WCS Care Group Limited

Fairfield

Inspection report

Butler Crescent
Exhall
Coventry
West Midlands
CV7 9DA

Tel: 02476311424
Website: www.wcs-care.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection visit took place unannounced on 26 September 2018 and we returned announced on 28 September 2018.

Fairfield is a two-storey residential home which provides care to older people including people who are living with dementia. Fairfield is registered to provide care for 36 people. At the time of our inspection visit there were 32 people living at the home. Care and support was provided across both floors and each floor had two communal lounges and dining areas.

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

A requirement of the services' registration with us is that they have a registered manager. 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. The registered manager was absent from the service at the time of our inspection visit. A new manager had been appointed and had submitted their application to be registered with us (CQC).

At our last inspection we rated the service Good overall, with the leadership of the service as 'Outstanding' because we found the provider learnt from previous inspections to drive improvements, shared good practice and the culture promoted open and continuous learning. At this inspection we rated the leadership of the service as Good and the service remains rated Good overall.

There were sufficient staff to ensure people's wellbeing and safety. The provider ensured staff had training and support to provide effective care that reflected good practice. Staff had a good understanding of their responsibility to manage risks to people and report any concerns they had about people's safety.

Staff worked within the principles of the Mental Capacity Act 2005. Staff recognised and understood the importance of helping people to make their own choices regarding the care and support they received. Staff gained people's consent before providing support to them.

Staff were kind and compassionate in the way they interacted with people and ensured people were comfortable in their surroundings. Staff were discreet when supporting people with their personal care and promoted people's privacy and dignity.

The environment of the home enabled people to live comfortably and was supportive of the needs of people living with dementia. The home was clean and hygienic.

People received a nutritious diet, had a choice of food and were encouraged to have enough to drink. People were referred to other external healthcare professionals to ensure their health and wellbeing was maintained. Overall, medicines were managed to ensure people received their medicines as prescribed.

There was a new management team in place who were motivated to ensure that, in accordance with the provider's values, every day was a day well lived for the people who lived at Fairfield. The provider's quality assurance systems enabled the managers to identify which areas they needed to concentrate on to drive improvement within the home. People had opportunities to put forward their suggestions about the service provided and these were acted upon to ensure the service was responsive and effectively met people's physical, emotional and social needs.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service was well-led.

The management team were motivated and enthusiastic and provided good leadership within the home. There were systems in place to monitor the quality and safety of the service provided. People had opportunities to put forward their suggestions about the service provided and these were acted upon in order to drive improvement in the home.

Fairfield

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.

This comprehensive inspection took place on 26 September and 28 September 2018. The first day of our inspection visit was unannounced and was undertaken by one inspector and an expert by experience. The expert by experience was a person who had personal experience of caring for someone who had similar care needs. One inspector returned on 28 September 2018 to complete the inspection.

We reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. Commissioners had no concerns about the service.

Before the inspection visit, the provider completed a Provider Information Collection (PIC). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIC was detailed and we were able to review the information in the PIC during our inspection visit. We found the information provided was an accurate assessment of how the service operated.

During our inspection we spoke with the manager, the deputy manager and the provider's Director of Quality and Compliance about their management of the home. We spoke with three care staff, a lifestyle coach, a cook and a member of domestic staff about their role at Fairfield.

Some people at Fairfield were living with dementia and some people were unable to tell us in detail about their experience of living at the home. However, several people could tell us what it was like living at Fairfield. During the inspection we spoke with eleven people who lived at the home and seven relatives/visitors. We observed care and support being delivered in communal areas and we observed how

people were supported to eat and drink at lunch time.

We reviewed three people's care plans, daily records and medication records to see how their care and treatment was planned and delivered. We looked at staff training records, and records of complaints. We reviewed checks the manager and provider made to assure themselves people received a safe, effective quality service.

Good

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection. People continued to be supported by staffing levels that met their needs. The rating continues to be Good.

People and their relatives were confident in the safety of the care provided at Fairfield. Comments included: "I didn't want to be on my own any more. I've had a few falls and that's a worry in your own house alone. I'm better here with my walker" and, "I feel very safe here. I've got the buzzer system here beside me, not that I need to use it often."

