

# Mr Keith John Betteley & Mrs Jennifer Ann Betteley Fallowfields Residential Home

## Inspection report

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## Ratings

### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Inadequate



## Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection. Fallowfields Residential Home provides care and accommodation for older people, including people living with dementia. The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. At the time of our inspection 22 people were living at the service.

# Summary of findings

People were not protected from the risk of infection because guidance issued by the Department of Health had not been followed. The laundry room was not fit for purpose and staff were not handling soiled linen in a safe way.

There were usually two staff working in the evenings, which was not enough to keep 22 people safe. Some people needed the support of two staff members to move them safely to and from their beds. While the two staff were doing this, no other staff members were available to supervise and attend to the needs of the other people, such as those who became anxious or restless in the evenings.

Some aspects of people's care plans were personalised and staff knew people well. However, care plans did not contain enough information about people's continence needs; equipment they needed to prevent injuries caused by staying in one position for too long; or the signs people showed when they needed pain relief.

Staff did not receive one-to-one sessions of supervision and appraisal, which meant their performance and development needs were not monitored effectively. Training records were not organised, so we could not be sure that all staff had received appropriate training.

A mixed range of activities was provided on an ad hoc basis, but people were not involved in planning these, so they may not have been suitable for people's individual needs.

The registered manager conducted a limited range of audits to assess and monitor the quality of service provided. These had not been effective in identifying and addressing concerns, such as those we found during our inspection, including infection control risks and the lack of one-to-one support for staff.

People told us they felt safe at Fallowfields. Staff had received training in safeguarding vulnerable adults and knew how to identify, prevent and report abuse. Staff were up to date with current guidance to support people to make decisions. Any restrictions placed on them was done in their best interest using appropriate safeguards.

The provider carried out essential checks before staff started working at the home and recruitment processes were safe.

People praised the quality of care and told us their needs were met. A community nurse said people were "well looked after". People were supported to eat and drink well. Meals were designed to meet people's nutritional needs.

We saw numerous examples of staff acting with care and compassion when supporting people, for example by kneeling down so they could engage with them at eye level. Staff understood the needs of people living with dementia and spoke about people fondly.

People were able to make choices about how they lived their lives and where they spent their time. One person told us they had asked to be cared for by female care staff only, and the registered manager made sure this happened.

Feedback from people, relatives and staff showed the service had an open culture. Visitors were welcomed and staff were encouraged to report any concerns. They told us the registered manager would support them if they ever had to do this. The provider and the registered manager responded positively to the inspection process and were keen to improve the service.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

# 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 safe. Guidance was not followed in relation to infection control procedures. There were insufficient staff in the evenings to ensure people's safety and welfare. Measures needed to protect people from the risks of injuries caused by staying on one position for too long were not recorded in care plans.

Risks of people falling were managed effectively. Staff had been trained in safeguarding vulnerable adults and knew how to identify, prevent and report abuse.

Staff followed guidance to support people to make decisions. Any restrictions placed on them were done in their best interest using appropriate safeguards.

Inadequate



### Is the service effective?

Not all aspects of the service were effective. Staff did not receive one-to-one supervision and appraisal to monitor their performance. Records were not available to show that staff were suitably trained. There was no information in care plans to help staff identify when people were in pain.

People told us they received appropriate care and this was confirmed by a visiting community nurse. People received support to eat and drink and their nutritional needs were met.

Requires Improvement



### Is the service caring?

The service was caring. People were treated with kindness and compassion. Staff understood the needs of people living with dementia and spoke about them fondly.

People were shown dignity and respect at all times. Their privacy was protected as staff were discreet when attending to people's needs.

People were involved in planning and reviewing their care; they were listened to and changes made where requested.

Good



### Is the service responsive?

The service was not always responsive to people's needs. People's continence needs were not recorded in care plans. People were not involved in planning activities.

Care plans contained clear information about how people wished to be cared for and staff understood their preferred routines. People were able to make choices, including whether they were cared for by a male or female member of staff.

Complaints were dealt with promptly and in accordance with the provider's policy.

Requires Improvement



# Summary of findings

## Is the service well-led?

Some aspects of the service were not well-led. There was not an effective system in place to monitor the quality of service provided, so concerns were not identified and addressed.

