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Fallowfields Residential Home

Inspection report

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Date of inspection visit:
17 December 2018

Date of publication:
18 January 2019

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

What life is like for people using this service:

People were happy living at Fallowfields. They told us their needs were met in a personalised way by staff who were competent, kind and caring.

Individual and environmental risks were managed appropriately, which meant people were kept safe from avoidable harm. Medicines were managed safely and people received all their medicines as prescribed.

People's rights and freedoms were upheld. People were empowered to make all their own choices and decisions. They were involved in the development of their personalised care plans that were reviewed regularly.

A robust quality assurance system helped the management continually seek and implement improvements that would benefit people. Staff felt listened to and worked well together.

The service met the characteristics of Good in all areas. More information is in the full report.

Rating at last inspection:

The service was rated as requires improvement at the last full comprehensive inspection, the report for which was published on 18 July 2017.

About the service:

Fallowfields is a residential care home that was providing personal care to five people aged 65 and over at the time of the inspection.

Why we inspected:

This was a planned inspection based on the previous inspection rating.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-led findings below.

Good ●

Fallowfields Residential Home

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection was conducted by one inspector.

Service and service type:

Fallowfields Residential Home is a care home registered to accommodate up to 10 people who need support with personal care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We did not give notice of our inspection.

What we did:

Before the inspection we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we gathered information from:

- Four people who used the service
- Three people's care records
- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- The registered manager
- Three members of care staff

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing levels:

- Staffing levels were calculated according to people's needs. There were enough staff to support people safely and to meet their needs in a timely way. One person told us, "I've got a call bell and staff come as quick as they can."
- No new staff had been recruited since the last inspection. However, the provider had clear recruitment procedures in place which the registered manager assured us would be followed if new staff needed to be recruited.

Assessing risk, safety monitoring and management:

- People's care plans contained detailed risk assessments linked to people's support needs. These explained the actions staff should take to promote people's safety and ensure their needs were met.
- People were involved in risk taking decisions. For example, one person had initially declined to use a monitoring device, so staff could offer support when they got out of bed, but later changed their mind and agreed to use it.
- Environmental risks, including fire safety risks, were assessed, monitored and reviewed regularly.

Using medicines safely:

- Robust arrangements were in place for obtaining, storing, administering, recording and disposing of medicines safely and in accordance with best practice guidance.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.
- Medicines administration records confirmed that people had received their medicines as prescribed.

Preventing and controlling infection:

- The home was clean and staff completed regular cleaning in accordance with set schedules. One person told us, "I've got a nice bathroom and bedroom and it's all kept clean [by the staff]."
- Staff had been trained in infection control techniques. Staff had access to personal protective equipment, including disposable gloves and aprons, and used these whenever needed.

Systems and processes to protect people from the risk of abuse:

- Appropriate systems were in place to protect people from the risk of abuse. One person told us, "I've got no worries here." Another person said, "It makes me feel safe having staff here at night."
- People said they felt safe at the home and staff knew how to prevent, identify and report allegations of abuse.
- Safeguarding incidents had been reported and investigated thoroughly, in liaison with the local safeguarding team.

Learning lessons when things go wrong:

- Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. For example, a trip hazard was removed from one person's room after they had fallen.
- Following an medicines related incident, changes were made to the arrangements for collecting prescriptions for blood thinning medicines, which were subject to frequent change. This helped ensure people received the correct dose at all times.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- Comprehensive assessments of people's needs were completed before people moved to the home.
- Staff followed best practice guidance. For example, they used nationally recognised tools for assessing the risk of skin breakdown and the risk of malnutrition. They then took action to achieve positive outcomes for people identified as at high risk.
- Staff made appropriate use of technology to support people. An electronic call bell system allowed people to call for assistance when needed; pressure-activated mats, linked to the call bell system, were used to alert staff when people moved to unsafe positions; and lighting in communal areas came on automatically to help people see where they were going.