All staff, including non-care staff, told us they would not hesitate to report any concerns they had that people were at risk of harm or of being discriminated against. Staff said if they saw anything that put people at risk, including poor practice by other staff members, they would report it to senior staff or the management team. They told us they would escalate matters further if they felt appropriate action had not been taken to keep people safe. One staff member said, "I would go to the CQC or the local authority." They told us the contact details of the local safeguarding team were available in the office. The manager understood their responsibility to notify us of any safeguarding referrals they had made to the local authority so we could be assured that risks to people were being appropriately managed

The provider ensured there were sufficient numbers of suitable staff to meet people's needs and support them to stay safe. Staff told us there were enough staff to keep people safe, but when staffing numbers reduced by one member of care staff in the afternoon, it sometimes meant they could not be so responsive to people's requests for support. This was confirmed by a relative who told us, "You can have to wait a long time for the carers to help [name] as they need two carers to take them to the bathroom. It's a problem if someone is busy doing the drugs as [name] tends to need the toilet urgently."

We discussed this with the manager who told us the care co-ordinator was available to assist staff with supporting people in the afternoon/early evening if a need was identified. They assured us they regularly assessed people's dependency levels, and would continue to monitor staffing levels, particularly if the number of people living in the home increased. The manager was satisfied that the staffing levels at the time of our inspection visit kept people safe.

The manager told us the provider followed a thorough recruitment and selection process to ensure staff were of suitable character and safe to work in the home. Recruitment checks included a Disclosure and Barring Service (DBS) check and obtaining appropriate references. The DBS helps employers to recruit suitable staff by checking people's backgrounds and police records to prevent unsuitable staff from working with people who use care services. Care staff confirmed they were unable to start working with people until all pre-employment checks had been received.

People's care records contained individual assessments of risk, in respect of people's daily lives. The assessments included, mobility and falls prevention, nutrition and hydration, skin integrity and the risk of

skin damage. Care plans guided staff with the action they needed to take to minimise risks and keep people safe.

We asked one relative what was important to them when they were finding a suitable home for their family member. They responded, "That [name] was safe because they weren't eating and kept falling and I wanted peace of mind for me." They told us they were confident their family member was safe because staff understood their risks and took appropriate action to minimise them. They told us their family member had an alarm sensor mat beside their bed, to alert staff immediately if they tried to get out of bed without support from staff. This relative also told us, "They never leave [person] on their own. If they walk off, it is always plus one (with a member of staff)." Another person who was at high risk of falls had an alert mat in front of their seat. The mat was effective because when a member of the inspection team accidently stepped on it, staff arrived promptly to check the person was safe.

Some people required equipment to help them stand or transfer. During our inspection visit care staff used equipment confidently and safely. One person walked past a member of staff without their walking frame. The member of staff quickly retrieved the frame and gave it to the person so they were safe, but could continue to walk independently.

We found some risk management plans would benefit from more detail, especially those around behaviours that could cause anxiety to other people. However, our observations and conversations with staff demonstrated that risks were being managed. The manager told us they would review these plans and ensure they provided more guidance on how staff should support people at times of anxiety.

The provider had a process for ensuring lessons were learned when things went wrong. Staff understood their responsibility to report and record any accidents and incidents. The manager reviewed reported accidents and incidents and recorded actions taken to reduce risks of reoccurrence. Where a need was identified, actions included additional training for staff so they clearly understood the standards the provider wished them to achieve. Accidents and incidents were also reported by the manager on the provider's electronic 'dashboard'. This meant the provider had daily oversight and could assure themselves appropriate action had been taken to minimise risks within the home.

We looked at how medicines were managed to make sure people received their medicines when needed and as prescribed. Staff completed electronic medicines administration records (MARs) when they had given people their medicines. MARs we looked at indicated people had received their medicines as prescribed.

One person received their pain relieving medicines via a trans-dermal patch applied directly to their skin. It is important the patches are rotated around the body in line with the prescribing instructions, to avoid people experiencing unnecessary side effects and ensure the medicine delivery is effective through the skin. Staff had not completed records of where patches had been applied to ensure people were protected from these risks. There was no record of daily checks to ensure the patches were still in place. Daily checks are important as patches can fall off or be removed by people, which could result in them experiencing unnecessary pain because they would no longer be receiving their medicine. The manager assured us body maps and checks would be immediately implemented.

Some people were on medicines to be given on an 'as required' basis (PRN), such as for pain relief. Whilst there were generic policies in place to ensure these medicines were given safely, the manager told us the provider had already identified this as an area that required improvement. They explained that work was underway to develop individual person-centred protocols to guide staff when and in what circumstances PRN medicines should be given to people. They told us this would improve the management of these types

of medicines and provide further assurance they were given consistently by all staff.

