend time with family or friends in their own rooms. There was also a choice of communal areas where visitors could spend time with people other than in their rooms. We observed that people received visitors as they wished. All of the visitors said they were always welcomed into the home and we saw one visitor being asked if they would like to stay for lunch.

# Is the service responsive?

## Our findings

Although people told us they received support or treatment when they needed it, our observation showed this did not always happen. One person said, “I don’t drink tea or coffee. They always remember and I am pleased about this.” Another person said, “They are very helpful when you’ve got problems. If you have a complaint, they write it down. I have never had a reason to complain”.

Care plans were in place and had been reviewed, but the changes that had been added after reviews were muddled with previous information, which made it difficult for staff to know what the most up to date care should be. The registered manager agreed that the care plan would have been easier to follow if new pages had been added and the old pages filed away. Fairby Grange care plan policy stated that the home would develop care plans with the ‘service user’. However, the care plans did not show that each person was involved in regular review of their care plan, which included updating assessments as needed. They or their representative were not always involved in the review of their care.

**We recommend that the provider seek advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their care, treatment and support.**

The registered manager carried out a pre-admission assessment before people moved to the home, to ensure that staff could meet their individual needs. The assessments included managing people’s personal care, mobility, medicines and social activities. A person who was considering respite care at the home had come along that day for a ‘taster day’. Their relatives had brought them to the service, where they would stay for the day. The registered manager said that this was to help them make a decision about whether they wanted to come and stay in the home permanently.

The home employed an activities coordinator who carried out activities four days a week. There were no planned activities for the other three days of the week. The registered manager told us that people decided on what they would like to do on these days. The activities co-ordinator planned and supported people to take part in a range of activities. During the inspection, staff assisted

people to play board games, puzzles and quizzes in the lounge in the afternoon. They also spent time and encouraged people to join in. However, the activities were not diverse enough to cater for different interests.

There were interaction between people and the activities coordinator. Several people mentioned the regular hairdresser as a positive. One person said, “I get my nails done, which is good”. However, people felt there were not enough diverse activities. One person said, “There’s not too much to do. I do my knitting, and go out with family”. Another person said, “There are activities, if you can call them that!” Others commented, “We occasionally have entertainers”, “I haven’t been out yet. I am looking forward to the summer weather. At first, I felt like I’d lost my liberty. I have to get used to it”.

**We recommend that the provider seek advice and guidance from a reputable source, about providing diverse meaningful activities for the elderly in accordance with their individual needs and choices.**

Staff interactions with people were positive, which encouraged people to decide what they wanted to play, with whom they wanted to play and to enjoy themselves. People took part in activities during our visit based on their interest and abilities. Those who chose not to take part were engaged in conversation with staff, which promoted their wellbeing and avoided the risk of social isolation. Relatives and visitors were welcome at any time and were invited to stay and have a meal with their family member. A relative said, “We pretty much can come in whenever we want, so I do and we’re made to feel welcome”.

One member of staff who was the activities co-ordinator told us that people chose what they would like to do and this was recorded in their care plans. The staff member explained that they spent time with people and encouraged them to join in. One person’s care plan showed they enjoyed music and playing bingo. The activity programme for the week showed that singing and bingo were available.

People told us that they had no complaints and if they did, they would speak with the registered manager or staff. One person said, “Well, the manager comes regularly to see me and I can talk to her”. Another person said, “I’d go to the manager if I have any concerns. The manager told me, if there’s anything upsetting you, just come to me, which is good”.

## Is the service responsive?

One relative said, “If I have a complaint, I’d go to the manager. She is good. I’ve had a good heart to heart with her”. Another relative said, “I go to the manager. I like her. She always rectifies it”.

Staff told us that they understood the complaints procedure. They said, “I will sit the person down, talk to them and record it. Find out what the problem is and report it to my line manager”.

There was a complaints procedure named ‘Complaint Notice’, which detailed the procedure on what to do if a person wanted to make a complaint. This was displayed in the waiting area so that it was available to people and visitors. The displayed procedure included the timescales in which they could expect a response and what to do if a person was not satisfied with how the provider had handled their complaint. However, the procedure named CQC as the other agency to go to if not satisfied with how it

was resolved. While CQC can be notified of complaints, it does not investigate complaints. The procedure did not refer to other agencies such as the local authority and Local Government Ombudsman and their contact details. This meant that people did not have easy access to all the information about their rights should they wish to make a complaint about the service. The registered manager told us there had not been any complaints received. However, there were no records of people’s dissatisfaction about food and activities. We spoke with the registered manager about our findings and they told us that they address issues as they were informed. They said they did not record them in the complaint’s log. We did not see a complaint log in the home.

