

Tricuro Ltd

# Fairways Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Fairways is a residential care home providing personal care to 41 people aged 65 and over at the time of the inspection. The service can support up to 70 people. Accommodation is provided over three floors which are accessed by a lift. Communal lounge and dining facilities are provided on the ground floor.

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

The service was not meeting their regulatory requirements as they had not had a manager registered with the Care Quality Commission since 17 October 2019. The current manager was in the process of submitting an application. People, their families and the staff team consistently spoke positively about the skills of the manager describing the culture as open, helpful and supportive. Staff felt involved in improvements, supported changes that had been made and the future plans for the service. Auditing processes were effectively identifying areas for improvement. Action plans and feedback were shared with staff enabling learning and better outcomes for people.

People and their families told us they felt care was safe. Safeguarding reporting was transparent and the service were working proactively with the local authority safeguarding team. New quality systems in assessing, monitoring and reviewing risks to people had reduced risks of avoidable harm but were still being embedded into practice. Staff recruitment included a criminal record check, but other best practice employment checks were not consistently carried out. Medicines were administered safely. Infection, prevention and control procedures were protecting people from avoidable harm.

People were supported by staff who had completed an induction and on-going training and support that enabled them to carry out their roles effectively. People had their eating and drinking needs understood and met. People had access to healthcare when needed and good working practices with health professionals ensured effective outcomes for people. 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.

People and their families consistently spoke positively about the standard of care provided. Staff understood people's communication skills which enabled them to include people in decisions about their day to day lives. People had their dignity, privacy and independence respected.

People received person centred care which reflected their assessed care needs and respected their lifestyle choices. Information was provided in accessible formats including large print or a person's first language. People and families were aware of the complaints process and felt any concerns would be listened to and actioned. People's end of life wishes were known including any cultural or spiritual preferences.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
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](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for the service under the previous provider was good, published on 8 September 2018.

#### Why we inspected

The inspection was prompted in part due to concerns received about people's safety, including medicines, and environmental risks. A decision was made for us to inspect and examine those risks.

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 coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below

**Requires Improvement** ●

# 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 Care Act 2014.

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

#### Service and service type

Fairways is a 'care home'. People in care homes receive accommodation and nursing 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.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we wanted to preview records prior to our visit, discuss safe visiting arrangements and establish consent from people and their families to speak with us.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service. We sought feedback from the local authority, fire service and professionals who work with the service. We used all this information to plan our inspection.

During the inspection-

We spoke with three people who use the service and five relatives about their experience of the care provided. We spoke with 12 members of staff including the nominated provider, manager, deputy, senior care workers, care workers, housekeepers and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service may not always be safe as actions taken to ensure avoidable harm were still being embedded into the service.

Systems and processes to safeguard people from the risk of abuse

- Due to high reporting of safeguarding concerns the local authority were working with Fairways to ensure people were safe and to support improvements in practice.
- People and their families told us they felt the care was safe. A family member told us, "My (relative) has Alzheimer's and is not aware of much around (them). (Their) always asking staff for a kiss and cuddle, and that shows (they) feel safe. (They) never act like (they) don't want (staff) to be there."
- Fairways were proactive and transparent in reporting and investigating safeguarding concerns.
- Staff had completed safeguarding training and the manager told us they were in the process of carrying out competency checks to assess their understanding and establish any further training needs.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and regularly reviewed. This included skin integrity, falls and malnutrition. Actions in place to minimise the risk of avoidable harm were monitored by the management team throughout the day. This meant if any interventions were needed, they happened in a timely way.
- People had been assessed by an occupational therapist for their moving and assistance needs. Any identified equipment was in place, staff had completed training and had their competencies checked.
- A fire safety assessment had highlighted potential risks to people in the event of a fire. Interim actions, agreed with the fire service, were in place and being followed whilst some people were being supported to find temporary alternative accommodation.
- Staff had completed fire safety training, attended fire drills and were aware of people's personal emergency evacuation plans. Staff told us they felt confident they would know what to do in the event of a fire.
- Equipment was in good working order and serviced, including hoists, lifts, gas and electrical appliances.

Staffing and recruitment

- Recruitment checks had not been carried out in line with best practice which meant people may be at risk of being supported by staff not suitable to work in a care setting. New staff had a criminal record check in place but did not always have two references available. References were not always verified or gaps in employment checked. The manager was aware there were shortfalls and told us they had a planned audit of all staff files.
- People were supported by enough staff to meet their assessed needs. The staff team included a high number of agency staff, who were solely working at Fairways, ensuring people had consistency in who provided their care.

- People and their families told us there were enough staff. One relative explained, "(They) never have to wait. There are no negative things about the staff, never complains (they) have to wait. They check on (them) regularly so if (they) needed anything it wouldn't be long before they checked on (them)".