People who lived in the home were helped to stay safe and well because staff followed effective procedures for the prevention and control of infection. The home was clean and hygienic throughout and toilets and bathrooms were well stocked with toilet rolls, hand soap and paper towels. A member of domestic staff knew what cleaning products and equipment were needed for different areas of the home and told us they were always informed if anyone had an infection so they could take extra precautions. There were sufficient hand washing facilities in the home and personal protective equipment such as plastic gloves and aprons were available for staff, which they used when carrying out personal care tasks.

The provider's health and safety policies ensured the manager and staff knew their individual responsibilities for checking the premises, supplies and equipment were well maintained and regularly serviced. Each person had a personal evacuation plan so staff and the emergency services knew what support people would need to ensure their safety should the building need to be evacuated.

Good

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. Staff continued to offer people choices and supported them with their dietary and health needs. The rating continues to be Good.

People's needs and choices were assessed before they moved to Fairfield to ensure their individual needs could be met effectively to maintain their physical and emotional wellbeing. The assessment was used to develop a care plan which provided staff with the information they needed to provide care and support to people in line with best practice.

Staff received an induction when they first started working in the home. A new member of told us their induction included some training and working alongside more experienced staff. Staff new to care also completed the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high-quality care and support.

Staff received on-going training the provider considered essential to meet people's care and support needs. Staff told us the training they received enabled them to carry out their role effectively. We saw staff put their training into practice. For example, in relation to moving and handling training, we saw staff supported people to move in a safe and encouraging way.

The manager checked staff had the skills and knowledge to meet people's care and support needs effectively. They told us that once every two weeks they worked a shift alongside the care staff and explained, "What better way is there for me to see that they are doing things properly." If further learning was identified, this was reviewed and discussed through staff meetings and further training was arranged. For example, following an incident in the home, staff had been given further training and guidance in sexuality in the older person.

Staff told us 'one to one' meetings with their line manager provided them with the support they needed. Staff were encouraged to undertake professional qualifications in health and social care to support their learning and development.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards.

Staff recognised and understood the importance of helping people to make their own choices regarding the

care and support they received. From our observations and discussions with staff, we saw people were encouraged to make decisions and choices about their daily lives. This included how and where they spent their time; where they preferred their meals to be served; and the times they chose to get up in the morning and go to bed at night. One relative told us, "[Name] can get up when they want to and has a cup of tea in bed in the morning. They don't like going to bed early and that is no problem."

Staff obtained people's consent before providing support to them. For example, at lunch time staff checked with people they were serving before doing anything, such as adding vegetables to their plate or clearing a plate away.

Where there were some restrictions within people's care plans, the provider had assessed people's capacity to consent to them. Where the restriction amounted to a deprivation of liberty, the provider had submitted applications to the authorising authority for a DoLS. However, we identified that some applications had been submitted in respect of people who had been assessed as having capacity to consent to the decision to be made. Whilst we were confident nobody's liberty had been unlawfully restricted, the manager acknowledged the applications had been submitted in error. The Director of Quality and Compliance attended a training seminar on the MCA on the day between our inspections visits. They assured us their learning would be shared with the manager to ensure such an error did not occur again.

People's nutritional and hydration needs were met. People were very positive about the quality of the food offered and told us they had choices of food and drink. Comments included: "The menu is very varied and food is well cooked", "I have a full cooked breakfast every morning – egg, bacon and mushrooms. Everything's nice" and, "There is plenty of food and it's good." The cook explained that menus were planned by the provider to ensure they were nutritionally balanced. However, where a need was identified, the cook adapted the meals to ensure they met the preferences of people who lived at Fairfield.

Mealtimes were unrushed and staff offered support and prompts to people when needed to encourage them to eat and drink. On the unit for people living with dementia, people were offered a visual choice to help them decide what they would like to eat. The cook demonstrated a good knowledge of people's dietary needs and told us care staff informed them of anybody who was at risk of losing weight so they could add extra calories to their food. The provider set a standard that every person who lived at the home should be encouraged to drink a minimum of 1.5 litres of fluid per day. The electronic recording system enabled the manager and provider to remotely monitor each person's diet, and to prompt staff to encourage people to eat and drink more if they were at risk. One relative told us that before moving to the home, their family member was not eating or drinking well. They added, "They are now putting weight on steadily and eating properly. Before they were in and out of hospital with dehydration, they have had none of that here."

