

The Knoll Care Partnership Limited

The Fairways

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 12 and 13 June 2017 and was unannounced.

We last inspected The Fairways on 08 and 09 September 2016 when we rated the home inadequate overall and placed the home into special measures. We identified breaches of multiple regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our last inspection we issued two warning notices in relation to breaches of regulations relating to the provision of safe care and treatment and good governance. This meant we sent a formal notice to the provider and registered manager that they must become compliant with the regulations by 22 October 2016 in relation to safe care and treatment, and 15 November 2016 in relation to good governance. The provider sent us an action plan to tell us the improvements they would make in order to become compliant with the regulations. At this inspection we found the provider had made significant improvements and they were meeting the requirements of the regulations.

The Fairways is a large detached house on a main road close to the centre of Flixton. There is a small car park at the front of the property. The home is registered to provide accommodation and personal care for up to 20 people. At the time of our inspection there were 20 people living at the home.

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.

The provider had improved quality assurance and audit processes since our last inspection. We saw a wide range of audits were undertaken to help the provider monitor the quality and safety of the service. The findings of the daily and weekly audits were analysed for themes, and actions identified as to how the service could make improvements.

The provider had sought the opinions of people using the service and their relatives as to the strengths and areas for improvement the service had. The findings of questionnaires sent out were analysed and used to set targets for improvement.

People told us they felt safe living at the home. Staff were aware of how to identify and report potential safeguarding concerns.

Staff felt there were 'pressure points' in the day when staffing levels could be improved. However, staff did not feel this had an impact on people's care. The provider had a process for considering how many staff were required, and during our inspection we saw staff were available to provide support to people whenever needed.

Staff had assessed risks to people's health, safety and wellbeing. This included consideration of risks including falls, pressure sores, malnutrition and social isolation. There were plans in place for staff to follow to reduce risks, and we saw any equipment such as mobility aids or pressure sensors were in place as directed in people's care plans.

Newly employed staff had been recruited following robust procedures to ensure they were suitable for the job role. The provider had recognised that historic recruitment procedures had not been robust, resulting in missing references and gaps in employment histories. The provider had carried out an audit of any required information that was missing and was taking action to satisfy themselves that staff remained suitable for their job roles.

A recent infection control audit had identified shortfalls in the prevention and control of the spread of infections. Issues included the lack of a separate laundry facility or bed pan washer. The provider had an action plan in place to address these concerns, and they showed us plans for works to provide a separate laundry and to purchase a bed pan washer. However, the works had not started at the time of the inspection, which the provider told us was due to them awaiting a re-inspection by CQC.

The provider had changed the way food was provided. Meals were prepared by a third party contractor and delivered to the home. People gave us positive feedback about the meals, and we saw people's dietary requirements were being met.

Staff had received training in a variety of topics relevant to their job roles. The provider had identified some gaps in training provision and was in the process of booking additional training. We have recommended the provider reviews the scope of the training they have determined to be mandatory.

Staff had received supervision with a manager and felt supported, although formal supervision was infrequent. We have recommended the provider reviews best practice guidance in relation to supervision.

We found the home was well organised and there was a calm environment. Staff were attentive, and interacted positively and respectfully with people. The Fairways is located in an older building, and we found there was limited communal space or adaptations to make the environment more 'dementia friendly'. However, relatives commented on the 'homely' feel of The Fairways.

We received consistently positive feedback from relatives and people living at the home about the staff and the service in general. Staff knew the people they supported well, and relatives were confident that staff were able to meet their needs. The service made appropriate referrals to other health professionals when further advice was required in relation to any health concerns.

Care plans were personalised and contained information on people's preferences, likes, dislikes and personal history, although the level of detail recorded was variable. Relatives told us they were confident staff understood their family member's preferences, and they told us they had been involved in developing care plans.

The home employed activities co-ordinators and a range of activities in and out of the home were provided. Staff had considered the need for activities and interaction with people who may be at risk of social isolation.

The home used an electronic care management system to make records of care provided and for care plans. Staff told us the electronic system worked well and they were able to find the information they needed when

required.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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

Risks to individual's health and wellbeing had been assessed, and plans identified how staff should reduce these risks.

Medicines were being managed safely. Accurate records of administration were maintained.

Recently recruited staff were employed following procedures to ensure their suitability for the role. The provider had identified historical gaps in recruitment records such as references and was taking appropriate action to address this.