Staff skills, knowledge and experience:

- People were supported by staff who had completed a range of training to meet their needs. The training was refreshed and updated regularly.
- Staff told us they felt supported in their roles by the registered manager and the providers.
- Staff received regular one-to-one sessions of supervision. These provided an opportunity for one of the managers to meet with staff, discuss their training needs, identify any concerns, and offer support. In addition, staff received an annual appraisal to assess their performance. A staff member told us, "[The registered manager] says how I'm doing, what I can improve on and asks what support or extra training I need."

Supporting people to eat and drink enough with choice in a balanced diet:

- People's dietary needs were assessed and met consistently. One person told us, "The food is beautiful and there's a good choice."
- People were offered a choice of food and drink, including regular snacks. One person said, "I like fish and I even get salmon sandwiches sometimes, which is nice."
- Action was taken when people started to lose weight. For example, one person had been referred to their GP and was receiving dietary supplements.

Staff providing consistent, effective, timely care:

- People told us staff were competent and they received all the support they needed. One person said, "The staff are very good, they know what they're doing."
- We observed people being supported in a safe way when staff supported them to transfer between armchairs and wheelchairs.
- People were supported to access healthcare services when needed. One person told us, "I always get to see a doctor if I want one." Care records confirmed people were regularly seen by doctors, specialist nurses and

chiropractors.

- When people were admitted to hospital, staff provided written information about the person to the medical team to help ensure the person's needs were understood.

Adapting service, design, decoration to meet people's needs:

- The home had been adapted to meet the needs of older people with reduced mobility. A passenger lift gave access to the first floor of the home; handrails were available for support along all corridors and lighting levels were good in all areas.
- The accommodation had recently been converted into a smaller number of flats. Each flat included an en-suite bathroom and a bed/sitting area.
- People told us they had been given a choice of flats and confirmed that the flats met their needs. One person told us, "I like the new set up. I'm quite happy here." Another person said, "I've got my pictures up, so it feels like my front room from when I was at home."
- Further refurbishment of the communal areas of the home was planned.

Ensuring consent to care and treatment in line with law and guidance:

- All the people living at the home had full capacity to make decisions about their care.
- The registered manager described the action they would take if they were concerned that a person was no longer able to make decisions for themselves. This was in line with the Mental Health Act, 2005 (MCA). The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were. Everyone living at the home was free to come and go as they wished and their liberty was not restricted.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and were involved as partners in their care.

Ensuring people are well treated and supported:

- People told us they liked living at Fallowfields and were well looked after. People's comments included: "I get on with all the staff, especially [the registered manager], she's gorgeous", "Staff are very kind, you feel part of a family", "They are all nice and helpful, they treat me well" and "The staff are wonderful and know me well".
- We observed people were treated with kindness and consideration by staff. Staff spoke respectfully to people and supported them in a patient, compassionate way. During the inspection, when a person was taken to hospital by paramedics, staff worked quietly and discreetly so as not to alarm other people.
- Staff showed a good awareness of people's individual needs, preferences and interests.

Supporting people to express their views and be involved in making decisions about their care:

- People's protected characteristics under the Equalities Act 2010 were usually identified as part of their needs assessments before they moved to the home. However, this did not include people's sexuality. We raised this with the registered manager, who told us they would seek ways to include this in an appropriately sensitive way.
- People's other diverse needs were detailed in their care plans and people confirmed they were met in practice. This included people's needs in relation to their culture, religion, diet and gender preferences for staff support. Staff completed training in equality and diversity and the registered manager and staff were committed to ensuring people's equality and diversity needs were met.
- Records confirmed that people were involved in meetings to discuss their views and make decisions about the care provided. This included their choice of activities, food and how they wished to be supported.
- The registered manager described how they had intervened and advocated for people to ensure they could remain with the doctors' surgery of their choice when a new GP referral scheme was being introduced.

