

Linksmax Limited

Fairview Court Care Home

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?	Good ●

Summary of findings

Overall summary

This inspection took place on 16 May and 19 June 2018 and was unannounced. The service is registered to provide personal and nursing care for up to 49 people and specialises in the care of people living with dementia. The service also looked after people with general nursing care needs.

Five of the beds (called pathway three beds) were funded by the NHS and provided a six week assessment service following discharge from hospital. The home is a purpose built care home with facilities spread over three floors. All floors were fully accessible and all bedrooms were for single occupancy. At the time of our inspection there were 49 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.

Why we have rated the service as Good?

There were effective safeguarding systems in place to ensure people were not harmed. All staff received safeguarding adults training and were aware of their responsibility to protect people from harm. The staff had reported appropriately when there were concerns regarding a person's welfare. Safe recruitment procedures were followed to ensure that only suitable staff were employed.

Any risks to people's health and welfare were assessed and appropriate management plans put in place to reduce or eliminate that risk. The procedures in place for the management of medicines followed best practice guidelines and were administered to people safely. The premises were well maintained and regular maintenance checks were completed.

People were looked after by sufficient numbers of staff so their care and support needs could be met. Staffing numbers were adjusted as and when necessary. All staff felt the staffing numbers were appropriate and they could meet people's needs. The staff teams worked well together and although tended to work on designated floors, they helped their colleagues out whenever was required. People were safe because the staffing levels were sufficient.

People's care and support needs were assessed before admission to Fairview Court to ensure the staff team had the appropriate skills and knowledge to meet their needs. In addition, they ensured that any specific equipment that was needed for the person was available. People's assessed needs were kept under review throughout their stay.

There was a programme of essential training all staff had to complete. This enabled them to do their jobs well. New staff completed an induction training programme and then completed the Care Certificate. The

Care Certificate covers a set of standards that social care and health workers must work to in their daily working life. Care staff were encouraged to complete nationally recognised qualifications in health and social care. All staff had a regular supervision meeting with a senior member of staff to support them to do their job.

People were provided with sufficient food and drink and had a choice in what they ate and drank. People's individual dietary requirements were met. There were measures in place to reduce or eliminate the risk of malnutrition or dehydration. Body weights were checked at least monthly and fortified foods provided if people were losing weight. Arrangements were made for people to see their GP and other healthcare professionals when they needed to.

People were supported to make their own choices and decisions where possible. Where people lacked the capacity to make decisions, assessments were recorded of best interest decisions. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

The service was exceptionally caring. The staff team demonstrated their passion for caring for people, including those people living with dementia. The staff team had good working relationships with each other and with the people they were looking after. There was a real commitment from all staff to provide the best possible care, to provide 'family life' in a homely environment. Families, friends and other visitors were also included in this. People were given the opportunity to take part in a range of different meaningful activities. There were group activities but also staff could spend one to one time with people who were confined to bed or their bedroom.

Each person had a plan of care based on their care and support needs. The person of their relatives was involved in drawing up the plans and this ensured they were provided with personalised care. Clear detailed care records were maintained which evidenced the support each person received. Communication between staff handing over to the next shift ensured the ongoing healthcare needs of people were met appropriately.

There was good management and leadership in place with the registered manager generating a positive caring culture within the staff team. The registered manager was supported by a deputy and qualified nurses, to ensure the service was well-led. Regular staff meetings were held to keep all staff up to date with changes and developments in the service. Staff were encouraged to make suggestions and were listened to.

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? The service remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well-led.	Good ●

Fairview Court Care 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 two inspectors. The previous inspection of Fairview Court Care Home was in February 2016. At that time there were no breaches of the regulations.

Prior to the inspection we looked at the information we had received from the local authority, the clinical commissioning group (CCG) 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. We received feedback from two healthcare professionals, one who was visiting Fairview Court at the time of our inspection.

During our inspection we spoke with 14 people living in the service and four relatives. We spoke with the registered manager and the deputy, 17 members of staff which including qualified nurses, senior care staff and care staff, activity and ancillary 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 those people living with dementia were no able to tell us about their experiences of living in the service.

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

Is the service safe?