Is the service effective?

Good ●

The service was effective.

Staff received a range of training relevant to their role.

People provided positive feedback on the food provided. People's dietary needs were being met.

Staff sought advice from relevant professionals in response to any concerns in relation to a person's health.

Is the service caring?

Good ●

The service was caring.

People and relatives provided consistently positive feedback about the caring approach of staff.

We observed staff interactions were respectful and patient.

Relatives commented on the 'homely' feel of the service.

Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised and regularly reviewed.

A range of activities were provided in order to meet people's social support needs.

People told us they would be confident to raise a complaint if they felt this was required.

Is the service well-led?

The service was well-led.

The provider had introduced a comprehensive new system of audits and checks to help monitor the safety and quality of the service.

Surveys had been sent to people using the service and relatives. The provider analysed the results and used this to set targets for improvements.

Relatives told us the home had been open and honest about previous issues and how they intended to address them.

Requires Improvement 

The Fairways

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 inspection took place on 12 and 13 June 2017 and the first day was unannounced. The inspection was conducted by an adult social care 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. A second adult social care inspector accompanied the inspection team on the first day as part of their induction.

Prior to the inspection we reviewed information we held about the service. This included notifications the home is required to send us about safeguarding, serious injuries and other significant events that occur whilst delivering a service. We reviewed any feedback we had received about the service since our last inspection that had been given to us via email, phone or a 'share your experience' web-form. We had received feedback from one person who provided positive feedback on the service.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. We reviewed this along with the last inspection report and the provider's action plan they sent to us following the inspection. We sought and received feedback from the local authority quality assurance team, Trafford Healthwatch, the infection control team and two professionals with recent involvement in the service. We used this feedback to help plan our inspection.

During the inspection we spoke with seven people who were living at The Fairways, and seven friends/relatives who were visiting at the time of the inspection. We spoke with eight staff members including three care staff, the registered manager, the deputy manager, an activity co-ordinator, the nominated individual and the compliance officer. We also spoke with a visiting district nurse and food safety officer.

We carried out observations of the care provided, and 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.

We reviewed records in relation to the care people were receiving. This included daily records of care, six care plans and four medication administration records (MARs). We reviewed other records relating to the running of a care home, including records of training, supervision, servicing and maintenance, audits and quality checks and four staff personnel files.

Is the service safe?

Our findings

At our last inspection in September 2016 we identified concerns in relation to the provision of safe care to people using the service. This included shortfalls in the safety of the environment, risk assessment, infection control procedures and the safe management of medicines. This related to multiple breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the provider had made improvements and was now meeting the requirements of the regulation.

At our last inspection in September 2016 we found risks to people's health and wellbeing were not always assessed, including after incidents such as falls. At this inspection we found staff had completed risk assessments in relation to a range of potential hazards including falls, choking, skin breakdown, nutrition and social isolation. Staff had regularly reviewed risk assessments, and there were plans in place that detailed measures staff should take to reduce the risk of harm occurring. For example, we saw measures such as use of pressure sensors, staff supervision and use of walking aids were identified to reduce risks of falls.

We checked whether staff were following guidelines in people's risk assessments and care plans and found they were. Staff supported people to mobilise as their care plans indicated was needed, and we saw people were being supported to eat and drink in line with guidance in their care plans if they were at risk of choking. We saw required equipment including pressure relief mattresses and pressure sensors were in place as directed in people's care plans. The service had made referrals to other health professionals such as speech and language therapists (SALTs) and physiotherapists, where specialist guidance was needed to help the service ensure people received safe care.

Staff we spoke with were aware of the procedure to follow in the event that someone had an accident such as a fall. Staff told us they would call for other staff, check the person for any injuries and contact emergency services if there was a suspected injury or if it was unclear if the person had sustained an injury. Staff completed accident reports that detailed any immediate actions taken to ensure the person's safety, including a record of post-incident observations. This would help ensure any injuries that were not immediately apparent would be identified so further advice could be sought if required.

