

Fairfield Healthcare Limited

# Fairfield Nursing Home

## Inspection report

10 Quarry Road East  
Heswall  
Wirral  
Merseyside  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 4 October 2017.

Fairfield Nursing Home is a nursing home registered for up to 29 people. The home is a detached property set in its own grounds in a quiet residential area. At the last inspection in October 2015 we found that the home was providing a good service in all areas. At this inspection we found the service remained Good.

The home provided a comfortable, safe and well-maintained environment for people to live in. People's medicines were managed safely.

There were enough staff to meet people's needs. New staff were recruited safely and all staff received regular training relevant to their work.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The service worked within the requirements of the Mental Capacity Act.

Everyone we spoke with was happy with the meals provided. The meals were presented well and people received the support they required with their meal. People we spoke with said how kind, considerate and polite all members of staff were.

People's care and support needs were assessed and plans put in place for how their needs should be met. These were individualised and covered all aspects of a person's needs including physical, mental health and social needs.

The home's complaints procedure was displayed in the entrance area and provided details about how, and to whom, complaints should be addressed. The manager maintained detailed complaints records.

The home had a manager who was registered with CQC. People told us that the manager was approachable and they considered her a good leader. We saw that people had completed satisfaction surveys. Auditing systems were used to monitor the quality and effectiveness of the service.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

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

# Fairfield Nursing 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 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.

The inspection took place on 4 October 2017 and was unannounced. The inspection was carried out by an adult social care inspector and an expert by experience. An expert by experience is person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we looked at information CQC had received since our last visit and we contacted the quality monitoring officer at the local authority. During our visit we spoke with four people who used the service, three relatives, and eight members of staff. We looked at care plans for three people who used the service, medication records, staff records, health and safety records, and management records. We observed support provided to people in communal areas.

# Is the service safe?

## Our findings

All of the people we spoke with said they felt safe. People told us "I do feel safe, I must say I appreciate this place very much – my family have placed me in a lovely place."; "I stay in my room and have a call bell. Staff come if I need them. I never feel alone as I'm in secure hands." and "Very safe – my door is open and the girls are always about."

People told us they got their medicines on time and got pain relief if requested. Their comments were "They give them on time. They are very meticulous."; "I had a lot of pain before I came here, but they are getting the pain sorted out; they come round at night and give me pain killers if I need them." and "They have my pain under control."

Two of the relatives we spoke with felt there were enough staff. One said "They are organised in the morning when there is lots to do. The team works well together and it always seems so calm." However another relative commented "The numbers are not enough at the week-end. Sometimes Mum is kept in her room."

Staff rotas showed that established staff numbers were maintained, however the manager told us that the home's dependency tool had identified that people would benefit from having an additional care worker on duty during the morning and this would be implemented in the near future. There was some use of agency care workers and recruitment was on-going.

We looked at personnel folders for three staff who were new to the home in 2017. They contained completed job application forms, references, records of Disclosure and Baring Service (DBS) disclosures, and other relevant information. This showed that staff had been recruited safely.

The home had up to date safeguarding policies and procedures. Records showed that staff had training about safeguarding as part of their induction programme and safeguarding refresher training was provided every year. Incidents that had occurred had been reported to CQC as required.

The care plans we looked at contained a range of risk assessments, covering for example falls, mobility and nutrition.

Records showed that regular health and safety checks were carried out and up to date certificates were in place for the maintenance of equipment and services. Staff carried out and recorded a weekly test of the fire alarm system. Emergency evacuation equipment was provided and personal emergency evacuation plans were in place for people living at the home. The home's annual maintenance programme was all up to date.

All parts of the home were clean and there were no unpleasant smells. Liquid soap and paper towels were provided for hand washing and gloves and aprons were available for staff providing personal care. The service had a five star food hygiene rating.

We looked at the arrangements for the storage and administration of people's prescribed medication and

found that this was managed safely and effectively.

## Is the service effective?

### Our findings

People told us "The food is very good. If you don't like it they'll do something else." and "I enjoy everything we have. If I'm awake in the night the staff will say – 'do you want a cup of tea'."

We asked if people thought the staff were well trained and one person said "It's obviously reflected in the work they do. When someone needs lifting they are properly trained. They seem to know what to do. They are superior here". Another person commented "I've never know them not to be able to do the job. Its not easy – difficult work and they do it so well."

Staff attended annual training which covered fire safety, moving and handling, safeguarding, CoSHH, health and safety, safe use of bedrails, and accident reporting. They also had the opportunity to complete distance learning in specific subjects, for example diabetes. All of the care staff had a national vocational qualification in care. Staff appraisals were undertaken annually by the manager and staff had regular individual supervision meetings.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of this inspection some of the people living at the home had a DoLS authorised and others had been applied for. We saw that an assessment of people's capacity to make decisions was recorded in their care notes.

The expert by experience had lunch with people who lived at the home and commented that the meal was "delicious" and everyone seemed to enjoy it. Staff were attentive and people received the help they needed with their meal. The cook told us they used fresh produce which was sourced locally. They were aware of, and catered for, several people who needed a special diet. The care plans we looked at showed that people were weighed monthly and a malnutrition screening tool was used to identify people at risk.

