Management Committee of Fairfield

Fairfield Residential Home

Inspection report

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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

We undertook an unannounced inspection of Fairfield Residential Home on 8 February 2018.

This service provides care to a maximum of 29 people. People who wish to live at this care home have to be able to mobilise independently due to the layout of the building. On the day of our inspection, 16 people were living at the service.

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

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good overall.

Why the service is rated Good:

The service continued to provide support in a caring way. Staff supported people with kindness and compassion and went the extra mile to provide support at a personal level. Staff knew people well and many referred to them as family. Staff respected people as individuals and treated them with dignity whilst providing a high level of emotional support. People and their relatives, were fully involved in decisions about their care needs and the support they required to meet those individual needs.

Most people were positive about the food and told us they enjoyed the meals. Where people had specific dietary needs, these were met.

The service was led by a registered manager who promoted a service that put people at the forefront of all the service did. There was a positive culture at the service that valued people, relatives and staff and promoted a caring ethos that put people at the forefront of everything they did.

People remained safe living in the home. There were sufficient staff to meet people's needs and staff had time to spend with people. Risk assessments were carried out and promoted positive risk taking, which enable people to live their lives as they chose. People received their medicines safely.

People continued to receive effective care from staff who had the skills and knowledge to support them and meet their needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to access health professionals when needed and staff worked closely with people's GPs to ensure their health and well-being was monitored.

People had access to information about their care and staff supported people in their preferred method of communication.

The service continued to be responsive to people's needs and ensured people were supported in a personalised way. People's changing needs were responded to promptly. People had access to a variety of activities that met their individual needs.

The registered manager monitored the quality of the service and looked for continuous improvement. There was a clear vision to deliver high-quality care and support and promote a positive culture that was person-centred, open, inclusive and empowering which achieved good outcomes for people.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Fairfield Residential Home

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 was planned to check 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 inspection took place on 8 February 2018 and was unannounced. The inspection was carried out by one inspector 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.

Before the inspection, we asked the provider complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR, previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about.

We spoke with ten people, two relatives, three care staff, the chef, the deputy manager and the registered manager. We also spoke with a visiting healthcare professional. During the inspection we looked at five people's care plans, four staff files, medicine records and other records relating to the management of the service. We observed care practice throughout the inspection. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People continued to feel safe. People's comments included; "I am perfectly safe here, no problems at all" and "This place has worked very well for me". One relative commented, "They are very well aware of mum's needs and her health and her safety here is okay".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. Staff comments included; "I'd report to management, social services and safeguarding" and "I'd report to my manager and safeguarding". There were safeguarding procedures in place and records showed that all concerns had been taken seriously, fully investigated and appropriate action taken.

There were sufficient staff to meet people's needs. One person said, "They're nearly always around when you want them [staff]". Staff were not rushed in their duties and had time to sit and chat with people. One staff member told us, "Yes there's enough staff, some days we have extra staff. It's a great team here". During our inspection, we saw people's requests for support were responded to promptly. Records confirmed the service had robust recruitment procedures in place.

Risks to people were identified in their care plans. People were able to move freely around the home and there were systems in place to manage risks relating to people's individual needs. For example, where people were at risk of pressure damage, guidance had been sought from healthcare professionals and this guidance was followed.

People were protected from the risk of infection. Infection control policies and procedures were in place and we observed staff following safe practice. Colour coded equipment was used along with personal protective equipment (PPE). Colour coded equipment is used to ensure that mops and buckets used to clean toilets are not used for bedrooms or living areas. This prevents cross contamination. The home was clean and free from malodours. Staff told us they were supported with infection control measures and practices. One staff member said, "I'm known as the PPE queen here. I've always got gloves and aprons on me. The home provides plenty of equipment and our domestic staff use colour coded mops and buckets".

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific instructions for administration, we saw these instructions were followed. Medicines were stored safely. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely.

We observed a medicine round. Staff identified the person and explained what they were doing. They sought the person's consent before administering the medicine. When they were satisfied the person had taken their medicine they signed the medicine administration record (MAR).

Accidents and incidents were recorded and investigated. They were also analysed to see if people's care

needed to be reviewed. Reviews of people's care included referrals to appropriate healthcare professionals. This evidenced the service learnt from incidents and errors.

Good

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. New staff completed an induction to ensure they had appropriate skills and were confident to support people effectively. One relative said, "I think we can rely on Fairfield's to look after her as we like".

Staff told us and records confirmed that staff received support through regular one to one meetings with their line manager and training. Staff training records were maintained and we saw planned training was up to date. Where training was required, we saw training events had been booked. Staff also had further training opportunities.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training and understood how to support people in line with the principles of the Act. One staff member said, "This is about decisions and residents ability to make them. I support them to do this by always offering choices". We saw staff routinely sought people's consent.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a clear understanding of DoLS. At the time of our inspection, no one at the service was subject to a DoLS authorisation.

People's needs were assessed prior to their admission to ensure their care needs could be met in line with current guidance and best practice. This included guidance from healthcare professionals. For example, where people were at risk of pressure damage the district nurse had informed care plans with current guidance and best practice. We spoke with a healthcare professional who said, "I get good referrals from here and staff always follow up on guidance. Communication is very good, in fact I have no concerns, none at all".

Most people were positive about the food and received support to maintain their nutrition. People's comments included; "Good food and good carers here", "Our stomachs are very well looked after here" and "Lunch? It was wonderful". However, some people gave differing views. Their comments included; "There is a different chef at weekends and you notice that the food is a lot fresher then" and "It is a bit monotonous, a bit bland and a bit tough". One the day of our inspection, the meals were served hot from the kitchen and looked wholesome and appetising.