At our last inspection in September 2016 we found people did not have personal emergency evacuation plans (PEEPs) in place. PEEPs detail the support people would require to evacuate the home in the event of an emergency such as a fire. At this inspection we found PEEPs had been completed. One person's PEEP indicated they would need three staff to assist an evacuation. We queried this as there were only two staff on at night. The provider told us the on-call system would allow staff living nearby to assist in an emergency. The provider carried out a fire drill to provide further assurances that this system was adequate following our queries, and they confirmed they would be able to carry out an effective evacuation. We also spoke with the fire service who visited the home and were satisfied at the plans the service had in place.

At our last inspection in September 2016 we identified concerns in relation to the safety of the environment and the completion of required checks in relation to the safety of the environment. We found improvements

had been made in this area. The service had a fire safety risk assessment that had been completed by a competent person. The risk assessment identified a number of shortfalls in fire safety, and the nominated individual was able to provide evidence of the works completed to address the areas where improvements were needed. There was a legionella risk assessment in place, and records of regular checks of water temperatures and measures in place to reduce the risk of people contracting legionnaire's disease. Other required checks and servicing had been completed for the electrical system, gas, lifting equipment (such as hoists), and portable electrical equipment. An asbestos survey had also been completed since our last inspection. At our last inspection we saw there was often unrestricted access to the kitchen area, which presented a potential risk to people living at the home. We saw a gate had been placed across the kitchen door to help ensure only authorised persons accessed the kitchen.

Our last inspection in September 2016 identified shortfalls with the safe management of medicines. At this inspection we found improvements had been made. As at our last inspection, medicines were stored in a locked medicines trolley that was secured to the wall. Staff kept a record of the temperature medicines were kept at, including medicines kept in the fridge. We noted the thermometers in use didn't record the maximum and minimum temperatures, which could mean fluctuations in the temperature would not be identified. The nominated individual confirmed they had ordered maximum/minimum thermometers shortly after the inspection. Staff had received training in medicines administration, and we saw a manager had assessed their competence within the preceding year.

Accurate records of medicines administration were maintained on pharmacy supplied medication administration records (MARs) and cream charts. We saw that changes in people's medicines were documented in the care records, and the changes were reflected on the MARs. We carried out a spot check of the medicines held for individuals' and found the remaining quantities matched what was indicated on the MARs. In most cases, when people who were prescribed medicines to be administered when required (PRN) there was a protocol in place that detailed when staff should administer these medicines and what their intended effect was. We found one person did not have a protocol in place for their PRN pain relief medicine, although staff were aware of the reasons this medicine would be required. Staff told us they would ensure the protocol was put in place.

People told us they felt safe living at The Fairways. Staff were aware of their responsibilities in relation to safeguarding. They were able to tell us how they would identify and report any concerns they might have that a person was at risk of abuse or neglect. Staff told us they would feel confident raising any concerns with the registered manager or deputy manager, and they were aware of external contacts they could approach if they felt this was necessary. We saw the provider had reported concerns to the local safeguarding authority where required, and had taken appropriate actions to keep people safe. This included following their disciplinary procedures when required.

At our last inspection we identified concerns in relation to the prevention and control of the spread of infection. Prior to this inspection we received feedback from the infection control team who had carried out their most recent audit in April 2017. There were some continued required improvements that were identified on the infection control audit, and the service had a red rating (indicating low compliance) in relation to the general environment, and an amber (medium compliance) rating overall. The key concerns related to the laundry and decontamination facilities, which were not adequate and required investment. The provider had put in place some interim measures to help reduce risks of cross contamination, such as storing clothes in sealed containers. The nominated individual showed us plans and quotes for work that had been obtained to create a new separate laundry facility, and for the purchase of a bed pan washer. We will review the progress of this work at our next inspection.

Staff told us they found staffing levels meant they could be pressured at certain points in the day, such as when one staff member was engaged in doing the medicines round. However, staff told us they did not feel staffing levels had had a negative impact on the care people received. People living at the home, relatives and visiting professionals we spoke with told us they always found there were sufficient staff on hand to meet people's needs, and this was also our observation during the inspection. One person told us; "There are people around me and I can get help if I need it." People using the service and relatives told us they had not found there to be unreasonable delays in people receiving support when they requested it.

The provider had introduced a 'dependency tool' to help them work out how many staff they required to meet people's needs. We saw each person's dependency was assessed and calculated as high, medium or low, and there was evidence that this information was discussed to work out staffing requirements. The nominated individual told us there had been a 21 hour per week increase in staff support hours since the last inspection.

