

J.T. Care Homes Limited

# Fairmont Residential Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 20 May 2015 and was unannounced.

The last inspection of Fairmont Care Home took place on 25 April 2013. At that time we found that the provider was fully compliant with all the regulations assessed.

Fairmont Residential Home is located in the district of Fulwood, Preston. The home is a purpose built three

storey residence that provides personal care and accommodation for adults with physical disability, mental health needs, people living with dementia and/or associated social care needs.

The registered manager was on duty on our arrival and received feedback throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

We found that the service provided a good standard of person centred care. Feedback from people who used the service was positive in regards to being involved in plans around their care and support from staff. People told us that they felt safe and well cared for.

We looked at care records and found that staff worked positively with community professionals such as mental health workers to ensure that people's needs were met. Care plans had been completed with person centred detail and showed that people were encouraged to participate in the care planning process.

Records showed that mental capacity assessments were undertaken prior to making a decision on the person's behalf. We found the manager and care workers had a reasonable knowledge about the Mental Capacity Act 2005 and requested support from external professionals when consideration was required for Deprivation of Liberty Safeguards (DoLS).

We found the provider did not always protect people from environmental and fire hazards. A chair was seen to block a main fire exit and the laundry door was unlocked meaning people who used the service could have access to hazardous chemicals. We asked the manager to resolve the issue who responded immediately and took appropriate action.

We found that the provider did not have suitable arrangements in place to manage soiled waste. We have made a recommendation about this area.

We found that the environment was not adapted for people living with dementia and or visual impairment.

Staff were provided with a range of training to assist them in carrying out their roles.

We looked at recruitment processes and found that the provider did not always ensure that robust checks were undertaken prior to staff being appointed.

We found the manager had suitable quality assurance systems in place, however failed to record good practice examples that she undertook on a regular basis such as; staff support and development, meetings and linking with the community.

We looked at the way people living with dementia are engaged in meaningful activities and found this was an area requiring improvement. We have made a recommendation about this area.

People who lived at Fairmont Care Home and the staff team were complimentary about the management of the home and felt that if there were any concerns, these would be dealt with quickly.

We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to safe care and treatment and premises and equipment.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

We found environmental safety concerns that required improvement to ensure that people living at the service were adequately protected against harm.

We found that people were safeguarded against abuse.

We found that effective record keeping was maintained to ensure that individual risk to people using the service was assessed, monitored and reviewed.

We were confident in the systems used to record and act upon accidents and incidents and found sufficient staffing levels to meet the needs of people who used the service.

**Requires improvement**



### Is the service effective?

The service was not consistently effective.

We found that the environment did not enable people living with sensory or visual impairment.

People received effective health care and experienced positive outcomes due to the support they received at Fairmont Care Home.

The registered manager and staff were aware of the processes to follow if there were concerns about a person's ability to consent to any aspect of their care. This helped to ensure people's rights were upheld in accordance with the Mental Capacity Act 2005.

Staff told us that they receive adequate standards of training and support. Best practice at the service was under continual review. We made a recommendation that the service should improve its standard of record keeping in respect to staff support and development.

People expressed positive feedback about the quality of food.

**Requires improvement**



### Is the service caring?

The service was caring.

People who used the service and or their relatives told us that they were satisfied with the standard of care they received.

We observed kind and considerate care interventions.

People felt they were treated with kindness and respect and said that their privacy and dignity was always respected.

**Good**



# Summary of findings

## Is the service responsive?

The service was not consistently responsive.

We found that people were involved in the care planning process and asked to consent to care and treatment arrangements.

People told us that they were happy with social activities provided and we observed people maintain their independence. We felt that staff engagement with people who used the service could be improved in communal living areas.

We looked at activity records that showed a substantial level of linking with the community and activity provision for people who actively engaged with such arrangements. However we did not see ways in which people living with dementia were engaged in activities that would enhance their wellbeing.

We found that the registered manager was responsive to complaints and maintained robust record keeping.

**Requires improvement**



## Is the service well-led?

The service was not consistently well led.

We found environmental risks at the service that had not been adequately managed.

We found that the registered manager played an active role at the service.

The culture at the home was open and best practice principles were under continual review.

Staff told us that the registered manager and provider were supportive and encouraged them to develop within their roles as health care workers.