People confirmed they received effective care, support and treatment from healthcare professionals to maintain their health. The manager told us the home had a good relationship with the local medical practice and one of the GPs visited the home every Wednesday to see people who were unwell or to review their ongoing medical needs. In addition, district nurses regularly attended people who required clinical support with health aspects such as diabetes or dressing changes. Arrangements were also in place for people to have regular health checks, for example by the community optician, dentist and chiropodist.

Each person had a 'hospital pack' which went with them if they were admitted to hospital. This informed other health professionals about the person's current care plan and any immediate risks to their health and wellbeing. It also detailed the care the person had received in the previous seven days, including their nutritional intake, so other health professionals had an accurate picture of how the person had been.

The environment within the building enabled people to live comfortably and was supportive of their needs. Bathrooms were spacious and pleasantly decorated to provide a warm, relaxing space for people to receive personal care. People had their name on their bedroom doors and a memory box containing items that provoked memories that were important to them. These enabled people to find their bedroom more easily. There was some directional signage which included pictures to help people understand the words so they were able to be more independent when moving around the home.

Some communal areas of the home were due to be refurbished with new carpets and furniture. People had been involved in choosing what furniture they would like to ensure it met their needs. The manager also had plans to provide more interest and stimulation to the corridors in the units where people were living with dementia. The manager had asked people who their favourite singer was and planned to introduce pictures of them with a button by the side. When people pressed the button, it would play one of the singer's songs. The manager said this would provide sensory stimulation for people, as well as generating memories and conversation.

Good

Is the service caring?

Our findings

At our last inspection we rated caring as 'Good'. At this inspection people at Fairfield continued to receive a good caring service.

Managers, staff and relatives spoke about an ethos of providing people with a homely, safe, caring environment where they could live their life as they wished. One relative said, "This place is like a home from home. It's not all rules and regulations." They went on to say, "The girls (staff) are wonderful, they are friendly and nothing is too much trouble for them. They have made [name] feel welcome and that this is their home." A member of care staff told us they enjoyed working in the home and explained their motivation as being, "To make people feel comfortable and welcomed, like a home away from home."

Staff were kind and compassionate in the way they interacted with people and ensured people were comfortable in their surroundings. One person told us, "The staff are nice. You only have to ask if you want something. They are always pleasant." Another commented, "It's homely and sociable here." A member of non-care staff told us they regularly observed the interactions between people and care staff and said, "They treat them as if they are like their own family. They are the best carers I have ever known."

We observed good communication between people who lived at the home and the staff team. Relatives felt staff took time to know people and one relative told us, "The care is very good because the staff care about how they interact with people." Another described the staff as, "Helpful and obliging." On the day of our visit staff supported a person to celebrate their birthday and we saw the person responded positively to the celebration.

Staff enabled people to make everyday choices about how they lived their lives so they could maintain as much independence as possible. We saw people move around the home and walk in the garden without any restrictions. One person was helping staff to wash up and enjoyed engaging with staff whilst they were doing this.

Staff were discreet when supporting people with their personal care and promoted people's dignity. One relative told us how this was demonstrated by the fact staff took time to ensure their family member was always clean and tidy. They told us, "She is always tip top. She looks well-kept and the staff do her nails for her." One person was cared for in bed and we saw staff had ensured they were warm and comfortable.

People had been encouraged and supported to make their bedrooms their own personal space and furnish it with pictures, ornaments and small pieces of furniture that were important to them. We heard one member of domestic staff ask a relative how their family member liked their bed to be made so they could ensure the person's preferences were met. People confirmed staff respected their right to privacy and one person told us, "They definitely always knock before they come into my room." Another told us, "The carers are discreet and keep everything private."

Staff received equality and diversity training to help them provide for people's individual needs. The

manager told us they encouraged an inclusive environment where each person's individuality was respected.

People's relatives and friends were welcome to visit without restrictions. A relative told us they found staff very welcoming and said, "Nothing is too much trouble if you ask for something." One member of care staff explained how important it was to enable and support relatives to carry on caring for their family member if they wished to. They told us of a relative who supported their family member with a shower because they wanted to maintain that caring role. They explained, "The relative still feels part of their life, but goes home and knows they are still being cared for." Some people chose to go out with family and friends, and staff fully respected this.

Good

Is the service responsive?

Our findings

At this inspection, we found people continued to receive care that was responsive to their needs and the rating continues to be Good.