Our findings

People told us, "I used to fall a lot. I am safer here because there is someone who would help, however I have not fallen for ages", "All the staff are very kind and helpful" and "I am perfectly safe, no worries at all". Relatives told us, "I have no concerns regarding my wife's care" and "The staff are all so kind and I know they genuinely care".

The service had effective safeguarding systems in place. All staff received safeguarding training to ensure they knew what to do if abuse was suspected, witnessed or a disclosure was made regarding abuse or harm. Those staff we spoke with would report any concerns they had to the registered manager or deputy but knew they could report directly to the local authority, the Police or the Care Quality Commission. In the last year two safeguarding alerts had been raised by other healthcare professionals and the registered manager had worked with the local authority to address the issues.

A number of specific health related risks assessments were completed for each person. These were in respect of moving and handling, the likelihood of pressure damage to skin, falls and nutrition. 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. We observed safe moving and handling procedures being undertaken by the care staff on several occasions during the inspection.

Specific risk assessments were completed for people where other risks had been identified. For example, where people were at risk of falling out of bed, a risk assessment was completed in respect of the use of bed rails, before they were used. This ensured bed rails did not pose a greater risk. Personal emergency evacuation plans (PEEP's) were 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.

In order to ensure the premises remained safe, the maintenance person had a programme of checks to complete on a regular weekly or monthly basis. Servicing contracts were in place for all equipment and any new electrical items brought in to the home were tested for safety before they could be used. Records evidenced that all the fire and water temperature checks had been completed at the designated intervals. A fire risk assessment was in place. In addition the kitchen staff had checks in place to record fridge and freezer temperatures, hot food temperatures, food storage and had cleaning schedules. Housekeeping staff had cleaning schedules and a programme of deep cleaning for all areas of the home.

The service ensured there were sufficient numbers of staff on duty at all times in order to meet the care and support needs of each person. The number of nurses, senior care staff and care staff were adjusted as necessary and took account of activities happening in the home, new admissions and people being unwell and requiring increased help. The registered manager reviewed staffing levels on a monthly basis. Staff said staffing levels were appropriate and the registered manager listened to them if they commented on the work load. Care staff were generally allocated to work on a specific floor but could cover other floors if they were picking up extra shifts or another floor was busy. At the time of the inspection there

were two qualified nurses on duty for each night and this was appropriate for the 49 people in residence.

The care team were supported by the housekeeping, catering, activity and maintenance staff in meeting their daily living and social needs. There were sufficient numbers of these staff on duty during the day and at weekends.

Safe staff recruitment procedures were followed to ensure that only suitable workers were employed. The sample of staff files we looked at evidenced that appropriate pre-employment checks had been undertaken. Disclosure and Barring Service (DBS) checks had been carried out for all staff and written references were obtained from previous employers. A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people.

There were safe systems in place for the ordering, receipt, storage and disposal of all medicines. People's medicines were all stored in lockable cupboards in their own bedrooms. There were suitable arrangements in place for storing those medicines that need additional security however we recommend that the service monitor the temperature in the cd cupboard to ensure it does not go above 25°C. Records showed that stocks of these medicines were checked each time the medicine was administered and also on a weekly basis by the nurses. People were administered their medicines by qualified nurses or senior care staff who had received training and were competent. In people's care documents the staff had recorded any specific instructions stating how the person liked to take their medicines. For example, "I like to take my tablets at the same time as my morning porridge".

Is the service effective?

Our findings

People said, "They look after us very well here", "The staff are always very busy and although sometimes they ask me to wait, they always come back and assist me", "One of the nurses came and visited me when I was in hospital" and "I get all the help I need. I do try and help myself where I can". Relatives we spoke with were happy with the care their loved one received.

Comments from health and social care professionals included, "My patients are very well looked after. Instructions I leave for the staff are followed" and "Fairview Court has a good reputation and the manager and staff are very accommodating".

Each person's care and support needs were fully assessed before admission to Fairview Court. This was to ensure that the service was able to meet the person's individual needs and any specific nursing equipment (hoists, specialist beds or movement sensor equipment for example) were in place prior to admission. The assessment covered all aspects of the person's daily life, specifics about how their dementia presented and their nursing care needs.

