

Tricuro Ltd

Fairways Residential Care Home

Inspection report

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Bournemouth
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Fairways is a residential care home providing personal care to up to 70 people. The home provides support to older people, some of whom are living with dementia. At the time of our inspection there were 25 people using the service. A large part of the building was unoccupied awaiting refurbishment.

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

Improvements had been made at Fairways since our last inspection. The team was consistently led from a registered manager and environmental risk assessments had been completed. People felt safe and were supported by staff trained to recognise abuse or poor practice and understood their role in reporting concerns. People had their risks assessed, monitored and reviewed. Staff knew people well and understood the actions needed to minimise risks whilst respecting people's rights and freedoms. People had their medicines administered safely. Staff followed best practice infection, prevention and control guidance. Staffing levels met people's needs. Recruitment practices ensured suitable staff were employed.

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

The management team were open and transparent and encouraged staff to share ideas and participate in the development of the service. Quality assurance systems were robust and effective at driving improvements. Staff were clear about their roles and described communication and teamwork as good.

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

Rating at last inspection

The last rating for this service was requires improvement (4 June 2021).

Why we inspected

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

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fairways Residential Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Fairways Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by 1 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.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with 9 people who used the service about their experience of the care provided. We spoke with 8 members of staff including the quality assurance lead, registered manager, deputy manager, senior care workers, and care workers.

We reviewed a range of records. This included 3 people's care records and medication records. We looked at 2 staff files in relation to recruitment and a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- Improvements had been since our last inspection. People had their risks assessed, monitored and regularly reviewed. This included risks associated with skin integrity, mobility and eating and drinking.
- Staff demonstrated a good knowledge of people and the actions needed to minimise avoidable harm whilst respecting people's choices. One person told us, "My risk of falls is high, but I have freedoms, if I'm feeling strong, I can walk from chair to desk; it helps with my confidence."
- Staff worked collaboratively with health specialists when needed. This included following safe swallowing plans for people created by speech and language therapists and assisting a person with exercises provided by a physiotherapist.
- People had personal emergency evacuation plans that detailed key information in the event they needed to evacuate the building.
- Fire safety equipment was well maintained and regularly checked. Staff completed fire training which included an annual fire drill practice.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person told us, "The whole thing makes me feel safe, the layout and how they run the home." Another said, "I feel safe because I get help when I need it." Another told us, "They treat me like a princess."
- Staff had completed safeguarding training and understood their role in identifying and reporting concerns about potential abuse or poor practice.
- Safeguarding posters were displayed around the building providing information to people, their families and other visitors to the home, detailing external agencies they could contact if they had concerns.
- Records demonstrated that safeguarding external reporting protocols were being followed.

Assessing risk, safety monitoring and management

- People had their risks assessed, monitored and regularly reviewed. This included risks associated with skin integrity, mobility and eating and drinking.
- Staff demonstrated a good knowledge of people and the actions needed to mitigate avoidable harm whilst respecting people's choices. One person told us, "My risk of falls is high, but I have freedoms, if I'm feeling strong I can walk from chair to desk; it helps with my confidence."
- Staff worked collaboratively with health specialists when needed. This included following safe swallowing plans for people created by speech and language therapists and assisting a person with exercises provided by a physiotherapist.
- People had personal emergency evacuation plans that detailed key information in the event they needed

to evacuate the building.

- Fire safety equipment was well maintained and regularly checked. Staff completed fire training which included an annual fire drill practice.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff understood the principles of the MCA ensuring that people had their rights and freedoms respected and care and support was provided in the least restrictive way.
- Records showed us that where an assessment determined a person was unable to make a specific decision a best interest decision had been made with the involvement of family and professionals who knew the person. Examples included administration of medicines and providing personal care.
- We observed staff providing choices to people, listening and respecting their decisions.

Staffing and recruitment

- People were supported by enough staff to meet their assessed care and support needs. One person told us, "I do have a call bell and I don't wait too long before (staff) come and see what I want."
- People and the staff team told us that high use of agency staff had at times been challenging but this had reduced meaning consistency of staff providing care had improved. One person told us, "There has been a high turnover of staff. It has improved but before it was poor. There were changes in staff every two weeks. It was a nuisance with people leaving at such a rate. It has slowed down."
- Staff had been recruited safely. The recruitment process was robust, and checks included full employment history, obtaining and verifying references and a Disclosure and Barring Service check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People had their medicines stored, administered and disposed of safely by staff that had undertaken medicine administration training and had their competencies regularly checked.
- When people had been prescribed topical creams body maps had been completed detailing where they needed to be applied. A staff member told us, "We asked the GP to change from 'as directed' and now we have labels with specific instructions on where to apply."
- Some people had medicines prescribed for as and when needed. Protocols were in place providing key information to staff ensuring these medicines were given appropriately.
- Not everyone was able to verbalise to staff that they were experiencing pain. A staff member explained, "2 residents are not able to express their feelings, but we have an assessment tool, (Abbey pain scale), we use to check whether they are in pain." The Abbey pain scale is a nationally recognised assessment tool which provides a reliable and effective way of measuring pain in people with communication difficulties.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock

record book was completed accurately.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were able to have visits from friends and family at any time without an appointment.

Learning lessons when things go wrong

- The registered manager had oversight of accidents, incidents, complaints and safeguarding concerns and used these as an opportunity to improve outcomes for people.
- Information was reviewed to ensure any identified actions had been taken, trends identified, and any learning shared with the staff team.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- Improvements had been made since our last inspection. A registered manager was in post providing consistent leadership.
- People described the management team as approachable. One person told us, "I've a good relationship with (registered manager) and feel able to talk to them." A staff member told us, "We give feedback on agencies on whether we feel they are good or not so good and I do feel we get listened to."
- The management team were visible, knew people well and focused on ensuring people received safe, person centred care.

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

- The manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with families and people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team had a good understanding of their responsibilities for sharing information with CQC and records showed this was done in a timely manner. The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell CQC about any changes to their regulated services or incidents that have taken place in them.
- Quality assurance systems and processes were multi-layered, aligned with regulatory requirements and effective at improving quality of care. An area the registered manager had identified as requiring action was low staff morale linked to national issues such as COVID-19 and recruitment challenges leading to high agency usage. Actions in place included setting up well-being forums, promoting professional development opportunities such as champion roles and involving staff in quality assurance systems and processes such as hand washing audits.
- Staff were confident in their roles, described teamwork as good and felt kept informed through handovers and meetings.

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

- People, their families and the staff team had opportunities to be involved in the service through a range of pre-scheduled meetings. Minutes were shared with people not able to attend.
- A forum with staff, residents and relatives was regularly held to discuss fund raising for the home, and how amenities would be spent.
- Links established with the community included local schools and faith leaders.

Working in partnership with others

- The management team worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This included Skills for Care, CQC and Public Health England.
- The registered manager had instigated a weekly team meeting with other registered managers who worked for the provider. They told us, "It provides an opportunity to network and support each other."