People's individual needs were assessed before they moved to Fairfield. One relative told us their family member had been assessed in hospital and that the assessment not only covered their physical needs, but also their likes and dislikes and lifestyle choices. They explained, "There was nothing that wasn't covered and they gave me the opportunity if I thought of something else, to write it down or pop into the office."

Information gathered during the assessment process was created into a care plan. Care plans provided staff with information about people's preferences and daily routines which supported staff to provide person centred care.

However, the manager wanted to make care plans even more person centred to ensure people received the care they wanted, when they wanted it. They told us each person had been assigned a specific member of staff called a keyworker. Keyworkers were responsible for maintaining a special relationship with each person they supported, ensuring their social and practical needs were met. The manager had invited staff to share information about their interests and hobbies so they could ensure people were allocated a keyworker who had the same, or similar interests. The manager explained that keyworkers were going to be involved in developing care plans with people, their families and those closest to them, to ensure important information about the person was captured and reflected within their care plan. They explained how this would ensure care was driven by people's individual preferences and said, "It is about making sure it is what they want. It is about giving them the power; they know what they want at that moment."

People's communication needs were met. Each person's support plan contained details of how they communicated and how staff should communicate with them. Staff demonstrated they knew how best to communicate with people by ensuring they were at eye level with people and speaking slowly and clearly. We saw that where people required spectacles to read information, staff had ensured they had them on and the lenses were clean. One person told us, "My new glasses have been fitted since I started living here."

People were supported to stay at Fairfield to be cared for at the end of their life if that was their choice. Staff worked with other palliative and end of life care professionals to ensure any pain or symptoms people experienced were regularly assessed and managed as their end of life approached. This included district nurses, Macmillan nursing teams and a 'rapid' response out of hours service from a local hospice. This helped ensure people were comfortable, dignified and pain free at the end of their lives.

There was some information in people's care plans about their preferences for how they wanted to spend their final days. For example, one person's care plan stated they would like 'to see and hear their family'. Some people had 'Respect' care plans and advanced directives which showed they, and their relatives involvement, in forward planning end of life care. However, the manager told us they wanted to develop advanced care plans further to ensure all people's wishes were known. They told us this would be covered

within care plan reviews and the initial assessments before people moved to the home.

The provider used a recognised activity programme to ensure people received mental and physical stimulation every day of the week. There was also a minibus service which enabled people to go out twice a month on trips to local attractions and other places of interest. The activity programme was led by activity staff known as 'lifestyle coaches'. We looked at a selection of photographs of people enjoying a range of activities. These included baking, gardening, bingo, arts and crafts and exercise.

Improvements had been made to the garden areas to encourage people to spend more time outside in the fresh air to help with their sleep, appetite and wellbeing. This included raised vegetable trugs where people could enjoy planting and watching their vegetables grow. There were also improved outside seating areas and a newly installed cycle track where people could enjoy a ride with staff on the side by side bike for two.

Some relatives had asked for more activities to take place at night. In response, the manager was turning a little used lounge into a bar area where people could socialise in the evening. There was also a dominoes club which some people regularly enjoyed.

People's spiritual needs were met. People were able to participate in a religious service once a month within in the home and could join in with a church choir who regularly visited Fairfield.

The views of people and their relatives were encouraged by the provider. This included any concerns or complaints people wished to raise. The manager told us they treated informal verbal concerns as seriously as formal written complaints because, "If someone is not happy there is a reason they are not happy and we need to learn from it." A relative told us if they had any concerns, "You only have to say in the office if there is something you don't like and they will fall over backwards to put it right."

The registered manager showed us their complaints log, which showed 11 had been made so far in 2018. Each had been investigated and actions were recorded to use the issues raised to make overall improvements to the services provided.

Good

Is the service well-led?

Our findings

The provider had a strong track record of delivering high standards of care and a number of their services were rated by us as 'Outstanding'. At the last inspection in February 2016, Fairfield was rated as 'Outstanding' in well-led because the provider had effective systems in place to share best practice, and learn from areas of improvement that had been identified at their other homes. At this inspection we found there had been some changes within the leadership of the service and whilst people still continued to receive positive outcomes, the rating is now 'Good'.

The registered manager was absent from the service at the time of our inspection visit. A new manager had been appointed and had submitted their application to be registered with us (CQC). Providers are required to inform us if a registered manager is absent from the service for longer than 28 days and how the service will be managed in their absence. Five days before our inspection visit, the provider had identified that they had not informed us of the registered manager's absence as required by the regulations. The provider's Director of Quality and Compliance had ensured the notification was submitted without further delay.

