Linksmax Limited

Fairview House Residential Home

Inspection report

42 Hill Street
Kingswood
Bristol
BS15 4ES

Tel: 01179352220
Website: www.westburycare.co.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 23 June 2017 and was unannounced. The service is registered to provide accommodation and personal care for up to 24 people. The home is a converted Victorian house and is adjacent to Fairview Court Care Home run by the same providers. The facilities are over three floors and there is lift access to the upper floor. There are two shared bedrooms and 20 bedrooms for single occupancy. Some of the bedrooms have en-suite facilities. At the time of our inspection there were 22 people living in 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.

All staff received awareness of vulnerable adult abuse training and were knowledgeable about safeguarding issues. They knew what to do if there were concerns about a person's welfare and who to report their concerns too. Safe recruitment procedures were followed to ensure only suitable staff were employed. The appropriate steps were in place to protect people from being harmed.

Risk assessments were completed for each person. This ensured that where risks were identified there were plans in place to reduce or eliminate the risk. Medicines were managed safely. The premises were well maintained and regular maintenance checks were completed. Checks were also made of the fire safety systems, the hot and cold water temperatures and equipment to make sure they were safe for staff and people to use.

Staffing levels per shift were kept under review and the number of staff on duty was adjusted as and when necessary. The levels were determined by looking at the collective care and support needs of the people who lived at Fairview House. Staff had enough time to meet people's needs because there were enough of them on duty at any given time. People were safe because the staffing levels were sufficient.

New staff completed an induction training programme at the start of their employment and also completed the Care Certificate. All other staff had mandatory training to complete to ensure they had the necessary skills and knowledge to care for people correctly. Care staff were encouraged to complete nationally recognised qualifications in health and social care.

An assessment of each person capacity to make decisions was made as part of the care planning process. People were always asked to consent before receiving care. They were encouraged to make their own choices about aspects of their daily life. We found the service to be meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were provided with sufficient food and drink. Consideration was given to their likes and dislikes and

any specific dietary needs for catered for. Where people were at risk of losing weight, they were provided with supplement drinks or fortified foods. In the hot weather people were offered regular fluids in order to prevent dehydration. Arrangements were made for people to see their GP and other healthcare professionals when they needed to.

People had good relationships with the staff who looked after them. Each person had a keyworker who would link with the person's family or friends. People were given the opportunity to take part in a range of different meaningful social activities. There were group activities and external entertainers visited the service on a regular basis.

There were good assessment and care planning arrangements in place which meant people were provided with a person centred service that met their individual care and support needs. The service responded well to changes in people's care needs. Staff received a handover report at the start of their shift which made aware of any changes in people's needs. They made records each day detailing how the person's needs had been met.

The staff team was led by an experienced registered manager and a deputy. The staff team were provided with good leadership. Staff meetings ensured they were kept up to date with changes and developments in the service.

The registered provider had a regular programme of audits in place which ensured that the quality and safety of the service was checked. These checks were completed on a daily, weekly or monthly basis.

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.

People received care from staff who kept them safe. They received training in safeguarding issues and were aware of what to do if concerns were raised. Recruitment procedures were robust and ensured only suitable staff were employed.

Any risks to people's health and welfare were well managed and the premises were well maintained and safe.

There were sufficient staff on duty at all times to ensure people's needs were met and they were safe. People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff were trained and well supported enabling them to carry out their role.

The service was aware of the principles of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards and worked in accordance with this. People were asked to consent before staff helped them with tasks.

People were provided with sufficient food and drink. They were able to make choices about what they ate and drank. They were assisted to see their GP and other healthcare professionals when they needed to.

Is the service caring?

Good

The service was caring.

People were treated with respect and kindness and were at ease with the staff who were looking after them.

The care staff had good relationships with people and talked respectfully about the people they looked after.

Is the service responsive?

Good

The service was responsive.

People received the care they needed. Their care plans were adjusted as and when necessary and provided an accurate account of the support they needed and how this was to be provided.

There was a range of meaningful social activities for them to participate in. They were listened too and staff supported them if they had any concerns or were unhappy.

Is the service well-led?

Good

The service was well led.

There was a good management structure in place. Staff were provided with good leadership and were well supported.