#### Using medicines safely

- Medicines were managed safely. Medication safeguarding concerns and medicine audit findings had been used to learn lessons and improve practice. An example was care staff undertaking training in the safe application and recording of topical creams.
- People's medicine records detailed any allergies, details of the medicines they were prescribed and possible side effects for staff to be aware of when administering medicines.
- Some people required medicines as and when needed (PRN) which included for pain management, bowel activity and mental health. Protocols were in place to ensure these medicines were given appropriately and records showed these were followed.
- People and their families told us they felt confident about the management of their medicines. One family member told us, "(Staff) always makes sure (relative) takes it before they move on. Strictly monitors (relative's) medicine".

#### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

#### Learning lessons when things go wrong

- Processes were in place to ensure that when things went wrong it was an opportunity to learn and improve outcomes for people. We looked at records for accidents and incidents associated with people having fallen. In collaboration with people, occupational therapists and staff, successful actions taken included the use of alarm mats and providing recorded 30 minute checks on a person's safety and wellbeing.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments had been effective in capturing people's physical, mental and social care needs, cultural and spiritual needs and lifestyle choices.
- Assessments were completed using nationally recognised assessment tools which ensured effective assessments that met best practice and legal requirements.
- Assessments included considering technology and equipment to enable effective care. This included specialist pressure care mattresses and appropriate hoists to assist people with moving and transferring.

Staff support: induction, training, skills and experience

- Staff consistently told us they felt supported. A staff member told us, "We have become more confident in our skills, (manager) supports us". Supervision and appraisals had not been taking place. The manager had an action plan and explained, "We're in the process of allocating staff to senior staff and implementing a supervision tracker".
- People were supported by staff that completed training that provided them with skills and knowledge to carry out their roles effectively. This included mandatory training such as safeguarding, moving and assisting and infection control. A relative told us, "The (staff) that look after (relative) seem very well trained and knowledgeable".
- Agency staff completed a one day induction prior to their first shift which was specific to Fairways and included for example fire safety and infection prevention and control.
- Staff spoke positively about the standard of training. One staff member told us, "I get lots of training. I have had my fire safety and safeguarding. We do some training online and I have just done equality and diversity. My training is up to date".

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

- People had their eating and drinking needs met and spoke positively about the food. One person said, "There are also smoothies, fruit juice and fruit in the morning. In the afternoon you can choose chocolate and a snack".
- Catering and care staff were knowledgeable about people's allergy's, specialist dietary needs, religious requirements, and personal likes and dislikes. A relative told us, "(Staff) are monitoring (their) liquid and food consumption. They have to keep encouraging (them). They are now helping (them) eat and (they are) happy with it. The carers are calm and caring and allow (them) to eat at (their) own pace".
- We observed people being frequently offered a choice of drinks both in communal areas and their rooms. One person told us, "Plenty to drink, they are forever filling my cup with water. You can have other drinks whenever you want. They all ask you if you would like a cuppa".

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

- Fairways have not been accepting new admissions since March 2020. Currently the service is working with people, families, local authorities and other providers to relocate a number of people to other services.
- When people have returned from a hospital admission current infection prevention and control guidance is followed to ensure an effective and safe transfer between services.
- People had their healthcare needs identified and acted in people's best interests to ensure effective care. A relative told us, "(Staff) called the ambulance and they had a difference of opinion with the ambulance crew. They fought (relative's) corner and (they) did go to hospital. They did not do it without the doctor's knowledge". One person told us, "You can have a video call to the doctor any time you want".
- Staff concerns were shared with senior staff and records showed us actions were taken appropriately and in a timely manner. One record showed us staff had reported signs a person may have a urine infection. Actions taken had included an in-house urine test being carried out and a GP being called for advice.
- Records showed us people had access to community health services such as chiropodists, dentists and district nurses.

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

- The provider had completed a range of assessments to determine the appropriateness of the building and environment. This had led to some rooms and corridors being decommissioned due to lack of space for specialist moving and assisting equipment.
- Planned works included an upgraded kitchen so that meals could be produced on site, changes to bathrooms to provide more personal care bathing options and space for people.
- Newer areas of the home provided large rooms with en-suite and wide corridors that enabled people more accessibility. People had access to secure outside space.
- Where redecoration had taken place, people had been involved in choosing wallpaper designs and colours.
- Signage around the home included photographs and names on rooms to assist people to orientate themselves.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records showed us that people were protected as MCA had been completed for all aspects of care and support and included the person, families and appropriate health professionals. Best interest decisions included consent for COVID-19 testing. DoLS had been requested appropriately.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their families spoke positively about the staff team and the care received. One family told us, "(Relative) has a good relationship with the staff; the staff who know and understand her". Another said, "I feel they have got (relative) right; (they're) not an easy character and they have her full confidence".
- We observed staff respecting people's lifestyle choices. Staff had completed equality and diversity training and demonstrated they were knowledgeable about people's care preferences and lifestyle choices. A family member told us, "I believe (relative) is treated equally with others".
- We observed relaxed, friendly interactions between people and the staff team. A family member told us, "(Relative) has good rapport with the staff and they understand (them) very well. They do enjoy (relative's) personality, they are good listeners too. They listen and extend (their) conversation through talking about things".

