

Mental Health Matters

Fairfield House

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	

Overall summary

We carried out an inspection of Fairfield House on 14 and 22 December 2015. The first day of the inspection was unannounced. We last inspected Fairfield House in April 2014 and found the service was meeting the relevant regulations in force at that time.

Fairfield House is a care home that provides accommodation and care for 11 people with support needs related to their mental health. Nursing care is not provided. At the time of the inspection there were nine people accommodated there.

The service had a registered manager in post, who became formally registered in November 2015. A registered manager is a person who has registered with the CQC 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.

Summary of findings

People told us they felt safe and were well cared for. Staff knew about safeguarding vulnerable adults and protecting their human rights. Incidents and alerts were dealt with appropriately, which helped to keep people safe.

We observed staff act in a courteous, professional and safe manner when supporting people. At the time of our inspection, the levels of staff on duty were sufficient to safely meet people's needs. New staff were subject to thorough recruitment checks, although one person hadn't provided a full employment history. This was obtained after our inspection.

Medicines were managed safely for people and records completed correctly. People received their medicines at the times they needed them and in a consistently safe way.

As Fairfield House is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found appropriate policies and procedures were in place and the registered manager was familiar with the processes involved in the application for a DoLS. Arrangements were in place to

assess people's mental capacity and to identify if decisions needed to be taken on behalf of a person in their best interests. Staff obtained people's consent before providing care.

Staff had completed safety and care related training relevant to their role and the needs of people using the service. Further training was planned. Staff were well supported by the manager.

Staff were aware of people's nutritional needs and where needed supported people with meal planning and preparation. People's health needs were identified and external professionals involved if necessary. This ensured people's general medical needs were met promptly.

People accessed community based activities and occupation. We observed staff interacting positively with people. We saw staff treated people with respect and explained clearly how people's privacy and dignity were maintained. Staff understood the needs of people and we saw care plans were person centred.

People using the service and staff spoke well of the registered manager and care provider and felt the service had good leadership. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people receiving care.

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 safe.

People said they were safe and were well cared for. New staff were subject to robust recruitment checks. Staffing levels were sufficient to meet people's needs safely.

Routine checks were undertaken to ensure the service was safe.

There were systems in place to manage risks and respond to safeguarding matters. Medicines were managed safely.

Good



Is the service effective?

The service was effective.

People were cared for by staff who were suitably trained and well supported to give care and support to people using the service.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This included policies and procedures and guidance in people's care plans. Good nutrition was promoted.

Staff had developed good links with healthcare professionals and where necessary actively worked with them to promote and improve people's health and well-being.

Good



Is the service caring?

The service was caring.

Staff displayed a caring and supportive attitude.

People's dignity and privacy was respected and they were supported to be as independent as possible.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide personalised care.

Good



Is the service responsive?

The service was responsive.

People were satisfied with the care and support provided. People attended activities independently, and these were also arranged in-house.

Care plans were person centred and people's abilities and preferences were recorded.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The service had a registered manager in post. People using the service and staff made positive comments about the registered manager.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people using the service and staff. Action had been taken to address identified shortfalls and areas of development.

Fairfield House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 22 December 2015 and the first day was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service, including notifications. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home, including speaking with people using the service, interviewing staff and reviewing records. We spoke with four people who used the service. We spoke with the registered manager and in detail with two other members of staff.

We looked at a sample of records including three people's care plans and other associated documentation, medication records, three staff files, staff training and supervision records, policies and procedures and audit documents.

Is the service safe?

Our findings

People who used the service confirmed they felt safe at Fairfield House and were comfortable with the staff team. One person we spoke with said “I feel a lot safer here.” Another person told us if they were worried or concerned “I’d speak to the staff.” People confirmed they could keep their possessions secure. One person commented to us, “I have keys and lock my door. I have a safety box.”

The staff we spoke with were clear about the procedures they would follow should they suspect abuse. They were confident the manager would respond to and address any concerns appropriately. A staff member told us, “I’m 110% confident concerns would be dealt with ... they’re extremely approachable.” Staff stated they had been trained in safeguarding and abuse awareness, and this was confirmed by the records we looked at. The manager was aware of when they needed to report concerns to the local safeguarding adults team. We reviewed the records we held about the service and saw that two safeguarding alerts were received in the last year. The local safeguarding adults team had been informed about these issues, and appropriate action taken to keep people safe or reduce the risk of further harm or self-neglect.