Where people had specific dietary requirements, these were met. Where people were at risk of weight loss their weight was monitored and people were supported to maintain their weight. We spoke with the chef who told us, "I am well supported here. I get constant feedback from the staff on resident's dietary needs so we are up to date. If they don't like what's on the menu we can provide alternatives."

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment. Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans.

People's rooms were furnished and adapted to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in adapting their rooms. Corridors displayed pictures and paintings painted by people and contrasting handrails had been installed to assist people to mobilise. Signage was clear to enable people to navigate the home and identify rooms easily.

Good

Is the service caring?

Our findings

The home continued to provide a caring service to people who benefitted from caring relationships with the staff. People's comments included; "We receive excellent care from all the girls [staff] here", "All the staff are very professional people", "The carers are nice" and "I have a lifestyle to be envied living here".

People were supported by a dedicated staff team who had genuine warmth and affection for people. Staff comments included: "I really enjoy this work and I get on very well with my residents", "I love it, I make a difference to residents and they seem happy. It makes me proud" and "I love my residents and my job. I've always done this work".

People's independence was promoted. Care plans guided staff to support people to remain independent. We spoke with staff about promoting people's independence. Staff comments included; "I check they can do things themselves and I encourage them to do so" and "I always encourage residents to do what they are capable of doing for themselves".

People were involved in planning their care and the day to day support they received. Records showed people were involved in reviews of their care and staff told us they involved people in their support. One relative said, "They [staff] communicate very well and email us with news of everything". One staff member said, "I always explain to residents what we are doing. That involves them".

People were treated with dignity and respect. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. People were addressed by their preferred names and staff knocked on people's doors before entering. Throughout the inspection we observed staff treating people with dignity, respect and compassion.

People received emotional support. One relative commented, "A caring home and they do all they can for patients' well-being". Care plans highlighted emotional support needs and staff told us how they provided this support. One staff member said, "I feel I am a shoulder to cry on. I am provided with the time so if a resident wants a chat I can. It's important".

People's diverse needs were respected. Discussion with the registered manager showed that they respected people's different sexual orientation so that gay and bisexual people could feel accepted and welcomed in the service. The provider's equality and diversity policy supported this culture. We asked staff about diversity. Their comments included; "We respect people's choices about their lives and their care. I work to their ways" and "People have their different ways so I go with their choices".

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security. A confidentiality policy was in place and gave staff information about keeping people's information confidential.

Good

Is the service responsive?

Our findings

The service continued to be responsive. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. Staff were aware of, and respected people's preferences.

Staff treated people as individuals. For example, one staff member described how one person liked to get dressed. This staff member had detailed knowledge of this person's individual needs and preferences. The staff member said, "I go with their ways. [Person] always puts her left arm in clothes first, every time, so that's how we dress. I treat people as individuals". This information matched the person's preferences highlighted in their care plan.

People had access to information. People had access to their care records and staff informed people about all aspects of their care. Where appropriate, staff explained documents to relatives and legal representatives. A newsletter was regularly published giving people information about the home, news and events. Information was also available in foreign languages or large print on request. Staff supported people to have access to information. For example, we saw one staff member clean a person's glasses for them when they noticed they needed cleaning.

Care plans and risk assessments were reviewed to reflect people's changing needs. For example, one person's condition changed and new medicine was prescribed. The service worked closely with the person's GP and records were updated to reflect the person's current support needs.

People were offered a range of activities they could engage in. These included; puzzles, games, music and arts and crafts. Painting classes were available to people and their artwork was displayed around the home. Some examples were of a very high standard. A hairdresser regularly visited the home and religious services were routinely held. One person said, "I'd prefer more activities although we do have a lot of people who come in and keep us in action".

No one at the home was currently receiving end of life care. People's advanced wishes were, however, recorded. Care plans recorded people's end of life wishes. For example, where they wished to die and funeral arrangements. Staff told us people's wishes were always respected.

The service had systems in place to record, investigate and resolve complaints. Two complaints were recorded for 2017/18 and had been dealt with compassionately, in line with the provider's policy. The complaints policy was displayed in the reception area.

Good

Is the service well-led?

Our findings

The service continued to be well led. There was a registered manager in post. 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 knew the registered manager who was present throughout the inspection and interacted with people in a friendly and familiar way. It was clear that positive relationships had been formed between people, the registered manager and deputy manager.

Staff told us they had confidence in the service and felt it was well managed. Staff comments included; "[Registered manager] is very good, brilliant in fact. So is the deputy manager. Everything is fixed or sorted, they are great", "It's a nice atmosphere here with good communications, it's very well run", "[Registered manager] is really easy to talk to, [deputy manager] is brilliant as well. Any problems and they listen" and "[Registered manager] is lovely, very understanding and supportive. She is a good listener".

The service had a positive culture that was open and honest. Staff were valued and people were treated as individuals. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. The registered manager spoke openly and honestly about the service and the challenges they faced.

We spoke with the registered manager about their vision for the service. They said, "We strive to evolve our principles, which are to deliver the best quality care we can. Our residents come first".

The registered manager monitored the quality of service. For example, audits were conducted by the registered manager. Action plans arising from audits were used to improve the service. For example, one audit identified improvements could be made to the handover book, used to update staff on people's conditions. New procedures were put in place and staff informed of the changes. The new procedures were monitored by the registered manager and we noted these changes had improved communication.

The registered manager looked for continuous improvement. Surveys, resident meetings and staff meetings were used to improve the service. Survey results were very positive. People were also involved in running the home. For example, people had been involved in the decoration and furnishing of the new home, which is scheduled for completion in April 2018.

The service worked in partnership with local authorities, healthcare professionals, GPs and social services. The registered manager also attended external meetings, such as the Oxfordshire Care Home Association. The registered manager said, "I also network with other local care home managers. It gives us updates, information and ideas".