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# Fairview House Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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 11 February 2016 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 not a registered manager in post. The manager from Fairview Court Care Home was in the process of applying to be the registered manager and will be supported by a newly appointed deputy manager. 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.

Improvements were required with the management of some medicines to ensure they were administered to people safely. The arrangements in place for the re-ordering of some people's medicines were disorganised and raised the risk of a medication error being made. Medicine administration charts were not always completed correctly.

All staff received safeguarding adults 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. The manager had previously worked well with the local authority safeguarding team when concerns were raised. Safe recruitment procedures were followed to ensure only suitable staff were employed. The appropriate steps were in place to protect people from being harmed.

A set of risk assessments were completed for each person and where risks were identified a care plan was written to reduce or eliminate that risk. Some people had other risk assessments and management plans in place where specific needs were identified. The premises were well maintained and regular maintenance checks were completed.

The number of staff on duty was based upon the care and support needs of the people at any given time. Staff felt that the staffing numbers were sufficient and this meant they had enough time to meet people's needs. People were safe because the staffing levels were sufficient.

Staff completed a programme of the provider's mandatory training to ensure they had the necessary skills and knowledge to care for people correctly. New staff completed an induction training programme and there was a programme of refresher training for the remaining of the staff. Care staff were encouraged to complete nationally recognised qualifications in health and social care.

People were encouraged to make their own choices and decisions and to maintain their independence for as long as possible. An assessment of each person's capacity to make decisions was made and people were always asked to consent before receiving care. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

People were provided with food and drink they liked and met their own particular requirements. People were encouraged to eat well and where required were provided with fortified food and drinks. There were measures in place to reduce or eliminate the risk of malnutrition or 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 activities. There were group activities and external entertainers visited the service on a regular basis.

Assessment and care planning arrangements ensured people were provided with care and support that met their needs. Daily records were maintained which evidenced the support delivered to each person. Staff always received a handover report at the start of their shift which made them aware of any changes in people's needs.

The staff team was led by an experienced manager and a newly appointed deputy. Staff were provided with good leadership and the manager was visible and available within the service. Regular staff meetings were to be re-introduced to keep the staff 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.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not safe in all areas.

People's medicines were not being managed safely. Improvements were required with the ordering and administration of medicines and with the records kept of medicines administered.

People received care from staff who were trained in safeguarding and recognised abuse. Recruitment procedures for new employees were safe and ensured unsuitable staff were not employed.

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

The number of staff ensured people's individual needs were met and they were kept safe.

### Is the service effective?

**Good** 

The service was effective.

People were looked after by staff who received relevant training and were supported to carry out their role.

Staff sought consent from people before helping them. The service was aware of the principles of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards.

People were provided with sufficient food and drink. They were able to make choices about what they ate and drank. People were supported 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 and support that met their specific needs. Care plans provided an accurate account of the support they needed and how this was to be provided.

People were able to participate in a range of social activities. 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 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.

The inspection was unannounced and was undertaken by one inspector. The previous inspection of Fairview House Residential Home was in August 2014. There were no breaches of the legal requirements at that time.

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 nine people living in the service. We spoke with the manager, the deputy manager and five other members of staff (including care staff, catering and housekeeping staff).

We conducted a Short Observational Framework for Inspection (SOFI). SOFI provides a framework for directly observing and reporting on the quality of care experienced by people who cannot describe this for themselves. We did this because some people were not able to tell us about their experiences of living in the service.

We looked at four people's care documentation and other records relating to their care. We looked at three staff employment records, training records, policies and procedures, audits, quality assurance reports and minutes of meetings.

Because we had not been provided with a list of health and social care professionals who were involved with the service we contacted them after the inspection. We asked them to tell us their views of the service. We received little feedback but comments have been included in the body of the report.

# Is the service safe?

## Our findings

People told us, "I am fine thank you. I used to fall frequently but now I feel completely safe", "The staff are very good to me and are always polite", "The staff give me my tablets and do everything for me" and "I have lived here a long time. I am very happy here".