For those people who were admitted to pathway three beds (assessment beds following discharge from hospital and funded by the NHS), their needs would have been assessed by the hospital social work team. These were called 'trusted assessments'. The registered manager told us there had been significant problems in the past with the level of detail in these assessments and incorrect information. In order to improve this situation, the registered manager had worked with the hospital staff to ensure better short-term placements were made. The registered manager had put together protocols that had to be followed before an admission was accepted. The nurses at Fairview Court arranged for a time specific telephone call to be made to a named nurse on the ward to check out the details of the trusted assessment. These improvements had proved beneficial to people's care and support.

The staff team had the right skills, knowledge and competencies to deliver effective care and treatment. This was because the staff were well trained and well supported. New members of staff completed an induction training programme at the start of their employment. Those new to care staff would also complete the Care Certificate within three months of their start date. The Care Certificate covered a set of standards that social care and health workers must work to in their daily working life. Staff members confirmed the induction training programme and Care Certificate arrangements and we saw completed certificates in staff files.

All other staff completed a refresher mandatory training. This included moving and handling, safeguarding adults, food hygiene, fire safety and infection control. Nursing staff were supported in the re-validation process for their NMC registration (Nursing and Midwifery Council) and received training in relevant clinical subjects. All care staff were encouraged to undertake health and social care qualifications at either level two or level three.

All staff received regular supervision sessions with a senior member of staff. The registered manager

supervised the nursing staff, nursing staff supervised senior care staff and senior care staff supervised the care staff. There was a supervision and appraisal matrix in place to ensure all staff received supervision when they were supposed to. Staff said they were well supported.

The registered manager had identified staff to act as champions in particular areas they had an interest in. For example, infection control, dignity, dementia care and falls. These staff were able to bring best practice in to the home, share their learning and act as role models for the rest of the staff team. The infection control champion completed audits to ensure best practice was maintained. This ensured people received the best possible care and support.

People were provided with sufficient food and drink to meet their individual requirements. Nutritional risk assessments that identified any risk of malnutrition or dehydration were reviewed monthly and body weights were recorded either monthly or more often if necessary. People's food and drink preferences were recorded in their care records, plus any allergies. This information was shared with the catering staff. If a person had significant weight loss, fortified foods and drinks were provided. Care staff and catering staff had received textured diets training. Where people had swallowing problems, the texture and consistency of their meals was recorded in their care plan.

People were provided with choices at all meals. There were always two main meals plus alternatives available. In our conversations with people they confirmed the meals they were provided with were good and there was a choice. One person told us they did not used to eat well but do now. One relative said the meals they had seen being served were good. Another relative said they came in every day and had their lunch with their family member.

Arrangements were made for people to see a GP when they needed to do so. An agreement had been set up with a local GP practice to visit the service on a two-weekly basis and one of two doctors did the 'ward rounds'. One of the GP's from the practice tended to be the main doctor who visited and we able to speak with them during the inspection. They told us they rated the service highly and that Fairview Court staff were "very organised". They said the staff were appropriate in their requests for a person to be seen and would have completed temperature, blood pressure and urine tests beforehand in readiness. The nurses faxed a list over to the surgery prior to the GP visit so the GP would know who they were going to be asked to review. Other health care professionals were also involved in people's care and this included mental health services, occupational therapists (OTs), physiotherapists, chiropodists and opticians.

The premises was a purpose-built care home but the staff team had further enhanced the facilities by making them suitable for people living with dementia. Features were made of the doors at the end of corridors on each of the three floors. Staff had hand painted sea side scenes, animals and flowers for example. Pictorial toilet and bathroom signs were displayed on doors to assist those people who could use the facilities unaided. On each of the floors there were communal lounges and dining areas – these were homely, bright and well decorated. Each person's bedroom door had their name on it and some art work. Some people had chosen what went on their doors, for the others the staff chose something to reflect the person.

An assessment of each person's mental capacity was included in their care records. Staff received training on the Mental Capacity Act 2005 (MCA). 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. The service was making DoLS applications appropriately and there were seven in place at the time of our inspection. A significant number of DoLS applications were however still waiting to be processed by the

local authority.