There was a programme of checks and audits in place to ensure that the quality of the service was measured. Any accidents, incidents or complaints were analysed to see if there were lessons to be learnt.

Fairview House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

The inspection was unannounced and was undertaken by two inspectors. This was the first inspection of Fairview House Residential Home since it was re-registered until a new legal entity in June 2016.

Prior to the inspection we looked at the information we had received about the service in the last year and notifications that had been submitted by the service. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During our inspection we spoke with six people living in the service and two visitors. We spoke with the registered manager and the deputy manager as well as seven other members of staff (care staff, kitchen and domestic staff and the maintenance person).
We spent a period of time observing how people were spending their time and the interactions between them and the staff team. We did this to assess what the quality of care was for those people who could describe this for themselves. This was because some people had a degree of cognitive impairment or were living with dementia.

We looked at four people's care files and other records relating to their care. We looked at nine staff employment records, their supervision and training records. We also looked at key policies and procedures, checks and audits that had been completed to assess the quality and safety of the service and minutes of staff meetings.

During the inspection we were able to get feedback from healthcare professionals who were visiting the service. We asked them to tell us their views and experience of the care and support people received. We also received feedback from another healthcare professional who we had contacted prior to the inspection. All the comments have been included in the main body of the report.

Good

Is the service safe?

Our findings

People said, "I am safe. I have had a lot of falls so now the staff watch me when I am walking", "I don't worry about anything. Everything is alright here" and "Everyone is kind and polite and the staff speak to me nicely". One relative told us they had no concerns about the care of their loved and never worried when they were not there. Health care professional expressed no concerns about the care of their patients.

Staff completed awareness of vulnerable adult abuse training as part of the mandatory training programme and knew about the different types of abuse and what to look out for. Those we spoke with were aware of their responsibility to keep people safe and knew what action to take if abuse was suspected, witnessed or a person made an allegation of harm. Staff said they would report any concerns they had to the registered manager or the deputy. Information was displayed in the office telling them how they could report directly to the local authority, the Police and the Care Quality Commission.

Staff files evidenced that safe recruitment procedures were followed at all times and this ensured unsuitable staff were prevented from being employed. Pre-employment checks were undertaken and included a face to face interview and assessment, written references from previous employers and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people.

Also, as part of the mandatory training programme staff were taught about safe moving and handling procedures. At the time of this inspection people were able to move about independently, either with no aids or with walking sticks and walking frames. Staff needed to support some people with using the bath and were trained to use any moving and handling equipment needed, for example bath hoists.

A set of standard risk assessments were completed for each person. Plus others would be undertaken as required. These were in respect of the likelihood of falls, the risk of malnutrition or dehydration, the likelihood of pressure damage to and moving and handling tasks. Where a person needed assistance to move about a 'moving around' plan was written. These set out the equipment needed to complete the task and the number of care staff required. Where people's safety was compromised when they were in bed, a risk assessment was undertaken before bed rails were used to ensure these did not pose a greater risk for the person. All these risk assessments had been reviewed on a monthly basis and we saw where amendments had been made because of changes. For each person, a personal emergency evacuation plan (a PEEP's) had been prepared. These set out the amount of support the person would require in the event of a fire and the need to evacuate Fairview House.

The provider had a programme of checks of the premises, the utility services and the facilities, to ensure people were living in a safe environment. Various checks of the fire safety equipment were scheduled to be carried out on a weekly, monthly or quarterly basis. Hot and cold water temperature checks were completed at regular intervals. The provider had a fire risk assessment in place. An external fire contractor had reviewed the assessment last in December 2016. Fire drills were arranged on a regular basis (there had been three in the last three months) to test the staffs competence in taking the right action in the event of a

fire happening. The kitchen staff had a schedule of daily checks to complete and these included fridge and freezer temperatures, hot food temperatures and food storage arrangements. Kitchen staff and domestic staff had a cleaning schedule of daily weekly and monthly tasks. These measures ensured people lived in a safe environment.

The registered manager had reviewed the provider's business continuity plan along with the group manager and other registered managers. This ensured there were procedures in place to follow should there be a disruption in the service. Disruptions included adverse weather, unavailability of staff and loss of utility services for example.

The processes for ordering, receiving, storing and disposing of medicines were managed well and in accordance with safe practice. People were assisted with taking their daily medicines by the care staff who had received safe administration of medicines training. Their competence in safe practice was regularly reviewed and reassessed.