The service had an open culture and encouraged feedback, although people were not asked for their views about changes to the environment.. There was an appropriate whistle-blowing policy in place, which encouraged staff to report concerns.

Staff were well-motivated and enjoyed working at the service. The provider and registered manager responded positively feedback from the inspection and expressed a willingness to make improvements.

**Inadequate**



# Fallowfields Residential Home

## Detailed findings

### Background to this inspection

We spoke with 17 people using the service and one relative. We also spoke with six members of staff, a community nurse and the registered manager.

We looked at care plans and associated records for five people and viewed records relating to staffing and the management of the service, including incidents, complaints, audits and minutes of meetings. We also observed care and support being delivered in communal areas.

The inspection team consisted of an inspector and an expert by experience in dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern. We looked at 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.

The last inspection of this service, in April 2013, found no areas of concern.

# Is the service safe?

## Our findings

Providers are required to take account of the Department of Health's publication, 'Code of Practice on the prevention and control of infections'. This provides guidance about measures that need to be taken to reduce the risk of infection. We found these measures had not been taken in relation to the environment, processes used to clean soiled linen and staff practices.

The laundry room was an outbuilding in the garden of Fallowfields. There was no door in place and it was also being used as a general storeroom for maintenance equipment, such as tools and pots of paint. The floor was unpainted concrete and tiles were missing from the walls. The room was not a clean, hygienic environment.

Soiled linen was not managed safely as staff used black bin liners rather than soluble bags to transfer it to the laundry. This meant they had to handle it twice, which increased the risks of cross infection. There were no hand washing facilities in the laundry room, so staff were unable to clean their hands properly after handling soiled linen.

Staff had access to personal protective equipment (PPE). Disposable gloves were readily available, although disposable aprons were not easy to access in the laundry and the bathrooms as they were stored in nearby cupboards. This did not encourage staff to use them. Clinical waste was stored in two large bins in a safe area before being removed by an approved contractor. However, one of the bins was not marked as clinical waste so necessary precautions may not have been used by staff accessing this bin.

The service had conducted infection control risk assessments for most tasks and areas of the building. Cleaning schedules were in place, supported by check sheets for staff to sign when they had completed the cleaning. However, there was no infection control risk assessment or cleaning schedule for the laundry, which was a high risk area. The cleaner had been on leave for the two weeks before our inspection and the registered manager told us care staff had undertaken cleaning during this time. However, cleaning check sheets had not been completed to confirm this.

The above issues are a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There were not enough staff to meet people's needs at all times. People told us they were normally attended to quickly when they pressed their call bells for assistance. However, one person said there had been times when they had had to wait to use the toilet in the morning as "staff were busy". They added, "Mornings are not horrendous, just not great". Our inspection took place during the day time. We found staff were busy, but there were sufficient staff at this time to meet people's needs.

The registered manager told us there were three care staff in the day time between 7:30 am and 5:00 pm and two care staff outside these times. However, they told us staffing levels were not calculated on the basis of people's needs or their levels of dependency. Staff told us there were times when they were "stretched" and the evenings, in particular, were busy as two care staff had 22 people to care for. This included three people who needed two staff to help them transfer between their chairs, their beds and the toilet. They said if one of them was upstairs and one of them was downstairs they had no way of calling to each other for help. When one staff member was doing the medicines round (at 8:00 pm), there was only one staff member free to support people. One staff member told us, "When we're both dealing with a person who needs two carers the floor is left uncovered". They told us no one had fallen or been hurt as a result, but accepted there was a risk they could be. It also meant staff had to be task-orientated and did not have time to talk with people. Staff told us some people became restless in the evenings and would benefit from this if they had the time.

This is a breach of Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Risks of people developing injuries caused by staying in one position too long were managed effectively. Equipment, such as pressure relieving mattresses and cushions were being used and staff knew which people needed these. However, the need for people to use pressure relieving equipment was not recorded in people's risk assessments or care plans, so there was a risk it would not be used consistently.

This is a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they felt safe at Fallowfields. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse, and knew how to

## Is the service safe?

contact external organisations for support if needed. Some non-care staff had not received safeguarding training, although they told us they rarely had contact with people. The service had suitable policies in place and responded appropriately to any allegation of abuse.