We looked all around the home and found that people had a comfortable, well maintained, clean and warm environment to live in. We also saw that people had the equipment they needed to keep them safe and comfortable including fully adjustable beds, pressure relieving mattresses and moving and handling equipment. The home had a weekly GP visit.

## Is the service caring?

### Our findings

People we spoke with said "I get plenty of support, the staff are absolutely lovely. They make me laugh if I'm a bit down." and "Yes, they are all very good and look after you." Another person told us "I love all the staff here. Even the handyman and cook have time to chat. I was a bit down and the cook bought me a fresh cream scone. Carers don't get enough credit. My daughter is happy because I'm happy."

Relatives told us "We are very satisfied and have no concerns. It's a nice friendly atmosphere – we arrive at different times and I hear laughter in the corridor"; "Yes, the staff always pop in if she is in her room." and "The care is particularly good. Mum isn't mobile but her environment in her room is excellent."

The expert by experience commented "All the residents I observed seemed relaxed and comfortable with the staff. During the day I observed positive interactions between staff and residents and staff appeared to treat residents kindly and always had time to have a few words and addressed them by their names. Staff also had a good knowledge of relatives and interacted with them well. There was a very calm and efficient atmosphere especially during the busy morning when staff were attending to patients in their rooms."

The manager and the deputy manager both had a qualification in end of life care. We spoke with the deputy manager who was passionate about providing the best possible care for people at the end of their lives.

Comments we looked at from families confirmed that this had been achieved. People had written "You all provided comfort and support to both my mum and me. Even though my mum's time at the home was short you gave her the dignity and comfort to end her last days peacefully."; "Thank you for the love and kindness you showed my beautiful mum in the last few weeks of her life. You are a wonderful team and she felt safe and secure with you all. You made what was such a very difficult and sad period of my life easier." and "A very heartfelt thank you for the wonderful care and attention that my dad received during the last few weeks of his life. He could not have had a better place to be looked after. Everyone was just fantastic and made a really depressing time for us much more bearable."

We looked at a copy of the home's 'service user guide' which gave people details of the services and facilities offered at the home and key personnel. It was written in a clear and accessible style. Information leaflets covering a variety of subjects were available in the entrance hall.

## Is the service responsive?

### Our findings

People who lived at the home told us "I can talk to staff and have made friends with them." and "Yes, I can talk to them about anything." They felt their choices were limited because of their medical condition but understood this. One person explained "I am bed ridden but I am moved and changed regularly every two to three hours. I've never had any pressure sores; they are very caring about that." Another person told us "I decide when I get up and what to wear. It's a nice routine here that suits me."

Two visitors knew about their relative's care plans and felt they had been involved in decision making. The other visitor stated that another family member "handled all those things".

We asked people if they knew how to make a complaint and they told us "If we had concerns we'd go to the registered nurse." and "I have no concerns. I would go to [manager's name] if general or if medical would go to an RGN. They are very approachable."

The home's complaints procedure was displayed in the entrance area and provided details about how, and to whom, complaints should be addressed. We saw that the manager responded appropriately and fully to complaints and kept detailed records of any issues she had addressed.

We looked at the care files for three people who lived at the home. We found that people's needs had been assessed and plans put in place for how their needs should be met. These were individualised and covered all aspects of a person's needs including physical, mental health and social needs. The care plans were clearly written and easy to follow. They had been reviewed regularly and kept up to date. Care staff completed daily charts to record the care they had provided and, where needed, what people had to eat and drink. The charts we looked at in people's bedrooms had been completed well.

An "agency induction" document provided brief but important details of the people who lived at the home and health and safety information relating to the service. This ensured that agency staff had the information they needed to provide appropriate care.

At the time of the inspection there was no activities co-ordinator but recruitment was in progress. The manager told us that in the interim period she arranged for people to come into the home to provide entertainment and care staff organised some social activities.

## Is the service well-led?

### Our findings

The people we spoke with felt the manager and senior nurses were all approachable and the atmosphere in the home was very good. Relatives told us they enjoyed supporting social events that were organised at the home.

The quality monitoring officer at Wirral Metropolitan Borough Council told us they were not aware of any concerns about this home.

We saw written comments that had been made by professional visitors. These included "This is a very good service provider where the residents are happy and the staff are well trained to promote the well-being and to achieve the best outcomes for the individuals they support." and "The staff at Fairfield are highly skilled. Their communication skills are outstanding and their caring attitude towards the elderly couldn't be better."

The home had a manager who was registered with CQC. 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.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. A copy of the home's last inspection report was displayed in the entrance hall.

We saw records of staff meetings, and meetings for residents and relatives, that had been held during 2017. We also saw that people had completed satisfaction surveys and a summary of the responses received were available for people to read.

We looked at the quality monitoring systems used in the home. The manager completed a series of auditing tools in order to monitor medication, care plans, the environment, and the quality of care, and to identify any areas that required improvement.