We found that the service had effective quality assurance tools to assess, monitor and improve the standard of care provided for people living at Fairmont Care Home.

**Requires improvement**



# Fairmont 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.

This inspection took place on 20 May 2015 and was unannounced.

The inspection team comprised of two adult social care inspectors and an expert by experience.

An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had personal experience of living with a physical disability and had experienced caring for a relative who lived with dementia.

Prior to this inspection we looked at all the information we held about this service. We reviewed notifications of

incidents that the provider had sent us since our last inspection. We received feedback from social work professionals and commissioners within Lancashire County Council.

We spoke with a district nurse and requested feedback from a variety of external health care professionals after the inspection, however information returned was minimal.

At the time of our inspection of this location there were 23 people who used the service. We spoke with nine people who received care, two relatives and three visitors. This enabled us to determine if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed.

We observed how staff interacted with people who used the service and viewed five people's care records with their agreement. We spoke with five care workers, the director, cook, one domestic worker and the registered manager during the course of our inspection.

We also looked at a wide range of records. These included; the personnel records of four staff members, a variety of policies and procedures, training records, medication records and quality monitoring systems.

# Is the service safe?

## Our findings

People we spoke with expressed confidence in the service and felt they were provided safe, effective care. People felt care workers understood their needs and any risks to their safety or wellbeing and that time was taken to provide care in an affective manner.

Typical comments included, "I have been here a long time, I think 20 years and the staff are lovely with me, I feel safe here" and, "they keep me safe, they taught me not to smoke in bed because it is not safe."

A relative told us "I am confident that my sister is safe now, I have every confidence in the manager."

We identified three environmental safety issues that compromised people's safety during the inspection, these included;

A chair was found obstructing a main fire exit on the first floor corridor area. We saw two bedroom doors had been wedged open to prevent closure. The registered manager agreed that both incidents were not risk assessed and immediately addressed our concerns.

We found that people who used the service had access to liquid chemicals that were hazardous to health because the laundry area had been left unlocked. The registered manager addressed our concerns immediately.

Fairmont is located across three levels; we found that windows on all levels did not have suitable restrictors to protect people's safety and security at the service. We discussed this with the registered manager who agreed to undertake risk assessments and consider window restrictors throughout.

This amounted to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at procedures in place to protect people who used the service from bullying, harassment, avoidable harm and abuse. We found that the service had robust reporting systems and staff told us that they were confident to raise concerns. Staff comments included, "I think whistle blowing is important and I know I would use it. I am sure all the staff would if they thought something was wrong." And, "I have upmost confidence in the manager, I can tell her anything and she is very professional."

Staff demonstrated a good standard of knowledge regarding safeguarding principles and referral systems. We looked at training records and found that staff had received safeguarding training.

We looked at individual safeguarding incidents and found that the registered manager had dealt with the concerns in a formal way. Risk management plans had been recorded as well as investigation outcomes.

All the care plans we viewed contained clear information about the support people required to stay safe and well. Any risks to a person's safety were fully assessed. Where risk was identified, a care plan was in place to help staff provide safe and effective support.

A person who used the service informed us of how the service helped him maintain independence and freedom. We observed the person coming and going throughout the day and we saw staff facilitate his decisions.

We found that the service had sufficient numbers of staff on duty to keep people safe and meet their needs. Staff told us that staffing was sufficient and we observed care interventions to be delivered in a person centred way, providing people with time to maintain their independence.

We looked at the medication administration records and saw they had been accurately completed.

There was clear guidance in place for staff regarding the safe ordering, storage, administration and disposal of medicines. The guidance also included areas such as the use of homely remedies and the procedures to follow in the event that someone refused to take their prescribed medicines, or in the event of an error being made.

We looked at the medication room which was kept locked at all times. Medication cabinets were locked and secure. There were controlled drugs on site on the day of our inspection. The controlled drug cabinet was fixed securely to a wall in the medication room. Only senior trained staff handled keys for the medication room.

We looked at random samples of controlled drugs and saw the numbers recorded in the log book tallied with the actual numbers in the boxes. Fridge and room temperatures had been recorded on a daily basis and were within the required limits. This showed us that the provider had suitable systems in place to ensure that medicines were stored in a safe place.

## Is the service safe?

At lunchtime, we observed the medication round which was undertaken by a senior staff member who had been trained in medicine administration. Safe administration was achieved.