Medicines were re-ordered on a four weekly basis and there were safe procedures in place for the checking in of new supplies. A medicines administration record (MAR) was used to record all medicines received in to the service and each time medicines were administered.

Each person's medicines were stored safely in a locked cupboard in their bedroom. Storage temperatures in these cupboards were checked on a daily basis to make sure medicines were stored within the correct temperature range A medicines refrigerator was available for those medicines that required cold storage. Appropriate arrangements were in place for the storing of controlled drugs. A healthcare professional reported that the service was very open to recommendations made to ensure medicines were handles safely.

The registered manager adjusted the number of staff on duty each shift dependent upon the collective care and support needs of people living at Fairview. Staffing numbers were adjusted as and when necessary. On the day of inspection, the deputy manager, one senior and two care staff were on duty along with the cook and domestic staff. The registered manager who was also responsible for Fairview Court Nursing Home next door was available and one member of the activity team was present running a group activity. Staff told us they felt the staffing numbers levels were appropriate and they were able to meet each person's care and support needs.

Good

Is the service effective?

Our findings

People said, "I get all the help I need", "You only have to ask and they help you with whatever", "I am so glad I moved in because I get all the help I need. I am cross with myself that I have struggled at home for years" and "No complaints, everything is catered for here".

The registered manager and deputy ensured each staff member had a regular supervision session where work performance and any training and development needs were discussed. The deputy had completed about half of the yearly appraisals and had a plan in place to complete the rest. Staff confirmed these arrangements and said they were well supported by their colleagues. At the start of each shift they received a full handover report. This meant they were made aware of any changes in people's care needs and planned events that were going to happen that day.

New care staff had an induction training programme to complete at the start of their employment. Those who were new to care then completed the Care Certificate within 12 weeks of employment. The Care Certificate was introduced in April 2015 and covers a set of standards that social care and health workers must work to. One member of staff told us they had completed the Care Certificate and it had prepared them for their role.

Staff completed a programme of mandatory training. This included moving and handling, safeguarding adults, the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), food hygiene, fire safety and infection control. This ensured the staff had the necessary skills to meet people's needs. Care staff were encouraged to undertake health and social care qualifications (previously called a National Vocational Qualification (NVQ)). At the time of the inspection nine care staff had already achieved an NVQ at level two. The deputy manager was working towards a level five qualification in leadership and management.

MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for a person when they lacked the capacity to consent to treatment or care. At the time of the inspection the service were waiting for the authorisation of two applications they had submitted to South Gloucestershire Council. This was because those people lacked the capacity to make the decision they needed to reside at Fairview House for the care and treatment they needed. We found that the service was working within the principles of the MCA and applying for DoLS appropriately.

People were able to make decisions about their day to day life and encouraged by the staff to make decisions for themselves. An assessment of the person's mental capacity was recorded in the person's care file. Staff were aware of the need to ask for people's consent and we heard them offering people choices and asking for permission to assist them. People were encouraged to be as independent as possible and to make their own decisions about how they wanted to be looked after.

People were provided with sufficient food and drink. They were asked what they liked to eat and any

dislikes and food allergies were recorded and the kitchen staff were informed. Instructions were also passed to the kitchen staff regarding any other specific requirements, for example the need for soft foods or a diabetic diet. As part of the overall assessment of each person any nutrition and hydration risk was identified and then reviewed on a monthly basis. Body weights were checked on a monthly basis and more often if necessary. The staff took appropriate action where people were losing weight and fortified foods and drinks were provided.

There was a three week menu plan in place and people had a choice of two main meals at lunch time. On the day of our inspection fish and chips or liver and bacon with vegetables was served. The majority of people had their meals in the dining room and we observed this was a social event. Others had their meals served in the lounge room, with one having their meal delivered to their bedroom. Jugs of squash were available in the lounge/dining room and hot drinks were served mid-morning with biscuits, after lunch and mid-afternoon with homemade cakes. People's birthdays were celebrated with a cake at afternoon tea time. The care staff were all aware of the need to ensure people received adequate drinks during the hot weather and we observed them regularly serving cold drinks throughout the day.