The processes for ordering, receiving, storing and disposing of medicines were not managed safely and require improvement. A senior member of staff had been given responsibility to re-order all medicines but the way they were doing this was confusing and disorganised. We found where people were prescribed many tablets, their new four week supply did not always commence at the same time. Staff were removing the medicines from one blister pack haphazardly, making it difficult to track whether the person had had their medicines as prescribed. This lack of organisation raised the risk of a medicine error being made and was unsafe. In addition there were gaps on some medicine administration records (MAR charts) and one medicine had been signed as being administered at six o'clock that evening. We saw this entry during the morning.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's medicines were stored in lockable cupboards in their own bedrooms. There were suitable arrangements in place for storing medicines that needed additional security. Records showed that stocks of these medicines were checked each time the medicine was administered and also audited by the manager. Following our inspection we were notified that the manager had arranged for the supplying chemist to undertake a full audit of medicines management on 18 February 2016.

People were administered their medicines by care staff who had been trained to administer medicines safely, however the manager will now be reviewing the competency of some staff members to ensure their practice is safe. People were provided with the level of support they needed, this information was recorded on a document kept with their medicine administration record (MAR).

Staff were aware of their responsibility to keep people safe. They completed a training programme about adult safeguarding and were taught about the different types of abuse and what to look out for. They knew what action to take if abuse was suspected, witnessed or a person made an allegation of harm. Staff would report any concerns they had to the manager or the deputy, however they were aware they could report directly to the local authority, the Police and the Care Quality Commission.

Staff files were checked to ensure that safe recruitment procedures were followed. The measures in place prevented unsuitable staff being employed. Each file evidenced that appropriate pre-employment checks had been undertaken. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people.



Staff received moving and handling training. In the main the people in the service were able to move about independently but some needed a degree of support to use the toilet and the bath. Staff were trained to use any moving and handling equipment, for example bath hoists.

A set of risk assessments were completed for each person plus others would be undertaken as required. An example of this would be where a person's behaviours may impact upon others. The standard risk assessments were in respect of falls, nutrition, skin integrity and moving and handling. Where a person needed to be assisted to transfer or move from one place to another a 'moving around' plan was written. These set out what equipment was needed to complete the task and the number of care staff required. Those moving around plans we saw had been regularly reviewed and updated as necessary. Personal emergency evacuation plans (PEEP's) had been prepared for each person: these detailed the level of support the person would require in the event of a fire and the need to evacuate the building.

There was a programme of checks in place to ensure the premises, the utility services and the facilities were safe. Servicing contracts were in place for all equipment and any new electrical items brought in to the home were tested for safety before they were used. All the fire and water temperature checks had been completed at the designated intervals. There was a fire risk assessment in place. The Fire and Rescue service had recently undertaken a routine visit of the service and had made one recommendation. This had already been acted upon. The kitchen staff recorded fridge and freezer temperatures, hot food temperatures, food storage and had kitchen cleaning schedules in place. Housekeeping staff had cleaning schedules and a programme of deep cleaning for all areas of the home.

The service had a business continuity plan in place however it contained no detail. The manager was already aware of the need to revisit the plan and had started work on this already with the group manager (the provider's representative) and other registered managers.

The number of staff on duty were based upon the care and support needs of people. On the day of inspection, the deputy manager and three care staff were on duty along with the cook and domestic staff. The manager was also available and activity staff (creative therapists) visited late morning and ran a group activity. Staff said staffing levels were appropriate and one commented, "One person is in hospital at the moment so things feel a bit easier". The manager explained they had requested the local authority to review the placement for one person as their needs had increased.

## Is the service effective?

### Our findings

People said, "I have lived here a long time and I am quite content", "The staff know how I like things to be done" and "I moved to this area to be nearer my daughter and she chose the home. I think she made a very good choice – very homely". Health and social care professionals who responded to our request for information said people were well looked after and they were contacted in a timely manner if needed.

Staff completed a programme of mandatory training to ensure they were able to meet people's needs. New care staff completed an induction training programme at the start of their employment. This programme was in the process of being aligned to the new Care Certificate introduced in April 2015. The Care Certificate covers a set of standards that social care and health workers must work to. One member of staff who had not previously worked in care said they had received induction training and this had prepared them for the job.

Mandatory training included moving and handling, safeguarding adults and the Mental Capacity Act 2005 (MCA), food hygiene, fire safety and infection control. All care staff were encouraged to undertake health and social care qualifications (previously called a National Vocational Qualification (NVQ)). At the time of the inspection approximately half of the care staff had already achieved an NVQ at level two.

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. There was one person who was subject to DoLS restrictions and two other applications were waiting to be authorised by South Gloucestershire Council. The service was applying DoLS appropriately and the manager was fully aware of the principles of the legislation.

The majority of people were able to make decisions about their day to day life. 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.