Nurses and care staff understood the importance of supporting people to make their own choices and to make decisions about how they were looked after. During the inspection we heard people being asked to make choices. For example, "Where would you like to sit", "Would you like tea or coffee" and "What colour nail varnish would you like this time X". We saw evidence in care records that staff had supported people through a process of 'best interest' decision making to ensure they received the care and support they needed. This included any health care interventions they required. Where appropriate the staff, had involved the appropriate health and social care professionals and family members.

Is the service caring?

Our findings

People said, "We are one big happy family here and we have a lot of fun", "The staff are really lovely to me and I could not ask for more", "The staff are really good and don't seem to mind how much they have to do for me. They work really hard all the time and always have a smile on their face". Relatives were also complimentary about the nurses, the registered manager and the care staff. They said they were welcomed when they visited the home, were offered refreshments and informed about social activities taking place. One relative visited at lunch times and could have a meal with their spouse.

The registered manager maintained a log of the complimentary cards and letters the service had received. Comments included, "Thank you to all the staff for their kindness and very caring attitude", "Fairview Court is one of the best for the friendliness and caring attitude", "Thank you to everyone at Fairview Court for the fantastic care you gave dad. Also, the constant support to us (family) during dad's stay" and "Thank you for the care and sympathy in mum's last days. You are all a credit to the profession".

Feedback we received from health and social care professionals included the following comments, "My patients are very well looked after. They receive excellent and loving care", "The manager is very passionate about good care and instils this in the staff team" and "When I visit, I always notice that people look well cared for and are dressed nicely".

People were provided with person centred care and staff took account of their beliefs and things that were important to them. Care plans evidenced people had been consulted on the care and support they received and were treated as individuals. People were not only asked by what name they preferred to be called but also how they felt about terms of endearment and whether they minded being looked after by male and female care staff. The registered manager talked about one person whose behaviours were improved if they were cared for by certain staff they "got on better with".

Each person had a named key worker and named nurse. 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.

During the inspection we observed many occasions where care staff interacted positively with the person they were looking after. We watched whilst a member of care staff helped calm a person who was quite anxious and angry. They had involved the person in an activity they knew the person enjoyed and stayed with until all was well. We heard another member of staff talking with a person about feeding the cows – they later told us the person had been a cattle farmer and still worried about who was feeding them. It was evident they knew the person well but despite having had this conversation on many occasions, they 'entered the person's world' rather than tell them they were not a farmer any more. This was an excellent example of the way in which staff interacted with people living with dementia. The registered manager had invited husbands, wives or other family members to join their loved one at Christmas to enable them to celebrate together and join in the activities taking place. In December 2017 this had been very successful and 15 family members had come in for a full Christmas lunch.

All staff spoke about the people they were looking after in a respectful manner and said they would recommend Fairview Court to family and friends. A number of the staff had taken a lead role and were Dignity Champions. They supported the rest of the staff team in ensuring that people were always treated in a dignified manner. When people were being assisted with personal care, this was provided in private (their bedroom or the assisted bathrooms). When the GP or other health care professionals visited, people were assisted to return to their bedrooms for a private consultation.

Is the service responsive?

Our findings

People said, "I get all the help I need and the staff are very attentive", "All the staff are very helpful, but I have my favourites of course", "There is always something going on here" and "When I use my buzzer they come as quickly as they can. I am very satisfied with the way I am looked after". Relatives said, "(named person) is well looked after even though I have seen them giving the staff a hard time", "The staff are very patient" and "Mum needs a lot of help now and the staff have to do everything for her. The staff are always cheerful and do everything for her".

Each person had a care plan in place based upon their specific care and support needs. The plans covered the person's personal hygiene and dressing needs, mental capacity, mobility, nutrition, continence, skin care, and where appropriate, end of life care needs. The sample of plans we looked at reflected the person's needs accurately. Nursing and care staff completed daily care records and these provided a detailed account of the care and support provided. Other care records included topical medicine charts, food and drink charts, behaviour charts and positional change charts. Those we looked at had been completed well.

At the start of shifts nurses and care staff received a handover report from those staff who were going off duty. A handover is where important information is shared between the staff during shift changeovers. Any changes in people's health and care needs were reported on so that the staff team delivered the right care and support and were responsive.

