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Fallowfields Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out an unannounced inspection of Fallowfields Residential Home on 1 February 2017. A breach of legal requirements was found as medicines were not managed safely. After the inspection, the provider wrote to us detailing the action they would take to become compliant with the regulations.

We undertook this focused inspection on 9 May 2017 to check that they had followed their plan and to confirm that they now met legal requirements. This report covers our findings in relation to those requirements and two related key questions; Is the service safe? And Is the service well-led? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fallowfields Residential Home on our website at www.cqc.org.uk

Fallowfields Residential Home is a care home that provides accommodation for up to 22 people including people with dementia care needs. There were 15 people living at the home when we visited. The home is based on two floors, connected by a passenger lift, in addition to a basement where the kitchen and laundry are located. There was a choice of communal rooms where people were able to socialise and some bedrooms had en-suite facilities.

A registered manager was not in place at the time of the inspection, although the manager had applied to be registered with CQC and their application was being processed. 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.

Medicines were managed safely and systems were in place to help ensure people received their medicines as prescribed. Staff knew how to protect people from the risk of abuse. There were enough staff to meet people's needs and safe recruitment processes were followed.

Risks, including environment risks to people, were managed appropriately and staff responded appropriately to concerns about people's safety. People were supported in a way that helped them retain their independence and avoid unnecessary restrictions.

People were happy living at the home and had confidence in the management team. There was a clear management structure in place; staff understood their roles and worked well as a team.

All staff demonstrated a shared commitment to providing a homely environment and delivering high quality care. The service had an open culture where visitors were welcomed and staff enjoyed positive working relationships with other professionals.

There was a comprehensive quality assurance system in place aimed at continual improvement. The providers sought and acted on feedback from people to further enhance the service.

This inspection followed comprehensive inspections in August 2014, June 2015 and March 2016. These inspections led us to follow our enforcement pathway. At each of the inspections since March 2016, we have noticed improvement in response to following our enforcement pathway and the provider is no longer in breach of any of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We will continue to monitor the provider to ensure that improvements are sustained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

We found action had been taken to improve the safety of medicines management. People received their medicines at the right time and in the right way to meet their needs.

People felt the home was safe and staff were aware of their responsibilities to safeguard people.

The registered manager had assessed individual risks to people and taken action to minimise the likelihood of harm in the least restrictive way.

There were enough staff to meet people's needs and recruiting practices helped ensure only suitable staff were employed.

Is the service well-led?

Requires Improvement

People enjoyed living at the home and felt it was run well. They were cared for by staff who were motivated and committed to providing a safe, high quality service.

There was a clear management structure in place. Staff were happy in their work and felt supported by management.

Appropriate quality assurance processes were in place; they included effective oversight and support from the providers.

There was an open and transparent culture. Visitors were welcomed and staff enjoyed positive working relationships with other professionals.

We could not improve the rating for this key question from 'Requires improvement' because to do so requires consistent good practice over time and across all aspects of the service. We will check this during our next planned comprehensive inspection when all aspects of the service will be assessed.

Fallowfields Residential Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Fallowfields Residential Home on 9 May 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of 1 February 2017 had been made. We inspected the service against two of the five questions we ask about services: Is the service safe? and Is the service well-led? This is because the service was not meeting some legal requirements.

The inspection was conducted by one inspector. Before the inspection, we reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

We spoke with six people living at the home. We also spoke with a cook, a cleaner, three care staff, the deputy manager, the manager and one of the providers. We looked at care plans and associated records for four people and records relating to the management of the service. These included staff duty records, staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We also spoke with a visiting community nurse.

Good

Is the service safe?

Our findings

At our last inspection, on 1 February 2017, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as medicines were not always managed safely. At this inspection, we found action had been taken and there was no longer a breach of this regulation.

People were supported to receive their medicines safely. The arrangements in place for obtaining, storing, administering and disposing of medicines complied with best practice guidance issued by the National Institute for Health and Clinical Excellence (NICE). Staff had been trained to administer medicines safely and had their competence assessed regularly by the manager. Information was available to guide staff when administering 'as required' medicines, such as pain relief and sedatives, to help ensure these were given in a consistent way.