There was no formal plan in place for staff to receive a regular supervision session with a senior member of staff, however the required improvement had already been identified by the manager. There had been a plan in place up until the time the previous manager left. Despite this, staff were well supported by their colleagues. At the start of each shift they received a handover report. This meant they were made aware of any changes in people's care needs and planned events that were going to happen.

People were provided with food and drink they liked and met their own specific requirements. People were assessed to see whether there was any risk of malnutrition or dehydration and these assessments were reviewed monthly. Body weights were checked on a monthly basis so that staff took action if people were losing weight. Their preferences for food and drink were recorded plus any allergies they had. This

information was shared with the kitchen staff and where needed, fortified foods and drinks were provided.

People had a choice of two main meals at lunch time and on the day of our inspection beef stew and roast chicken was served. The meals were nicely presented on the plate and served by staff along with a cold drink of their choice. One person was served with a soft diet and another person had a swallowing care plan in place and a thickening agent was added to their drinks to reduce the risk of choking. After the meal people made the following comments, "I had the chicken it was really nice", "We are always given lovely meals" and "Sometimes I don't feel like eating and the staff chivvy me along to finish my meal". 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 had access to GP services. There was a weekly review by the main GP who then visited those people identified by the care staff as needing a review. The district nursing team made regular visits to those people who had nursing care needs. The mental health in reach team were also involved in some people's care. The service was also supported by a chiropodist, an optician and other allied healthcare professionals from community teams (for example physiotherapists and occupational therapists).

# Is the service caring?

## Our findings

People said, "We have a good time here. The staff are all very friendly", "I could not ask for better care", "All the staff speak nicely to me and no one has ever upset me" and "My daughter visited the home and chose this place for me. She said the staff were very welcoming when she visited and that was what made her mind up".

Our findings during the inspection confirmed that people received a caring service. Staff spoke about the people they were looking after in a respectful manner. One person was a relative of a staff member who worked in another area of the organisation. Other staff referred to the 'Mum's Test' and said they would be happy for a relative to live at Fairview House Residential Home.

Staff interacted well with people and we heard several examples of shared humour whilst we observing what was going on in the communal areas. Whilst a group activity took place in the lounge area people were encouraged to take part in the quiz but their wishes were respected if they did not want to. We observed a staff member knocked on bedroom doors before entering. They respected one person's known wish that 'others' (i.e. the inspector) did not enter their room whilst they were not present. People's bedroom doors and the doors into bathrooms and toilets were closed when people were receiving care.

People were encouraged to make their bedrooms their own and from those rooms we saw there was a wide variety of decorations. People had brought in some of their own furniture, pictures and personal memento's. One person said, "It makes me feel better to have some of my special things around me".

Staff told us about three people who liked to help out with some domestic tasks. They said this increased those people's feelings of usefulness and well-being. One person liked to lay the tables prior to the midday meal, another liked to help fold up laundry.

From looking at a sample of people's care files it was evident they were involved in saying how they wished to be looked after. The manager had already implemented a programme of review of the plans. The nurses from Fairview Court Nursing Home (next door) were supporting the care staff to develop the care plans to ensure they had a person centred approach to meeting people's individual needs. During assessment and care planning people were asked by what name they wanted the staff to use and also how they felt about terms of endearment. One person's file recorded they liked to be called by a nick-name. People were asked about things that were important to them and all this information was incorporated into their care plans.

The manager told us they used a combination of training, supervision and support to ensure that a culture of warmth and friendliness was created. The manager ensured that staff were always kind and courteous and had developed a process of reflective practice with the care staff when things had not gone as well as they could have. Each staff member was allocated to be a keyworker for a number of people. A key worker was a member of staff who was identified as taking a lead role in that person's care and provided a link with the person's family and friends.

## Is the service responsive?

### Our findings

People said, "I get the help I need and whenever I ask for assistance", "We have a good time here and I am not lonely anymore", "The staff help me have a bath and I really enjoy that. I have a lovely bubble bath regularly" and "Nothing is too much trouble for the girls, they are very helpful".

People's care needs were assessed before admission to the home. This ensured that the home was the right service for them, the staff team could meet their specific needs and any necessary equipment was available. The assessment covered the person's needs in respects of their daily life, any healthcare needs and their expectations with regard to social activities. The information gathered in the assessment process was used to complete the person's plan of care.