Respecting and promoting people's privacy, dignity and independence:

- People were encouraged to do what they could for themselves. One person told us, "They [staff] go and get the flannels and I [wash myself]. I prefer to do it myself, for independence. If I can't do it, then they will help."
- Staff described how they supported people's privacy and dignity. This included giving people private time, listening to people, respecting their choices and closing doors and curtains when providing personal care. A person told us, "They [staff] always knock, that's important. They know I'm fussy about my privacy."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

Personalised care:

- People told us their needs were met. One person said of the staff, "They give me any help I need."
- Staff knew how to support people according to their individual needs and wishes. One person said, "[Staff] know me well. There are things I like doing in certain ways and they've got to know them."
- People's likes, dislikes and preferences were recorded in person centred care plans that were reviewed and updated every month. Staff responded promptly to changes in people's needs.
- People were consistently empowered to make their own decisions and choices.
- People's communication needs were met. For example, one person told us staff put subtitles on the TV in their room, but not on the TV in the lounge, which met their preference.
- People had access to a range of activities, but most told us they preferred solitary pursuits. For example, one person said, "There are things I could do, but generally I don't tend to join in. I don't get bored."

Improving care quality in response to complaints or concerns:

- There was a complaints procedure in place and people told us they felt able to raise concerns. One person said, "I could complain to [the registered manager] if I needed to, she's here during the week."
- The complaints policy was advertised on the home's notice board and was available in a large-print format if needed.
- We viewed the records for the only complaint the service had received in the past year. We saw it had been investigated and responded to promptly, in accordance with the provider's policy.

End of life care and support:

- Staff had experience of delivering end of life care and had received relevant training. They expressed a commitment to supporting people to have a comfortable, dignified and pain-free death.
- Staff were not supporting anyone with end of life care at the time of the inspection. However, people's end of life wishes were recorded to help ensure they would be met.
- Letters from the families of people who had recently died at the home commended staff for the compassion and care they had shown.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting person-centred care and support and a positive culture that is open, inclusive and empowering, which achieves good outcomes for people:

- People told us the service was run well and they would recommend it to others. One person said, "The management is very good and [the registered manager] is very helpful."
- The registered manager demonstrated an open and transparent approach to their role and encouraged staff to do the same.
- Where people had come to harm, relevant people were informed in writing, in line with the duty of candour requirements.
- The previous performance rating was prominently displayed in the reception area.
- Friends and family members could visit at any time. They were made to feel welcome and were offered meals and drinks.

Managers and staff were clear about their roles, and understood quality performance, risks and regulatory requirements:

- There was a clear management structure in place, consisting of the providers and the registered manager. Staff understood their roles and communicated well between themselves to help ensure people's needs were met. One staff member said, "We all work together, there's more stability now, it feels like everything is up too scratch."
- There was a robust quality assurance process in place, consisting of a range of regular audits, together with daily observations by the registered manager.
- Audits had been effective in identifying and bringing about improvement. For example, they had led to more consistent use of disposable gloves and aprons by staff.

Engaging and involving people who use the service and staff:

- The provider consulted people in a range of ways. These included annual quality assurance surveys, residents' meetings and one-to-one discussions.
- Staff spoke positively about the registered manager, describing them as "approachable" and "supportive". One staff member said, "We [staff] are treated with consideration. I haven't had a boss like [the registered manager] before. They are always saying 'thank you' and it makes you feel appreciated." Another staff member told us, "[The registered manager] is very approachable. I can always come into the office and have a private chat with the owners if I need to."
- Staff felt listened to and that their views were valued by the registered manager.

Continuous learning and improvement:

- The registered manager analysed feedback from people, staff and audits. They used the findings to inform their service improvement plan.
- The provider and the registered manager continuously monitored the service improvement plan to ensure improvements were actioned in a timely way.

Working in partnership with others:

- Staff had links to other resources in the community to support people's needs and preferences.
- The providers and the registered manager had worked with social care professionals and the local authority to develop and improve the service.