At our last inspection in September 2016 we found gaps in employment history were not always adequately explained or explored. It was not possible to tell whether references had been received prior to a staff member taking up employment. We found the provider had made improvements to the recruitment process, and we saw recently recruited staff had a disclosure and barring service (DBS) check completed, and references were received prior to them starting in post. Staff had completed an application form that detailed their full employment history, had provided adequate identification and had been interviewed as part of the recruitment process. This would help ensure only staff of suitable character were employed.

The provider had carried out an audit of staff recruitment records in December 2016 and had identified historic issues in relation to the recruitment of staff, including the return of adequate references and obtaining a full record of previous employment. Where gaps were found, the provider had considered whether further evidence was required to satisfy them that the staff member remained suitable for the position in which they were employed.

Is the service effective?

Our findings

At our last inspection in September 2016 we found there were gaps in staff training, which was reflected in staff practice in relation to areas such as medicines management, promoting dignity and meeting nutritional needs. We found this to be a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was meeting the requirements of the regulation.

People using the service and relatives we spoke with felt staff were competent to be able to meet their needs. Staff told us the training they received was adequate in order to provide them with the skills and knowledge to meet people's care needs. Records showed staff had undertaken a range of training relevant to their role including; moving and handling, medicines, food hygiene, infection control, fire safety, safeguarding and dementia awareness. Some staff had completed additional training in areas including the Mental Health Act, diabetes, continence, pressure ulcers and end of life care. Around one third of the staff had not yet received training in the Mental Capacity Act, and there were also some gaps in first aid training, although the majority of staff had completed this training. We saw a review of training needs had been carried out and had identified these gaps. The Nominated Individual confirmed this training had been arranged and also informed us all staff received training in the Mental Capacity Act as part of their induction training.

Staff told us they felt adequately supported, and received supervision and appraisal with the registered manager. One staff member told us; "Supervision is useful, although I'd raise any issues I had as and when." We looked at supervision records, which showed discussions took place in relation to training needs, operational procedures, health and safety and safeguarding. Records showed supervisions were scheduled to take place two times per year, with an annual appraisal in addition. The quality assurance manager told us supervision would take place as required or a minimum of three times per year. Whilst staff felt supported, it is important that regular supervision takes place to monitor the on-going support and development needs of staff.

We recommend the provider reviews good practice guidance in relation to the provision of effective supervision.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

The provider had made DoLS applications to the supervisory body as required. Seven applications had been authorised at the time of our inspection, and additional applications were awaiting review. Staff we spoke with were able to explain the reasons a person may require a DoLS, and what this meant in relation to the care they provided. We saw the provider's electronic care record system 'flagged' when a person had an authorised DoLS in place, and when a re-application was required.

Staff we spoke with were able to explain the key principles of the MCA and DoLS and were aware of the reasons a person might require a DoLS. However, we saw training in the MCA and DoLS was not listed as a mandatory training course by the provider.

We recommend the provider reviews the scope of mandatory training provided to staff.

At our last inspection in September 2016 we found people's consent to care was not always recorded, and the provider was not always working in accordance with the Mental Capacity Act. We found this to be a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the provider had made improvements and was now meeting the requirements of this regulation.

We saw people, or their representative with appropriate legal status (such as a lasting power of attorney for health and welfare) had signed to consent to their care being provided. This included forms to indicate consent to use of equipment, photographs and the plan of care. During the inspection we observed staff offering people choices, such as where they wanted to sit after eating their meals. Staff told us they would always ask for people's permission before providing care or support, and would observe for non-verbal signs of consent if the person was not able to provide consent verbally. One staff member told us; "We support people to make their own decisions about their care when possible."

At our last inspection in September 2016 we identified concerns in relation to how the provider was meeting people's dietary needs. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the provider had made improvements and was now meeting the requirements of this regulation.

Since our last inspection, the provider had introduced a new system where pre-prepared meals were delivered to the home and heated up before serving. We saw people using the service had been invited to attend taste tests to help the provider choose the supplier. People we spoke with gave us positive feedback about the food on offer and told us they were able to make a choice about the meal they had. One person told us; "The food is good. I get a choice of cream or custard." A relative we spoke with said; "The change in food has been superb. I asked [family member] what they thought about the food and they said they really liked it, gave a thumbs up."