Arrangements for identifying and managing risks were in place to keep people safe and protect them from harm. Staff took practical steps to keep people safe. For example, staff in the service were able to help with people’s finances. We saw an example where staff had advised a person on keeping their money safe; to help protect them from potential exploitation. When viewing people’s care plans we saw risks to people’s safety and wellbeing in areas such as going out independently, the risk of falls and those associated with health needs, were assessed. Where a risk was identified, there was clear guidance included in people’s care plans to help staff support them in a safe manner. Staff kept records of individual incidents, which were reviewed and practice changed when necessary. This meant staff had the opportunity to reflect on what had gone well and what actions could be taken to avoid similar incidents in the future.

Risk assessments were also used to promote positive risk taking, so people’s rights could be protected and they could maintain their skills and independence. For example, we saw a risk assessment for a person independently accessing community facilities with a gradually reducing

level of staff intervention. These risk assessments were reviewed periodically to ensure they remained accurate and up to date. Staff we spoke with demonstrated a clear understanding of risk assessment and care planning procedures and were able to tell us how they supported individual people in a safe and effective way.

The home was in a good state of repair and decorative order and staff were able to highlight plans for further improvements. Corridor, bathroom and lounge areas were free from obvious hazards. Domestic chemical products were stored securely. The home was free from unpleasant odours. The registered manager kept copies of service records; including electricity, gas and water system checks carried out by external contractors.

Staff recruitment checks were dealt with by the provider’s human resources department. Before staff were confirmed in post they ensured an application form was completed with provision for staff to provide a detailed employment history. One person hadn’t provided a full employment history, however this was obtained after our inspection. Other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee’s criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions. We looked at the recruitment records for three staff members. Appropriate documentation and checks were in place for all three staff and they were not confirmed in post before all the DBS and references had been received.

On the first day of inspection there were three members of staff on duty, including the deputy manager. This enabled suitable levels of observation and support for people living in the home and allowed for appropriate levels of support. A staffing rota was in place to plan ongoing staff cover and the manager and staff completed ‘support needs analysis’ records to keep staffing input under review. People living at Fairfield House had their independence promoted and respected and were largely able to come and go as they pleased. Staff provided emotional and psychological support and prompting where necessary. More in-depth interventions were offered with medicines management

Is the service safe?

and in providing a safe, structured and supportive home environment. Those staff we spoke with told us they felt current staff levels were adequate to maintain peoples' safety.

People were supported with their medicines safely. A monitored dosage system was used to store and manage the majority of medicines. This is a storage device designed to simplify the administration of medication by placing the medicines in separate compartments according to the time of day. As part of the inspection we checked the procedures

and records for the storage, receipt, administration and disposal of medicines. We noted the medication records were well presented and organised. All records seen were complete and up to date, with no recording omissions. Our check of stocks corresponded accurately to the medicines records. Each person had a medicines care plan, which detailed the differing level of support needed by each person. This meant there were measures in place to help ensure medicines were safely managed and administered as prescribed.

Is the service effective?

Our findings

People who used the service made positive comments about the staff team and their ability to do their job effectively. One person told us, “The staff are skilled.” Another person said, “The staff are good at what they do.” People told us about meal time arrangements. One person said, “We get a food allowance and do our own shopping.” Another person commented, “The best thing is we do cooking here, independent living that’s what it’s about.”

Staff received training relevant to their role and were supported by the registered manager. When asked about training a staff member said, “It’s very extensive and it’s very good.” Records showed staff had received on-line safety related training on topics such as first aid, moving and handling theory and food hygiene. Staff had access to additional information and learning material relevant to the needs of people living at Fairfield House.

New staff were undertaking a detailed induction programme, following the Skills for Care ‘Care Certificate’ framework. This meant their training and induction could be used as evidence towards gaining a formal care qualification. Staff were working through a range of taught and e-learning training, including safeguarding adults, conflict resolution, mental health awareness and equality and diversity.

Staff told us they felt supported. One commented, “I enjoy coming to work, it’s a happy place ... the staff are absolutely fantastic.” Staff members told us they were provided with the opportunity for formal supervision meetings. They told us they were supported by the registered manager and could raise issues with them at any time. Regular supervision meetings provided staff with the opportunity to discuss their responsibilities and to develop in their role. The records of these supervision meetings contained a detailed summary of the discussion and the topics covered were relevant to staff’s role and their general welfare.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people

make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the registered manager.