People had access to GP services. There was a weekly review by the main GP who visited each Friday. Prior to the visit the care staff informed the surgery which people needed a medical review. The GP told us they had no concerns regarding the care of their patients and were always called in, in a timely manner. They said any instructions they left for the staff were followed through. District nurses visited those people who had nursing care needs which included wound care management and other monitoring tasks. The service was supported by the mental health in-reach team and healthcare professionals from community teams, for example physiotherapists and occupational therapists. Foot care specialists, the community dentist and opticians visited regularly.

Good

Is the service caring?

Our findings

People said, "I have not been here very long but I can see that the staff are very kind and caring", "The girls are all nice here, you couldn't ask for any better", "My privacy is always respected and the staff knock on my bedroom door before entering" and "Very caring, this is my home and I am very content living here". One person told us their children had chosen the home and had made a "very good choice". Relatives said, "It is a homely home and just right for mum" and "I am very glad mum lives here. The staff are all very friendly and caring".

There were two shared bedrooms in the service but in each case the two people had been sharing for many years. Screening was available and used whenever the care staff were providing personal care to one of the individuals. Other larger bedrooms previously used as shared rooms were now used for single occupancy. People were encouraged to make their bedrooms their own and could bring in items of furniture (as long as there were no health and safety risks), pictures and personal memento's.

Our findings during the inspection concluded that each person received a caring service. The approach from the staff team was person centred and each person was treated as an individual with different values and needs. One person told us it was important to them they had a daily newspaper and the staff ensured this was delivered. The wishes of one person who preferred to remain in their room each day was respected Staff spoke about the people they were looking after in a respectful manner. We asked staff if they would recommend Fairview House to friends and family to live in or work in and they said yes.

We observed that the care staff and activity staff interacted well with people. People's bedroom doors and the doors into bathrooms and toilets were closed when people were receiving care and we saw the care staff knocking on doors before entering. People were generally called by their first name and their preference regarding how they wanted the staff to speak with them was recorded in their care plan. Some people had developed friendships with other people who lived in the home and liked to sit again in the lounge or at the dining room tables. There was a coffee morning held on the day of our inspection and this generated a great deal of social interaction and wellbeing amongst the people who joined in.

One person who lived at Fairview House liked to participate in light domestic duties each day. They helped the staff by laying up the tables prior to meal times and cleaning up after the meal. Staff told us this helped the person have a sense of wellbeing and purpose.

Each person was allocated a keyworker. The aim of this role is to develop a greater working relationship between the member of care staff and the person and family. One of the care staff told us they enjoyed this role, liked getting to know the person and finding out about their previous life. Their role also involved making sure the person's care plan was up to date and they did this in talking with the person and finding out directly from them, how they felt things were going. They also kept an eye of whether the person needed any toiletries and clothes and helped keep the bedroom tidy.

It was very evident that people were involved in saying how they wanted to be looked after and the care they

were provided with was person centred. People were asked about things that were important to them and all this information was incorporated into their care plans. The registered manager was very keen that the person's 'voice' was heard and people were able to live the life they chose.

The registered manager spoke passionately about the need for staff to be approachable and nurturing and used the term 'working with the heart' and not seeing a person's dementia or limited mobility as the focus of how they looked after them. Training and coaching sessions were arranged with the care team to ensure this ethos is shared by all.

Good

Is the service responsive?

Our findings

People said, "Everything is done for you here, you do not want for a thing", "The staff know about the things that I like to do and where I like to sit in the lounge", "I get help with having a bath and they use this chair to lower me in the water. It is heaven" and "I get all the help I need. When I was unwell recently the staff had to do more for me but nothing was too much trouble".

People's care and support needs were assessed before they were offered placement in Fairview House. This ensured the home was the right place for them, the staff team could meet their specific needs and any necessary equipment was available. The assessment covered all aspects of the person's daily life, any healthcare needs and their expectations. The information gathered during this assessment was used as a basis for further assessment on admission and then completion of the care plan.

People's care plans were detailed and accurately reflected their care and support needs. It was evident the plans were person centred and they had been involved in making decisions about their care and how they were supported. Care plans were reviewed on a monthly basis. They were amended as and when necessary. Relatives were included with these reviews where the person wanted this to happen. This meant that when people's needs changed their new needs were identified and a new plan of care agreed. Where necessary health and social care professionals were asked to be involved when people's care needs changed significantly.