**We recommend that the provider seek advice and guidance from a reputable source, about complaints processes.**



# Is the service well-led?

## Our findings

People told us the manager and staff were approachable. They told us that they would speak with staff or the registered manager if they had any concerns. Staff also commented and said, “I have been working here for 11 years and I enjoy it”. A relative said, “I do find the manager approachable”.

The provider had a clear set of aims and objectives. These stated ‘Our main objective is to ensure that our residents at Fairby Grange feel ‘at home’. It also stated that they strive to create a warm, friendly caring environment, treat each person as individual and respect people’s need for privacy, dignity and their wishes to maintain as high level of independence as possible. The registered manager and staff had not always demonstrated their commitment to implementing these by putting people at the centre when planning, delivering, maintaining and improving the service they provided. Our observation showed that these objectives had not been successfully cascaded to the staff who worked at the home by the provider. The registered manager had not implemented these objectives as people were not actively involved in their care as much as they wanted to be and were not always provided with meaningful activities.

There were no systems in place to review the quality of service that was provided for people. Audits and checks were not carried out to monitor areas such as health and safety, care planning, accidents and incidents, and medicines. Accidents and incidents were not always clearly recorded and monitored by the registered manager to see if improvements could be made to try to prevent future accidents. There was no evidence of follow up from a reported fall in the daily records or in the accident book to make sure that any causes were identified and action taken to minimise any risk of reoccurrence. The registered manager said that as the fall was not witnessed, they had been told that it was not necessary to record it in the accident book.

The registered manager was not adequately supported by the provider who was the owner. At the time of our inspection, the registered manager told us that provider/owner had been unavailable due to personal circumstances and their daughter had been visiting to familiarise themselves with the day to day operation of the home in order to provide support to the registered

manager. The registered manager told us that the last visit was in December 2014 by the provider/owner’s daughter. This showed that there had not been regular visit by the provider/owner or their representative to the home to check the standards of the service or care or to support the registered manager.

Medicines administration records (MAR) had not been checked and medicine audits were not being undertaken to highlight any poor practice in the administration or recording of medicines which put people at risk of not receiving medicines according to good practice guidance.

People had not been consulted or their views taken into account in the way the service was delivered. The last ‘client’s meeting’ was held on 27 January 2012. We asked the registered manager about this and they said, “We have not done one for the last 2 years due to staff shortage”. The registered manager told us that they were in the process of restarting this as they had recently recruited more staff.

Staff were not regularly involved in sharing ideas or developing and improving the service through staff meetings. The last record of a staff meeting was dated 03 July 2012. The registered manager confirmed that staff meetings were not regular. Staff had not been supervised regularly to enable them to share any concerns or discuss their standard of work and what was expected of them. Appraisals were not carried out as required. The registered manager told us that they had not had the time to carry out their duties due to staff vacancies.

The examples above showed a failure to regularly assess and monitor the quality of the service to ensure people’s safety and welfare. The failure to maintain accurate records is a breach of 10 and 20 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulations 17(2) (c)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a whistleblowing policy. This included information about how staff should raise concerns and what processes would be followed if they raised an issue about poor practice. The policy stated that staff were encouraged to come forward and reassured that they would not experience harassment or victimisation if they did raise concerns. Staff told us that they were aware of the

## Is the service well-led?

whistleblowing policy. They said, “I am aware of it. I will inform the manager if someone is doing the wrong thing, such as bad practice. I can inform the police and social services if need be”.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17(2) (c)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider failed to regularly assess and monitor the quality of the service provided in the carrying on of the regulated activity. There were no systems to monitor and assess the quality of the service.</p> <p>The provider failed to maintain accurate records.</p> <p>The provider failed to seek views and experience of people using the service.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12(1) (g) (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Medicines were not appropriately managed, accurately recorded or administered.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>Regulation 11(1) and 15(1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>People's consent to their care and treatment had not been sought or acted on.</p> <p>Provider inadvertently restricting people's movements because of locked doors used to protect some service users. People are unable to come and go freely.</p>

This section is primarily information for the provider

## Action we have told the provider to take

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were not enough staff deployed to meet peoples' needs and keep them safe at all times.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had not been suitably trained, supervised or supported to enable them to deliver care to service users.

The provider failed to carry out appraisals.