We looked at staff training records and found that all staff who administered medicines were provided with training and assessed against competency.

The service had systems in place to prevent the risk of spread of disease and infection. We found that staff followed safe practice and had a good understanding of infection prevention and control.

We observed domestic workers use a colour coded system in line with the provider's infection control policy and procedure. A domestic worker told us, "Yes I feel confident to deal with infectious outbreaks, we have had training".

We observed staff follow safe procedures when dealing with soiled waste; however sluice room equipment was not available to enable sanitation of soiled equipment such as commodes.

We recommend that the provider refers to best practice guidance for improving facilities that will enable safe practices at the service when dealing with soiled waste.

We looked at four staff personal files and found that systems were in place to recruit new employees.

We recommended that the registered manager keeps more robust records of employment reference and proof of authenticity; the manager agreed that this was an area requiring improvement.

# Is the service effective?

## Our findings

People told us, “The carers always ask before they do anything for me. If we have any problems they always listen and if we need a doctor they will ring for us.” And, “The staff know me well, understand me for being me”.

Fairmont provides residential care for people living with physical disabilities, mental health needs and dementia. We found that the environment was not designed to enable people to maintain their independence. Signage was poor and did not enable people living with cognitive and or visual impairment.

This amounted to a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the service had a detailed induction programme in place for all new staff, that they were required to complete prior to working unsupervised. This programme covered important health and safety areas, such as moving and handling, working in a person centred way and also included courses, such as safeguarding.

We spoke with eight members of staff who told us that they felt supported in their roles. A care worker explained, “The manager is excellent, works with us, understands our personal and work life, no problems at all I love my job”. Ancillary staff confirmed they were encouraged to develop and that training and support was provided.

We found that supervision documents did not always reflect the level of detail staff told us had been incorporated at their last supervision; records were generic in content and did not reflect staff comments.

We saw several good examples of effective joint working with community health care professionals, which enhanced the support provided to people. People’s care records showed that care staff identified changes in people’s health and responded proactively. Evidence was available to show appropriate referrals to relevant professionals, such as social workers, podiatry or mental health services, were made as and when required.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager told us that no person who used the service was subject to a DoLS. We were reassured by the standard of knowledge staff had regarding The Mental Capacity Act 2005 and found that staff had been suitably trained in the subject.

We looked at five people’s care records and saw signed consent forms had been implemented for medication administration and the taking identification photographs. Pre-admission assessments and ‘All about Me’ forms reflected a person centred approach to providing care and support.

People were asked to participate in care reviews and consent to care and treatment was recorded. We found that mental capacity assessments were undertaken as and when required.

We found that the service supported people to maintain a nutritious and balanced diet. People told us, “There’s always plenty to eat and we get a late supper and some toast if we want it”, “I just pop in and ask [the dining room] if I want a drink or a biscuit, I always get one if I ask.” And, “I think the food is fine, could do with a bit more choice now and again but it’s always nice and you get plenty”.

We spoke with the cook who confirmed that people who used the service had plenty of choice at meal times. The cook told us that the provider was supportive and had no concerns about the quality of food supplied.

We looked at care records for a person who required a soft diet. Within the care plan we saw, a weight chart was present and was up to date. A specific fluid intake had been arranged, which was aimed at stabilising the person’s weight. The cook was aware of the assessed nutritional requirements for this individual.

Care records had been updated to reflect when external professionals such as the speech and language team and community dietician had been accessed.



## Is the service effective?

We observed the lunch time meal service and found that people were supported in a person centred way and provided with choice and control throughout.

# Is the service caring?

## Our findings

We received consistently positive comments from people who used the service about the attitude and approach of staff. People spoke highly of care workers and described some very positive experiences of support they had received. Comments included, “I’m ok they look after me well here.” “I like doing puzzle books and they always bring them for me.” “I have never had a problem with any of the carers, they would do anything for you – you just need to ask.” And, “I go to bed and get up when I am ready, if you want a sleep in of a morning then that’s fine. You can have your breakfast when you are ready”.

We spoke with two visiting relatives who told us positive things about care staff, “they are very caring” and “Everyone tries”.

There was a strong emphasis within the service on ensuring people were enabled to direct their own care planning and have a say about the way their support was provided.