People’s capacity to make decisions for themselves was considered as part of a formal assessment. These were recorded on documentation supplied by the authorising authority (Newcastle City Council). DoLS authorisations had been granted for those people who required 24 hour care and supervision or support when leaving the home. Where applications had been made to deprive people of their liberty, the manager had formally notified to us, in line with current regulations. Staff had been trained on MCA and DoLS, with training provided by Newcastle City Council on a three yearly cycle.

People told us about meal time arrangements. The registered manager told us that after consultation people living at the home decided they would prefer to have a food allowance to buy and prepare food themselves rather than having meals prepared each day. The exception was that a meal was prepared each Sunday. At the time of the inspection, nobody had been identified as being at risk of malnutrition, although people’s weight and physical presentation was monitored. Where necessary a care plan had been developed.

People were registered with a GP and received care and support from other professionals, such as the chiropodist, dentist and optician. Records were kept of any appointments and the outcomes of these. People’s healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health needs. From our discussions and a review of records we found the staff had developed good links with other health care professionals and

Is the service effective?

specialists to help make sure people received prompt, co-ordinated and effective care. The registered manager

told us people in the service benefitted from relevant health services being in close proximity. They told us they wanted to develop more integrated care in partnership with hospital staff.

Is the service caring?

Our findings

People using the service told us they were treated kindly. People were observed to be relaxed and comfortable and they expressed satisfaction with the service. One person told us, "They are very caring; they are like care workers." People told us they were involved in decisions about their care. One person told us, "I'm aware of my care plan." Similarly another person said, "I'm aware of and agreed to my care plan."

We observed staff members' interacted in a caring and respectful manner with people using the service. They took practical steps to maintain people's privacy when discussing confidential matters or helping people with their medicines. People said their privacy and dignity were respected. We saw people being prompted and encouraged considerably and staff were seen to be polite. People were able to spend time in the privacy of their own rooms and in different areas of the home. Personal relationships were respected and supported. Staff were able to explain the practical steps they would take to preserve people's privacy, for example when providing personal care or by always knocking on people's doors and awaiting a response before entering.

On a tour of the premises, we noted practical steps had been taken to preserve people's privacy, such as door locks fitted to toilets and bathrooms.

Staff we spoke with understood their role in providing people with effective, caring and compassionate care and support. Staff were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they involved people in making decisions. People were also encouraged to express their views as part of daily conversations, during 'residents meetings' and in care reviews. We observed people being asked for their opinions on various matters, such as activities and meal choices for the Christmas meal out. These areas were also covered in the regular 'residents' meetings'. Records of these meetings demonstrated that a variety of topics had been discussed. People's involvement in the development of their care plan was also recorded and care plans were very person centred. We saw individual preferences had been clearly recorded.

We observed staff encouraged people to maintain and build their independent living skills. For example support plans had been developed to help orientate people to the local area and build their confidence in accessing local services and facilities. People were encouraged by staff to access community facilities regularly throughout the week. Staff were able to provide clear examples of how people were either supported to remain as independent as possible or situations where people needed more assistance.

Is the service responsive?

Our findings

People told us the service was responsive to their needs and they were listened to. One person told us, “The staff, they try to get you motivated.” Another person said, “I try to keep motivated; going to the shops and badminton.”

Another comment made to us was, “We go to town, we’re going out for lunch and then the pictures.”

The registered manager told us about the staff teams’ work to give people things to do and look forward to. She told us about the importance of building routine and offer meaningful activities, such as support in employment and going to the local café. We saw, and records confirmed, that activities included coffee mornings, bingo nights and trips out. There were a broad range of games and materials for people to use in house. A significant aim of the service was to help people develop their skills and move to more independent settings. A staff member commented to us, “I’ve seen a lot of success stories; people moving on.”

We observed staff responded to people’s various requests promptly, or if busy informed people they would respond to their request shortly. Other aspects of the service were responsive, and people told us they felt involved in and informed about the provision of care.

Staff identified and planned for people’s specific needs through the care planning and review process. We saw people had individual care plans in place to ensure staff had the correct information to help them maintain their health, well-being and individual identity. When people had moved to Fairfield House there had been an initial assessment of their needs undertaken. Their needs had been reviewed and re-assessed since that time. From these re-assessments a number of areas of support had been identified by staff and care plans developed to outline the care needed from staff.