We found staff had considered people's dietary requirements. This included providing vegetarian meals, and meals prepared to specific textures as recommended by a speech and language therapist (SALT) for people with swallowing difficulties. We saw pureed meals were reasonably presented. We observed staff supporting people over meal times. Most people were eating and drinking independently, although there were staff available to provide assistance and encouragement to anyone who needed this support. Staff allowed people to eat at their own pace, and the meal times had a calm atmosphere. During our inspection there was an inspection carried out by a food safety officer. They told us they were happy with the way the service was operating and that the new food system reduced potential risks of cross contamination. The home received a rating of five out of a possible five 'very good' in relation to food hygiene.

Where concerns had been identified in relation to people experiencing weight loss, or being at risk of malnutrition, we saw staff recorded their weights on a regular basis as directed in the care plans. The electronic care records system allowed an easy visual reference to see changes in a person's weight, body mass index (BMI) and malnutrition risk over time. We saw the service had contacted people's GPs and worked with dieticians where changes in weight had indicated potential concerns. We asked staff how they ensured people had enough to eat and drink. One staff member told us; "We give people choices of food and keep offering and asking. We do intake charts if required. If someone wasn't eating or drinking I'd encourage them, offer alternatives and tell a manager."

Relatives we spoke with told us staff had acted promptly in relation to any concerns identified with their family member's health. For example, relatives told us staff had recognised signs of a stroke and contacted emergency services quickly, or had contacted the GP or SALTs for advice when required. Another relative provided positive feedback on the support their family member had received from the registered manager to attend an outpatient hospital appointment. They told us the registered manager had sought feedback from staff and taken relevant records to share with the health professional at the appointment. During the inspection we spoke with a district nurse who told us staff always made them aware of any deterioration in a person's skin condition, and that they acted upon any advice given.

Staff had received training in dementia care, and during the inspection we found staff supported people who might become upset or anxious effectively. Prior to the inspection we received feedback from the dementia crisis prevention team, who told us the home made appropriate referrals. They also told us that the deputy manager was 'responsive' and printed off articles relevant to dementia care for staff to read.

The home is in an older building, and we found there were limited adaptations to the environment to make it 'dementia friendly'. People had their names on their doors, and there was some pictorial signage in place. However, there was limited directional signage or use of 'theming' or colour schemes to support people living with dementia to orientate themselves in the building. There was limited communal space to allow people space should they become anxious or agitated. However, we also received positive comments from relatives about the 'homely' and 'welcoming' feel of the home.

Is the service caring?

Our findings

At our last inspection in September 2016 we found people were not always treated with dignity and respect. We found concerns with the procedures followed during meal times to promote dignity, and there was a lack of evidence of people's involvement in their care plans. We found this to be a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had made improvements and we found they were now meeting the requirements of this regulation.

During the inspection we observed positive respectful and caring interactions between staff and people living at the home. People looked comfortable in the presence of staff, and we observed frequent conversations and laughing and joking between staff and people living at the home. People told us the care staff knew them well, and that staff were kind and caring in their approach. Comments included; "The staff know me and are very good and look after me. I like the attention," "They [the staff] are all friendly. I can ask any of them to help me and they do help," and "The carers are good and kind."

Relatives were consistently positive in their feedback about the home and their communication with the home. There were frequent comments about the 'homely' feel of The Fairways, which had been a factor in some people's choice to move to the home. One relative told us; "I probably know every staff member by name. They [the staff] are very approachable and caring. We get helped to make sure [family member] is comfortable." Another relative said; "I think it [the home] is lovely. I'd rather [my family member] was here than a five star new home. They would support Mum if she was upset. Nothing is too much trouble. It [the home] is homely and they employ good people."

There was a sign on the front door coming into the home that requested relatives didn't visit during meal times. We spoke with relatives about this who told us they were happy with this arrangement as it reduced potential distractions during meal times, and was a positive way of supporting their family member's dignity. They also told us there had been no issues with them visiting at meal times if they had a particular reason to want to do so.

All the staff we spoke with told us they would be happy for a friend or loved one to receive care at The Fairways if they needed this type of support. We spoke with a visiting district nurse who told us; "The home is fabulous. I would put my Mum in here. It's like a person's own home. There is loads of choice, it's not regimented and people are clean and well cared for." Staff we spoke with demonstrated a good knowledge of people's personal histories and preferences as recorded in their care files.