People’s care plans were based on their individual needs and wishes. In viewing people’s care plans, we could see their views and opinions were central to the process and the on-going support they received.

There was information available for people about how to access local advocacy services, should they so wish. Advocates are independent people who provide support for those who may require some assistance to express their views. Signposting people towards advocacy services helped to ensure people’s rights to make decisions about their care and support were promoted.

We observed staff approach people who used the service with respect. Privacy was considered, staff knocked on bedroom doors before entering and people were encouraged to maintain their dignity. We saw a care worker assist a person to maintain their dignity during dining, a discrete manner was demonstrated by the care worker and the person appeared to appreciate their support.

The service had recently implemented end of life care planning, this was an area requiring further development and the manager explained staff would be provided with appropriate training.

# Is the service responsive?

## Our findings

We asked people who lived at the service if staff were responsive to their needs. One person told us “They look after me well and arranged for me to get my scooter taxed and insured so I can get out and about on my own”.

Another person told us “I can ask for anything I need, they always listen to me”.

We looked at five people's care records and found a person centred approach to care planning. Care plans detailed people's preferences and opinions showing that the service included people in the care planning process.

We found that care records detailed how the service responded to people's needs. For example a person was assessed at risk of suicidal ideation, comprehensive risk assessments and care planning detailed how the service would keep the person safe. Care records included safety profiles and agreed levels of observation that had been followed in line with stipulated outcomes for the individual.

Care records showed how the service was responsive to people's needs; care plans and assessments had been updated in a timely manner and reflected people's preferences and wishes.

People told us that they were happy with the standard of activity and social inclusion provided. We looked at activity

records that showed a substantial level of linking with the community and activity provision for people who actively engaged with such arrangements. However we did not see ways in which people living with dementia were engaged in activities that would enhance their wellbeing.

We recommend that the service explores the relevant guidance on how to create meaningful activities for people living with dementia.

We observed staff interactions with people who used the service in the communal lounge and saw that interaction was seldom provided, unless a person requested support.

We recommend that the service considers ways in which interventions for service users can be person centred and stimulating throughout the day time.

We spoke with a visiting relative who provided positive feedback regarding how the registered manager had responded to their complaint and been “thoroughly responsive” to their concerns.

We looked at how the provider worked in line with their complaints policy and procedure and found that comprehensive records had been maintained demonstrating transparent working.

People who used and visited the service had access to the complaints procedure. A person who used the service explained, “I know how to complain, the manager listens”.

# Is the service well-led?

## Our findings

We looked at systems in place for assessing and improving the quality of the service. We found that the provider had systems in place to assess, monitor and review people's safety and welfare on a regular basis. However environmental safety issues identified during the inspection highlighted areas for improvement in overall risk management and continuity of safety systems.

We looked at a number of audits that the registered manager had completed including medication and care plan audits. We saw that audits were completed and action planning was reviewed.

We found the registered manager receptive to feedback and keen to improve the service.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home had a registered manager in post who had been in post for some time and had registered with the Care Quality Commission in 2014. This is a condition of the registration of the home. The other conditions for registration had also been met.

We looked at audit records which showed the provider visited the service on a regular basis. We saw that an action plan had been created and items listed for development, such as furnishings, had been acted upon.

We saw that a meeting had taken place for people who lived in the home in March 2015, minutes indicated involvement of people who used the service. However the manager explained that relative involvement was seldom. People told us that they felt involved in the running of the service and felt their opinions were valued.

The conversations we held gave a consistent positive impression of the manner and professionalism of the senior staff and managers within the service. People told us they found the management team approachable and supportive and confirmed there was always a member of the management team available to contact

We looked at staff meeting minutes and found that records were recorded in a directional way; they did not provide information regarding staff involvement. However staff told us, "We have very good meetings, daily communication meetings also", "We are kept fully aware of any changes." And, "Yes I am, we are all actively involved at meetings".

We observed a positive culture at the service. Person centred care was a clear vision by the provider and demonstrated throughout the inspection.

Records we looked at regarding people's care were clear, up to date and reflected changes to the person's support needs. Daily records provided sufficient information to make staff aware of any changes to the person's needs and the support they may require.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

The provider did not ensure that the premises enabled people to find their way around easily in accordance with the Equality Act 2010.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider did not have suitable arrangements in place to ensure that safety processes and systems were always adhered to in line with statutory requirements.