The new manager was very motivated and spoke enthusiastically of their future plans to ensure that, in accordance with the provider's values, every day was a day well lived for the people at Fairfield. They explained, "This is our home and to be the best, we all need to be working to the same high level. It is about working as a team to give people what they want." The provider had identified the new manager as a 'rising star' and they were being given extra support and mentoring from external colleagues to support their development into their managerial role.

The manager was supported by a newly promoted deputy manager. We saw good team work and communication between the staff team and the managers. We saw staff confidently approached the managers who provided them with support and advice. One member of staff told us, "The management are supportive." Another member of staff said, "It has been better here the last 12 to 15 months than it has ever been because we have got a good team in the office. If there are any problems, they help the staff out."

Staff were supported in their job role through supervision and annual appraisals and regular staff meetings. The manager used the meetings as an opportunity to update staff on things happening in the home, as well as reminding staff about the standards and values expected by the provider.

People and relatives were encouraged to provide feedback and make suggestions to improve the quality of care provided. This was through regular questionnaires and meetings, comment cards and an annual quality survey. The minutes of the last relatives meeting showed they were used to share information about the home, but to also generate discussion and understanding of the impact of, for example, dementia on people as it became more advanced. The results of the annual quality surveys were available for people and their relatives and demonstrated people were happy with the quality of the service provided at Fairfield. The highest scoring areas were in respect of staff attitude and the atmosphere and care in the home. An area identified as requiring improvement was in respect of activities. In response, improvements had been made to the outdoor areas, the hair salon had been refurbished to provide a nail bar and aromatherapy and a bar

was being installed to improve the provision of activities at night.

The provider's electronic care system also provided a 'Gateway' where relatives could access their family member's care plans to ensure their needs were being met and raise any concerns or questions. One relative told us, "I'm never off it. I think it is fantastic. I send messages and they send messages back to me. You feel as if you are in contact all the time. Everything is on there, including what they have had to eat for breakfast and lunch."

The manager was eager to encourage stronger links with the local community. The home already participated in the annual national care home open day as an opportunity to invite people into the home. The manager was also exploring ideas of linking up with a mother and baby group and supporting people to attend groups within the local area.

The manager carried out a variety of audit checks and delivered monthly reports to the provider so the provider could be assured that care was delivered and monitored consistently across the provider's homes. The provider produced monthly statistics for a range of indicators which enabled managers to compare their performance and learn from others. Information on the 'dashboard' included numbers of accidents and incidents, pressure (skin) sores/damage and staffing levels to ensure sufficient staff were continuously on shift to meet people's needs. The manager explained that the rating indicators enabled them to identify which areas they needed to concentrate on to drive improvement within the home. They told us they shared the rating indicators with the staff team so they understood the focus of improvement and their role in ensuring improvements were made.

The manager was open and transparent about areas where they felt improvements were required to ensure people continued to receive high standards of care. For example, they planned for staff to receive more training in the use of the electronic care plans so they could ensure they were used to their optimum effectiveness. They also told us learning had been taken from recent inspections of other homes within the provider group. For example, a meeting had been held with staff to ensure they understood the provider's values and worked in accordance with those values in their everyday interactions with people. They had also looked at the dining experience to ensure it was an occasion where people could enjoy socialising with each other. Following issues identified at another home, the provider was introducing a more robust medicines audit to ensure medicines were consistently managed in accordance with best practice.

Home managers within the provider group regularly met to discuss their services and developments within the care sector. The meetings also provided an opportunity to discuss how the service could follow developments in best practice. For example, at the meeting in April 2018, managers had discussed improvements in dementia care for people from the LGBT community. The provider was also taking a number of managers to visit a care home in the Netherlands which had been identified as providing an innovative model of care for older people. The Director of Compliance and Quality said they would look at the model and explore how this could be translated into their services. They told us, "That is the most wonderful thing about WCS, they are very forward looking and learn from best practice elsewhere."

The provider is required to inform us (CQC) of important events that occur within the service. We identified that the provider had not informed us of three authorisations to deprive people of their liberty. However, we were assured this was an oversight as they had notified us about all other significant events such as deaths, serious injuries and any safeguarding concerns. It is also a legal requirement that the provider's latest CQC inspection report rating is displayed at the service. This is so people, visitors and those seeking information about the service can be informed of our judgements. The provider had displayed the rating in the entrance reception area of the service and on their website.