People told us staff respected their privacy and dignity. We observed that people living at the home were clean and well presented. One person told us; "The staff always knock on the door before they come into my room." Staff told us they would always knock on people's doors, and keep the curtains closed when providing support with personal care to help uphold people's privacy and dignity.

Staff told us they would support people's independence by encouraging them to make choices and supporting people to do what they could for themselves. During the inspection we saw staff supported

people in a patient way, allowing people to do things at a pace that was comfortable to them. One relative told us; "[Family member] has settled in well and is adjusting. The staff care for [family member] but let them be independent. Their needs have changed over time and the staff work with me and keep me informed of any changes."

Prior to our inspection we received feedback from a professional that there had been occasions when people had not had communication aids such as glasses or hearing aids on them. This could have a negative impact on people's ability to communicate, and could raise anxieties for people who were living with dementia. We saw people's communication support needs were documented in their care plans. During the inspection we found people had their glasses or hearing aids available when required. The nominated individual told us some people could decline to wear glasses or hearing aids, and that this was documented and considered in their care plans.

Staff told us no-one was receiving end of life care at the time of our inspection. We saw people's wishes in relation the end of life care they would receive had been discussed and recorded with them, and where appropriate, their family members. The nominated individual told us the home was signed up to receive training in the six-steps model of end of life care, and they were awaiting staff to attend the remainder of the training sessions to complete the course. The Six Steps is a nationally recognised programme that aims to enable staff to provide high quality end of life care and support to people and their families.

Is the service responsive?

Our findings

At our last inspection in September 2016 we found care was not always person-centred, and people told us there were set schedules for showers and rising times. Some information in care plans was generic, rather than based on people's individual needs and preferences. We found this to be a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting the requirement of the regulation.

During the inspection we observed people were offered choices, such as where they spent their time, and choice of food and drinks. Relatives we spoke with told us they had been involved in developing their family member's care plans and providing information on preferences. They felt staff knew their family members and their preferences well, and this was also apparent from our observations of the support staff provided and from our conversations with staff members. We saw the provider's care plan audit highlighted when people had last had a review of their care carried out, and who had been involved in the review.

Staff confirmed people were able to make day to day choices around bathing, time they got up and the support they received. A relative told us; "They are caring, not institutionalised. Staff seem to know about people themselves and their families." We saw people had person-centred profiles in their care plans that included details about their social history and any likes or dislikes. Preferences in relation to the care people received were also recorded in their care plans, including preferences in relation to the support they received with bathing or showering. Whilst care plans were personalised to individuals' needs, we found information on social histories and preferences was recorded to a varying degree of detail in the different care plans we reviewed. The registered manager told us a talk on person-centred care was planned to help staff improve the way they recorded this information in care plans.

Care plans were recorded on an electronic system that staff could access at fixed computer terminals on each floor or by a portable tablet computer. Staff told us they found the system worked well and that they were able to locate the information they might need easily. Care plans contained information on people's support needs in relation to a variety of areas including mobility, nutrition, activities, health and personal care. Care plans had been regularly reviewed to ensure the information they contained remained up to date.

The provider employed two activities co-ordinators who worked between The Fairways and the provider's second home, The Knoll. The provider told us the activity co-ordinators generally spent between three and four hours per day at the home. Relatives and staff told us they felt there were sufficient activities provided to provide occupation and stimulation for people. One relative told us their family member had become withdrawn at home, and that they had seen an improvement in their presentation since moving to The Fairways as they encouraged their engagement in activities.

Records showed there were regular activities taking place within the home; including bingo, singing, planting and visits from entertainers. The activity co-ordinators also arranged trips out from the home. We asked how staff prevented people from becoming isolated if they were cared for in bed. Records showed

staff spent time one to one with these people, and the deputy manager told us they had recently asked staff to further develop the range of activities and social support for people who were at risk of social isolation. We spoke with the activities co-ordinator who had planned an increased range of activities for these people based on their preferences and interests.

None of the relatives, or people living at The Fairways we spoke with had had to raise a complaint previously. Everyone we spoke with told us they would feel confident to raise a complaint if they were unhappy about something. One person told us; "I'd go to any of them [the staff]." A relative we spoke with said; "I've not had to raise any complaints. When I'm providing feedback on their surveys. I can't remember anything I've had to point out that I wasn't happy with." We looked at the provider's complaints records and saw there was one recorded complaint in the past year. We saw the provider had investigated the complaint and provided a response within 28 days, which included an apology and offer to meet with the person raising the complaint.