Medication administration records (MAR) showed that people's medicines were consistently available for them and confirmed people had received their medicines as prescribed. There was a process in place to help ensure topical creams were not used beyond the manufacturer's 'use by' dates. The temperature of cabinets used to store medicines was monitored and records showed they had remained within a safe range at all times.

Staff supporting people to take their medicines did so in a safe, gentle and respectful way. People were given time to take their medicines without being rushed. Staff explained the medicines they were giving in a way the person could understand and sought their consent before giving them.

We judged there were sufficient staff deployed to meet people's needs, although we received mixed views from people about this. Positive comments from people included: "Generally they [staff] are very, very attentive and kind" and "If I press my [call] bell, they come straight away". Less positive comments included: "They could do with a couple more staff" and "They are running a bit short [of staff] especially in the mornings".

On the day of our inspection, there were three care staff on duty in the morning, together with the manager, a cook and a cleaner. We observed that staff were busy, but people were attended to promptly. Staff availability improved during the afternoon when they had more time to interact with people. Staff told us they were able to meet people's needs in a timely way. Comments from staff included: "The staffing levels are okay as we only have 15 people at the moment" and "We do have fewer people, but it's really down to better organisation that we are able to keep on top of things now".

The manager told us they had worked with a social care consultant to help determine suitable staff numbers, based on people's needs which had recently decreased overall. They were in the process of employing two additional night workers and were clear that before any more people moved to the home they would need to increase the staffing levels further.

Appropriate recruitment procedures were in place and followed. These included pre-employment reference

checks and checks with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed these processes were followed before they started working at the home.

People experienced care in a safe environment because staff had the knowledge necessary to enable them to respond appropriately to concerns about people's safety. All staff had received appropriate training in safeguarding and knew how to identify, prevent and report abuse. They said they would initially raise any concern with the manager or one of the providers and, if needed, could report allegations to the local authority and the Care Quality Commission. Following a concern raised by an external health professional, the manager conducted a thorough investigation and took action to prevent a recurrence of the incident.

The registered manager had assessed the risks associated with providing care to each individual; these were recorded along with the actions identified to reduce those risks. People were supported in a way that helped them retain their independence and avoid unnecessary restrictions. For example, a specialist had recommended that one person used thickening powder in their drinks to reduce the risk of choking. The person had chosen not to use the powder. They had full capacity and had decided to accept the level of risk in order to continue enjoying their usual drinks.

Some people were at risk of falling and had been given walking aids. Staff made sure these were accessible and prompted people to use them correctly. Equipment was also used to monitor people's movements and alert staff if they moved to an unsafe position. We observed that staff monitored people and offered support in line with their risk assessments. For example, one person had agreed to wear a chair alarm to alert staff if they left the safety of the chair and we saw this was in place. Other people had bed rails to prevent them falling out of bed and assessments of the risks relating to these had been completed. Where people had experienced falls, their risk assessments were reviewed. As a result of one review, we saw the person had been given additional support in the evening, when they were most vulnerable.

Other people were at risk of pressure injuries and their level of risk had been assessed using a nationally recognised tool. Where this indicated people were at high risk of injury, appropriate measures had been taken, including the use of pressure-relieving cushions and mattresses. The mattresses had to be set according to the individual weight of each person and there was a clear process in place to check they remained at the right settings at all times.

Environmental risks were managed appropriately. Regular checks of gas and electrical equipment were conducted. The water temperature of all outlets was regulated and checked on a monthly basis. The providers had identified the stairs as a potential safety hazard, as people were not able to use them safely on their own. To address this, they had recently separated them from the hall by installing a key-coded door. This prevented people at risk from using the stairs and coming to harm.

There were clear emergency procedures in place. Staff knew what action to take if the fire alarm sounded. They completed regular fire drills and had been trained in the use of evacuation equipment. People had personal emergency evacuation plans in place detailing the support they would need in an emergency and staff had been trained to administer first aid.

Requires Improvement

Is the service well-led?

Our findings

People told us they were happy living at the home and had confidence in the management. One person said, "The manager is excellent and [one of the provider's] is excellent. I think it's well organised and well run." Another person told us, "I would recommend the home; there are no improvements needed here."