People's care plans reflected their needs and it was evident the person had been involved in making decisions about their care. The care plans were reviewed on at least a monthly basis. People were encouraged to have a say about how they were looked after and if they wanted things done differently. Families or friends were involved where the person wanted this to happen. These measures ensured that when people's needs changed they were identified and a new plan agreed. Where necessary health and social care professionals were asked to be involved when care needs changed significantly. The manager explained they were waiting for a social worker to review the placement of one person whose healthcare had significantly increased.

Daily notes were written by the care staff and provided an accurate record of the person's day. The manager was in the process of introducing topical ointment and cream charts and body map forms for care staff to record when and where topical treatments had been applied. When required staff would complete food and drink charts and behaviour charts if they needed to monitor how things were going.

A monthly programme of activities was arranged for people to participate in. Details of the programme were displayed on the noticeboard in the dining room. During the inspection one of the creative activity therapists (the senior activity organiser) led a group activity. A quiz took place with about 18 people. Other activities planned for February included a cinema afternoon using a black and white projector, exercise groups and music sessions. One person told us, "There is always something going on". Another person told us they chose not to participate unless it was something they liked to do.

People told us they felt able to raise any concerns they had with the staff team or the manager. Comments included, "I would if I needed to but everything is fine", "No complaints from me" and "We are always being asked if everything is okay and it is". A copy of the complaints procedure was displayed in the main entrance hall. It was also included in the service users guide issued to each person and their relatives. There had been one formal complaint logged in the previous 12 months and this had been handled correctly. This complaint had resulted in a review and amendment to one of the home's policies and all staff had signed to say they had read and understood the new policy.

## Is the service well-led?

### Our findings

People told us the following, "Everything is alright here and the staff do a very good job", "Everything is done and the girls do everything for us" and "I cannot think that anything could be done better".

The philosophy of care for the service was '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'. It was evident during the inspection that these values were instilled in the staff team and influenced the way people were looked after.

The staff team was led by a manager (who will be applying to CQC to be the registered manager), and a deputy. The staff team consisted of senior care staff and care staff, a newly pointed maintenance person, housekeeping and kitchen staff. The service was supported by the administrator who was based in the nursing home next door. Senior staff were present for the inspection and had a visible presence in communal areas at all times, interacting with both people and the staff on duty.

Staff meetings had been held on a regular basis but these had lapsed recently. The meetings were used as a means to inform staff about the changes the manager planned to introduce. Staff were encouraged to have a say about people's individual care and support and other things relating to the running of the home. The manager said that staff were empowered to make decisions that benefitted people and their input was valued. Staff meetings were going to be re-introduced on a monthly basis. Since the departure of the last registered manager there had been no 'resident' and 'relative' meetings and the manager had already identified the need to address this. A 'resident' meeting was already scheduled for Saturday 12 February 2016 – the day after our inspection. The creative activity therapy staff will be involved in these meetings.

The manager or deputy manager visited each person when they were on duty. This enabled them to make an assessment of the premises, to speak with people and the staff team and to check on people who were unwell.

The provider had 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 – the manager already had a plan in place to make these reviews more personalised and meaningful.

Accidents, incidents and any complaints received were audited on a monthly basis. They were then followed up to ensure appropriate action had been taken. The manager analysed the events to identify whether there were any triggers and themes. This meant the service was then able to look for any lessons learnt and make changes to prevent or reduce reoccurrences.

There had only been one formal complaint in 2015 but the service had reflected upon what had happened

and had taken action based upon the lessons learnt. The complaint that the family had made about the event was handled correctly and the conflicts within that family had been addressed in a professional manner.

The provider employed a group manager to undertake 'provider visits' of the service on a monthly basis. The group manager recorded their observations, detailed which records had been looked at and who they had spoken with, people living in the home, visitors and staff. In these records the group manager had not recorded the actions needed to make improvements. The manager referred to some shortfalls that were picked up and what actions had been taken to address them. The records of these provider visits provided only the positive aspects of the findings and not the actions expected.

The registered manager was 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 in the process of being looked at, reviewed and updated. The manager was aware this needed to be in line with the fundamental standards of care and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and other associated legislation (employment law, Health and Safety etc). This review was already listed on the action improvement plan for the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person must ensure there is proper and safe management of medicines. The reordering of some medicines was disorganised and meant the risk of an error being made was increased. The administration of some medicines was haphazard and made stock control difficult.</p> <p>Regulation 12 (2) (g).</p>