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager and senior carers. The Fairways is a family run care home, and the directors of the company took on specific responsibilities such as training as well as providing oversight of the general governance arrangements at the home. Since our last inspection, the provider had recruited to a new position of compliance officer. The compliance officer had responsibilities in relation to ensuring the provider's two homes were meeting legal requirements, as well as contributing to the development of quality assurance processes.

At our last inspection in September 2016 we found shortfalls in systems in place to monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements and was meeting the requirements of this regulation.

There had been substantial improvements to the provider's quality assurance and audit processes. We saw a wide range of audits were carried out. These included checks on quality and safety in relation to equipment, the environment, infection control, accidents/incidents, medicines, pressure sores and care plans. Where shortfalls were found we saw the person carrying out the audit had identified actions that had been signed off when complete. In addition there were daily checks carried out by a member of the management team, and weekly checks by the registered manager. This included consideration of aspects of the service such as staffing levels, meal time experience and the delivery of person-centred care.

The compliance officer produced a report that reviewed the outcomes of the individual audits and paid consideration to any emerging themes. This would help the service identify areas of strength, as well as areas that should be the focus of improvements. We saw minutes of meetings between the directors of the company that included consideration of the findings of the internal audits, and any external audits that had been carried out, such as inspections by the Care Quality Commission (CQC), the local authority or infection control.

The provider had sent out questionnaires to people using the service and their relatives to gain feedback on what the service did well and where it could improve. We saw the findings of the surveys had been analysed and feedback on the findings had been provided. The provider used the results of the survey to identify targets for improvement, and progress against these targets was considered by comparison with the results at the next survey. The nominated individual told us they had been successful in meeting their targets in all but one area based on the results of the last survey. This system of quality assurance demonstrated the provider was listening to and acting upon feedback from people using the service and their relatives to make improvements.

Staff told us they felt valued for their work, and they told us managers at the home were 'visible' and approachable. Staff said they worked well as a team with colleagues and told us they had a clear understanding of their job role. We saw staff meetings had taken place that covered topics including discussion of operational procedures, safeguarding, complaints, the fire risk assessment and feedback from

the local authority's recent quality monitoring visit. This would help ensure staff were involved in the quality assurance processes and able to work towards meeting identified targets.

Whilst we noted some significant improvements in the quality and safety of the service since our last inspection, there were further improvements the provider was aware they needed to make. For example, whilst there were plans to improve the laundry facilities, the provider had not yet commissioned this work. The nominated individual told us this was due to the uncertainty of the future of the service following CQC's last inspection, and that they were awaiting the re-inspection before making the significant financial investment required. We have also made recommendations in relation to best practice relating to supervision and training that the provider's quality assurance processes had not highlighted.

It is a legal requirement that provider's including residential care homes display their rating on any websites they maintain or are maintained on their behalf. We checked the provider's website prior to our inspection and found that although there was a link to the inspection report, the rating from the last inspection was not displayed. We made the nominated individual aware of this requirement during the inspection and they updated the website. We saw the service's rating was displayed as required inside the home.

We saw minutes from a residents and relatives meeting the provider had arranged shortly after our last inspection to discuss the findings of the inspection and to answer any questions people may have. Relative's we spoke with were aware of the home's last CQC inspection rating, which was inadequate. They told us the provider had been transparent, open and honest about the issues at the home. One relative told us; "They [the home] seem to have moved forward a lot in the past 18 months." Another relative said; "I think they have been very open, and I think that's a sign of a caring organisation."

Staff used the electronic care management system to make regular updates in people's care notes. We found the system allowed for required information to be quickly located, which is important for any visiting professionals who may need an update on a person's current care needs.

The provider was responsive to feedback provided during the inspection, and provided updates on actions they were taken as a result of queries and comments made during the inspection. For example, we found the provider's falls policy contained limited details of the procedure staff should follow, and the nominated individual informed us they had arranged to meet with other provider's to discuss best practice in this area. Staff from the home, including the nominated individual attended conferences and events that provided opportunity to develop awareness of best practice. The nominated individual also informed me they had an active role in the local authority arranged provider forums, in which they said they were keen to explore opportunities for co-operative working and sharing training and best practice.