Care plans covered a range of areas including; physical health, psychological health, vocational activities, networks

and relationships. We saw that, if new areas of support were identified, then care plans were developed to address these. Care plans were evaluated monthly and included updates on the progress made in achieving identified goals. Care plans were sufficiently detailed to guide staffs care practice. The input of other care professionals had also been reflected in individual care plans. One of the manager’s stated priorities was to move care plans to new documentation; using the process to focus on building people’s skills and independence; empowering people to do more for themselves.

Computerised progress records were available for each person. These were individual to each person and written in sufficient detail to record people’s daily routine and progress. Such records also helped monitor people’s health and well-being and meant staff had accurate information to ensure people could be appropriately supported in line with their preferences and needs. Entries were detailed, factual and respectful. Areas of concern were clearly recorded and these were escalated appropriately, for example to the District Nursing service or Adult Safeguarding team.

Staff had a good knowledge of the people living at the home and could clearly explain how they provided care that was important to the person. Staff were readily able to explain each person’s preferences, such as those relating to health needs, work opportunities and leisure pastimes.

People using the service told us they were aware of whom to complain to and expressed confidence that issues would be resolved. Most said they would speak to a member of staff and the manager if they had any concerns. People were aware of external agencies and organisations they could contact should they be unsatisfied with the manager’s or provider’s response. There were no complaints made by people using the service which had been recorded during the past year.

Is the service well-led?

Our findings

People told us they were kept informed about important matters affecting the service and expressed confidence in the management of the home. Comments included; "(Name) The manager's really nice, you can go to her to sort things out," "Yes I'd recommend it here," "We have meetings," and "We have residents meetings where we can discuss things like that ... hiring a mini bus, having trips out."

The staff we spoke with were also complimentary about the way the service was managed. One staff member commented, "The leadership is very good indeed. (Name) is new and has motivated everyone. (Name) involves us in what's going on. We're a team."

At the time of our inspection there was a registered manager in place. They became formally registered in November 2015. The registered manager was present and assisted us with the inspection, initially attending the home on their day off. They walked round with us for part of the inspection and appeared to know the people using the service and the staff well. Paper records we requested were produced for us promptly and we were able to access care records on the provider's IT system. The registered manager was able to highlight their priorities for developing the service and was open to working with us in a co-operative and transparent way. They were aware of the requirements to send CQC notifications for certain events.

We saw the registered manager had a visible presence within the home and was known to the people using the service. The registered manager told us about the underlying values they saw as important, including ensuring people's wellbeing and helping people to move on. The registered manager had a stated commitment to continual improvement, stating; "I feel we are providing a good service and want to take things on to the next level; take a more strategic view." She continued, "We want to encourage higher expectations for people." She provided

examples of people's learning which was confirmed by the records we examined. There was a stated commitment to working in an open and transparent way, internally and externally. People using the service and staff all expressed confidence in the registered manager.

We saw the registered manager carried out a range of checks and audits at the home. A representative from the provider organisation (Mental Health Matters) also visited to carry out a quality check on care and staffing issues. Annual questionnaire surveys were carried out and those received from service users provided positive feedback. Comments included; "Everything is perfect," "My worker tries to motivate me," and "Very happy."

We reviewed our records as well as records of incidents held at the home. Staff notified us of relevant matters in line with the current regulations including Deprivation of Liberty applications and safeguarding allegations. There was a system to ensure accidents and incidents which occurred in the home were recorded and analysed to identify any patterns or areas requiring improvement. We saw no adverse incidents had occurred recently; the majority of recorded accidents being minor slips, trips and falls. Appropriate follow-up action had been taken in light of these incidents. The registered manager reviewed accidents and incidents so if necessary staff interventions and practice could be improved and external support sought. We saw an example where the input of an Occupational Therapist had been sought in response to a pattern of falls.

The registered manager told us there were staff meetings and meetings for people living in the home. Records confirmed this was the case and also that these were well attended. There was a broad range of topics discussed, which were reflective of the registered manager's stated vision and values. Topics included staying active, activities, health topics, home improvements, meal time arrangements and food suggestions. This gave people the opportunity to be involved in the running of the home and consulted on subjects important to them.