For each person there was a monthly review of their care and support needs and well-being. People were encouraged to have a say about their care and support and to speak up if they were unhappy about anything or wanted things done differently. Families or friends were involved where the person did not have the capacity to make decisions regarding their care. Where necessary health and social care professionals were also involved in any care plan reviews.

The service employed creative activity therapists who arranged and provided a programme of activities throughout the week. Details of the programme were included in the monthly newsletter distributed to each person and displayed on the noticeboard on each floor. Activity therapists arranged group activities and spent time on a one to one basis with those confined to their beds or who preferred individual time. During the inspection there was a coffee morning in one of the lounges, a church service and a 'planning discussion' about the up and coming Royal Wedding and FA Cup. People and staff were making suggestions about what would happen on the day. The service previously had access to a minibus to arrange trips from the home. In future the service will use community transport services to be able to reintroduce these trips.

People and their relatives were provided with a copy of the complaints procedure and a copy was displayed in the main entrance of the home. Those we were able to ask if they felt able to raise any concerns or complaints they had, confirmed they would. We looked at the log of complaints received. Those received in the last 12 months had been handled according to the complaint procedure and had been signed off by the group manager. Records evidenced the actions taken and the outcome of a follow up and review.

Is the service well-led?

Our findings

People and relatives did not make any direct comments about the management and leadership of the service but said, "Everyone from the manager to the cleaner, they are brilliant", "You can see the manager whenever you need to", "The nurses are very professional and friendly. I have seen them training the carers how to do things and that is good" and "I would recommend Fairview Court to others because it is a good nursing home".

There has been no change in the registered manager since the last inspection. The staff team consisted of a deputy manager, qualified nurses, senior care staff and care staff, maintenance, housekeeping and catering staff. There had been some staff changes but overall, there was a stable staff team. For the people living at Fairview Court, particularly those living with dementia, this was important in providing continuity of care.

The management team and staff demonstrated a shared responsibility for promoting people's wellbeing, safety and security. Nurses and senior care staff were given lead roles for example, infection control, dignity, hydration/nutrition and wound care. These roles enabled the rest of the staff team to benefit from their upskilling and experience and in turn benefitted people living in the service.

The registered manager and the nurses led by example to ensure there was a positive culture in the service, where people, and their relatives, received the best possible care. Staff told us they felt valued and listened to. Staff meetings were held on a regular basis and staff at all levels were encouraged to make suggestions to benefit people.

People and their relatives/friends were actively encouraged to share their views and provide feedback about the service. The registered manager had last held a 'resident, relative and representatives' meeting in February 2018 but this had been poorly attended and provided no meaningful feedback. Although survey forms were always left at the front desk for relatives to pick up these also did not generate much feedback. In the past, the registered manager had also sent survey forms to 10 randomly selected relatives but only two were returned. The registered manager explained he acted upon feedback in 'real time' – when he was told about something, but did not generally capture this information. An opportunity to identify any trends in feedback may be being missed.

The registered manager told us they visited all three floors every day they were in the building. They used this time to assess the premises, to speak with people and the staff team and to check on people who were unwell.

There was a programme of quality and safety audits in place. These were completed in respect of care plans, medicines, infection control and the premises for example. Care plans were reviewed monthly by the nurses and care staff to ensure people continued to receive the care and support they needed. Accidents, incidents and any complaints received were audited monthly. They were then followed up to ensure appropriate action had been taken. The registered manager analysed these to identify whether any changes were required as a result of any emerging trends, in order to prevent or reduce reoccurrences.

Up until March 2018, the group manager had completed monthly 'provider visits' to the service but new directors and a quality assurance manager were now in place and would be conducting these in the future. The group manager had written a report of the visit along with their findings. The group manager recorded their observations, detailed which records had been looked at and who they had spoken with, for example people, visitors and staff. In each of the visits the group manager had focused on one of the five CQC questions (Is the service Safe, Effective, Caring, Responsive and Well-Led?). During the last visit in March 2018, the responsive domain was looked. Particular attention had been paid to care plans, staff understanding of people's current care and support needs, activities and recent dementia care training.

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.