As well as the care plans, other care records included the daily notes written by the care staff and any other monitoring forms deemed necessary to keep a track on the person's health and welfare. For example these may include food and drink charts, behaviour charts, the application of any prescribed topical ointment and cream charts and body maps identifying any wounds.

Great emphasis was placed on the importance of meaningful social activities by this service. Activity staff were employed and provided a monthly programme of activities for people to participate in. Details of the programme were displayed on the noticeboard in the dining room. The programme included music and singing, gentle physical games, quizzes and films. The hairdresser visited the service on a weekly basis. In the afternoon of the inspection a church service was held and led by a visiting priest. The activity staff had completed a creative activity therapy (CAT) award and most recently a TOPCAT award – an advanced course based upon activities for people living with dementia including reminiscence.

We asked people if they felt able to raise any concerns they had. They told us, "I have nothing to complain about. I am very happy here", "If I had any worries I would ask to speak to the boss" and "We all get on well together here but I know the staff would listen to me if I had any concerns". A copy of the complaints procedure was posted in the hallway and included in the home's brochure. There had been three complaints logged since the beginning of 2017 and each of them had been handled correctly and in line with the provider's complaints policy.

Good

Is the service well-led?

Our findings

One person said, "The manager is lovely and comes and sees me for a chat". Other people and the relatives we spoke with made positive comments about the service and the way it was run. Health care professionals had no concerns about the safety and quality of care provided.

The philosophy of care for the service is stated in the home's brochure: 'Through personal choice and with dignity we aim to promote individuality to encourage people to undertake everyday tasks for daily life, as each is able. We respect people's individual culture and religious beliefs and offer support and understanding at all times. We encourage people to participate in activities of their choice to fulfil their potential and sense of enjoyment'.

The staff team was led by an experienced registered manager and a newly appointed deputy (April 2017). The registered manager was a qualified nurse and the deputy had just started a level five qualification in leadership and management.

The registered manager was also responsible for Fairview Court Nursing Home, a sister home next door. The staff team included senior care staff and care staff, activity staff, domestic and kitchen staff and a maintenance person. An administrator and a training officer were based in the nursing home next door. The registered manager, deputy or senior care assistant in charge of the shift would complete a daily walk-around each day in order to meet each person, check on those who were unwell and make sure the premises were safe.

The last staff meetings was held on 19 May 2017 and there had been discussions around medicines, team work, completion of care records and any concerns of changes regarding the people being looked after. The deputy planned to hold these meetings on a monthly basis. Staff were encouraged to feed in to these meetings and make suggestions about issues relating to the running of the home. A 'resident and relative' meeting had taken place in January 2017. People were asked to say what they would like to happen as regards activities, day trips and the menu plan. They were reminded about the complaints procedure and they were introduced to the new staff. The deputy manager was uncertain how often these meetings were to take place. The creative activity therapy staff were involved in these meetings.

There was a programme of audits in place to check on the quality and safety of the service. Audits were completed in respect of care planning documentation, medicines and maintenance. Care plans were reviewed on a monthly basis by the care staff. There was a monthly analysis of falls and near misses that had occurred. This meant the service was able to identify any trends in the events and then be able to make changes to prevent or reduce reoccurrences. Any complaints received were also audited in order to look for trends. A full audit of the whole service was scheduled to be undertaken in July 2017.

The group manager, or a registered manager from another of their care services completed monitoring visits for the provider and wrote a report of the outcome. We looked at the records made after the visits in January, April and June 2017. There was a record of observations made, which staff and people had been

spoken with and which records had been checked. The visits tended to concentrate on one of the five CQC questions – is the safe, effective, caring, responsive and well led.

The registered manager and the deputy were aware when notifications of events had to be submitted to CQC. A notification is information about important events that have happened in the home and which the service is required by law to tell us about. The registered manager was aware when notifications about deprivation of liberty applications had to be submitted to the CQC.

All the policies and procedures were kept under regular review and were aligned to the fundamental standards of care and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had an improvement plan in place to enhance the premises and environment. Plans had been approved to link Fairview House and Fairview Court together but there was no date as yet to when these works would start. The kitchen in Fairview House will be closed as from 3 July 2017 and catering facilities will be provided from the nursing home. The laundry facilities will also be transferred to Fairview Court.