Supporting people to express their views and be involved in making decisions about their care

- People had their communication needs understood which meant staff were able involve people in decisions about their care.
- People had their decisions respected by staff. A family member told us, "If (relative) says no, the answer is no, and they don't force the issue. They comply with (their) wishes". Another told us, "(Staff) are very respectful, and following (there) wishes."
- We observed staff offering choices and giving people time to make decisions about their day to day lives. Examples included checking a person's welfare, were they warm enough, hungry or seeking company.
- People had access to an advocate when they needed somebody independent to support them with decision making.

Respecting and promoting people's privacy, dignity and independence

- People and their families told us staff were respectful and considerate of their privacy and dignity. Examples when personal care was being provided included discreet covering of a person, closing doors and curtains and encouraging independence.
- Dignity and privacy were discussed at staff meetings. The manager explained dignity was a constant focus and poor practice immediately addressed and used as a learning opportunity with the member of staff.
- Confidential data was accessed by electronic passwords or stored in a secure place ensuring people's right to confidentiality was protected.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had care plans which reflected their personal care needs and lifestyle choices, were understood by staff and responsive to change. People and their families had been involved in care plans. One person told us, "When [new owners] took over I had some concerns that the care plan wasn't up to date from the previous management, and they showed me what they had done, and it was up to date. They looked at every aspect and I have a copy".
- People had their spiritual and cultural needs known. Restrictions due to COVID-19 on visiting had meant that people were not having opportunities to access the community or have church leaders visit. Virtual contact was able to be organised if requested and an in-house religious service had been led by a person living at the home.
- Activities had been tailored to reflect social interaction COVID-19 guidance. A member of staff organised morning exercises and visited people in their rooms to spend one on one time with them. We observed a person sitting with staff sharing a jigsaw puzzle, another having a chat over a cup of tea. A staff member told us, "Since Covid the residents have been sad and down, we try and be there for them and do video calls with family, but it is not enough. We try and 'cover' what the family would do - it's hard. We just spend more time with them".
- Links with family had been maintained through telephone and video calls. Visiting arrangements were in line with COVID-19 guidance, risk assessed and under constant review.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were clearly assessed and detailed in their care plans. This included whether people needed glasses, hearing aids or any additional support such as information provided in large print, picture format or a language other than English.

### Improving care quality in response to complaints or concerns

- People were aware of the complaints process and felt if they raised a concern appropriate actions would be taken. One person shared with us, "I would go to the manager first and then if not satisfied you can take it further. To you, the CQC. I have made a particular complaint, but not wanted it to be escalated. It has been resolved and sorted out internally".

- Records showed us that when concerns were raised, they were investigated, and where appropriate actions taken to improve outcomes for people.

#### End of life care and support

- People, and if appropriate their families, had an opportunity to develop care and support plans detailing their end of life wishes. These included any cultural preferences and decisions on whether they would or would not want resuscitation to be attempted.
- End of life care included support from community health teams in the management of symptoms such as pain management.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. The service was not meeting their regulatory requirements as they had not had a manager registered with the Care Quality Commission since 17 October 2019.

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

- A registered manager had not been in post for 12 months. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The current manager had been in post since December 2019 and was in the process of submitting a registered manager application to CQC.
- Robust auditing systems were effective in highlighting areas where improvement was needed. Action plans and feedback from safeguarding were shared with staff enabling them to play a part in improving standards of care for people. A staff member explained, "We have become more confident in our skills, (manager) supports us. She has good management skills she knows how to make us do our job".
- The manager 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.

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

- People, their families and staff consistently spoke positively about the management of the home and the open, inclusive management style. One person told us, "It makes me feel safe when you realise the manager knows what she is doing, has a hand on the pulse and is proactive". A member of staff said, "(Manager) is so supportive, she came into the home and we were at the lowest possible point and she has worked hard. You can go to her with everything and she will help but not only that she will recognise if you are not quite right".
- Staff felt involved in the development of the service. A member of staff said, "(Manager) is so supportive, she came into the home and we were at the lowest possible point and she has worked hard. You can go to her with everything and she will help but not only that she will recognise if you are not quite right". Another told us, "Step by step things are improving and it is getting better. (Manager), you can speak to her anytime. It used to be very difficult to talk to the management but now it is easy".

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.

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

- Staff meetings had been held and used as an opportunity to update staff on changes to the environment, working practices, shared learning and service development. A staff member told us, "We have just been told we are getting a suggestion box for staff so we can give our opinions on things and make suggestions. I feel involved and we can suggest things".
- The nominated individual told us that feedback from families in a satisfaction survey found improvements were needed in communication. The nominated individual is responsible for supervising the management of the service on behalf of the provider. They explained that regular meetings had not been able to take place due to COVID-19 restrictions but there were plans for setting up interactive relative meetings.

Working in partnership with others

- The manager worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance.
- National and local organisations had been accessed to keep up to date with changes to practise including Skills for Care and Public Health England.