A condition of the provider's registration required the service to be managed by a registered 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. At the time of the inspection there had not been a registered manager in place for over a year, although the manager had applied to be registered with CQC and their application was being processed.

There was a clear management structure in place. This comprised of the providers, the manager, the deputy manager and senior care staff. The providers and manager had worked closely with an external consultant and a social care professional from the Clinical Commissioning Group (CCG) to develop and improve the service. Each understood the part they played in delivering the service and worked well together as a management team

The providers were actively engaged in running the home. One of them told us, "We have all worked our socks off and we're happy with how things are running now. The systems are embedded and we are taking a more active role."

Staff felt the service had made significant improvements in recent months. They told us they enjoyed working at the home and said they felt valued and listened to by management. Comments from staff included: "The owners and [the manager] are genuine, loving people. I've never known such nice people. I feel very appreciated and supported"; "The atmosphere is much calmer. Things are much better organised and staff know what's expected of them"; and "There have been a lot of changes in the last ten months and the standard of care has come up a lot. I now look forward to coming to work".

Regular staff meetings provided the opportunity for the providers and the manager to engage with staff and reinforce their values and vision to provide a homely environment with high quality care. In conversations with staff, they demonstrated a shared commitment to this ethos. For example, one staff member told us, "It's not about the décor, it's about the care and building relationships with people and their families and making them welcome." Another staff member echoed this comment and added, "We work like one happy family. This is a home, not just a care home; it's where people live and they are all happy."

Observations and feedback from people and staff showed the home had a positive and open culture. The provider's performance rating from their last inspection was displayed in the entrance lobby. The provider had shared the outcome of all previous inspections with people, families and staff, including inspections where breaches of regulation were identified. One of the providers told us, "All the families are fully informed about everything and their support is second to none. That's what motivates us to keep going."

Visitors were welcomed any time and were able to come and go as they pleased. One person told us, "Friends can come whenever I want them to, often with a dog in tow, which is nice." The provider notified CQC of all significant events. A duty of candour policy was also in place and followed to help ensure staff acted in an open and honest way when accidents occurred. Staff enjoyed positive working relationships with healthcare professionals. A visiting nurse told us, "Things have improved [at the home]. We have a good relationship; [staff] follow our advice and call us appropriately."

The providers operated a comprehensive quality assurance system that included a range of audits including: medicines, infection control, the environment and care plans. The medicines audit comprised daily checks by staff, weekly checks by the manager and monthly checks by one of the providers. These had been effective in helping to ensure that medicines were managed safely. One of the providers audited people's care plans on a monthly basis. The process included a review of the records and a discussion with the person and/or their relatives. Where the audits identified concerns, these were addressed promptly. For example, a recent care plan audit showed one person's blood sugar levels were not being checked appropriately and this was addressed immediately with staff.

In addition, the manager conducted weekly checks of recording charts, including those used to record people's fluid intake. These had been effective in helping to identify changes in people's health needs. For example, a recent check of fluid records showed one person had not been drinking enough and this prompted a referral to their GP for advice.

In order to gain the views of people and their relatives about the service, the providers conducted regular quality assurance surveys. The most recent surveys were conducted in February and April 2017. Comments from these were used to consider ways of improving the quality of service. For example, one person had said they were not kept informed about activities in the home so the manager introduced a monthly newsletter which included a section about planned activities. Another person had requested more curries on the menu and we saw these had been provided. The provider also responded promptly to address other areas of concern. For example, a staff member had been given extra support and supervision by the manager following concerns raised about their practice.

The manager had developed a rolling action plan to identify and implement further improvements to enhance the service. Outstanding actions were discussed during meetings with the providers and were followed through to completion. One action included the setting of clear expectations for staff and we saw this work had already started with the completion of preparatory work in advance of a planned workshop involving all supervisory staff.

We recognised there have been improvements since the last inspection. However, we could not improve the rating for this key question from 'Requires Improvement' because to do so requires consistent good practice over time and across all aspects of the service. We will check this during our next planned comprehensive inspection when all aspects of the service will be assessed.