Other risks were managed effectively. All care plans included risk assessments which were relevant to the person and specified actions required to manage risks. These included the risk of people falling or being harmed by bed rails. We observed equipment being used safely and in accordance with people's risk assessments.

The registered manager understood the law in relation to Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Although no DoLS authorisations were in place, they had identified a person who new guidance might apply to and had submitted an application to the local authority.

The requirements of the Mental Capacity Act, 2005 (MCA) were followed. MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. We found assessments of people's mental capacity were made when they arrived at the service and were reviewed when needed. Structured forms were used to record decisions made in the best interests of people who lacked capacity, for example decisions to manage medicines on their behalf.

Records showed the process used to recruit staff was safe. The provider carried out the relevant checks to make sure staff were of good character with the relevant skills and experience needed to support people appropriately.

# Is the service effective?

## Our findings

Staff did not receive one-to-one sessions of supervision or appraisal so their performance, development and training needs could be monitored effectively. The registered manager told us they had only completed one appraisal and, while some staff had had some sessions of supervision, others had not had any. There was no system in place to allow staff to discuss areas for development with the registered manager or for the registered manager to raise any areas of concern.

New staff followed the Skills for Care common induction standards. These are the standards people working in adult social care need to meet before they can safely work unsupervised. The registered manager told us staff had completed most essential training, including dementia awareness. Staff told us they felt they received appropriate training and demonstrated an understanding of the needs of people living with dementia. They were in the process of completing a series of computer based competency assessments to test their knowledge in key areas; the registered manager told us the results would then be used to identify additional training needs. Records of staff training were disorganised and the registered manager was unable to provide evidence that staff had received the necessary training. For example, they said staff had been trained to use a new hoist, but there were no records to confirm this. The registered manager told us staff were not up to date with training in first aid and fire safety, although they said this was planned. Staff told us they had not been trained to monitor the body mass index of people who could not be weighed.

The above issues are a breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People had been prescribed medicines for pain relief as and when needed. Many people had dementia and were unable to communicate their pain verbally. Staff were able to describe to us the body language and behaviours of people which may indicate they were in pain. However,

these were not recorded in people's care plans and the provider did not use a pain assessment tool. This meant staff did not have access to information to help them identify when people needed pain relief.

This is a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People praised the quality of care and told us their needs were met. One person said, "They certainly look after you here". Another described the service as "First class, a good standard". A community nurse told us they did a "ward round" several times a week. They said, "It's an excellent home, people are looked after beautifully. Everyone is well cared for. People who aren't expected to live long [on admission] seem to thrive once they arrive".

People were supported to access healthcare services and were involved in the regular monitoring of their health. Records showed people had been referred to GPs, community nurses and other specialists when changes in their health were identified, for example when they had started to lose weight.

People received appropriate support to eat and drink enough. A monthly menu plan showed people were offered varied and nutritious meals and we heard people being offered and given a choice of fresh food and drink. Catering staff were aware of people who needed their meals prepared in a certain way or fortified to increase their intake of calories. Drinks were available and in reach in people's rooms and all communal areas, together with a variety of cups and beakers to suit people's needs.

Food and drink were served with care; staff interacted well with people and ate with them, which made the meal time a pleasant and social experience for people. Where people needed support to eat, there was clear information in people's care plans as to how this should be done and staff followed the guidance. For example, one person needed full support on a one-to-one basis and we saw this being given in a caring and patient way. Another person was not able to manage big meals, so was given small meals more frequently. As a result, they had gained weight.



# Is the service caring?

## Our findings

People were cared for with kindness and compassion. For example, staff spent time kneeling on the floor in front of people, so they could engage with them at eye level. When people, for example those living with dementia, became anxious or confused staff remained calm. They took time to reassure them and gently encourage them to accept help and support. When people's clothes needed adjusting to preserve their dignity, or people needed support with personal care, staff responded promptly in a quiet and discreet way that protected people's privacy.

Staff paid particular attention to two people who had high support needs. One became anxious about their financial affairs and was given a lot of reassurance which made them visibly relax. The other was profoundly deaf, so staff had started using notepads to help them to communicate with the person. The registered manager told us they were planning to produce some "flashcards" with standard phrases or pictures on, once they had identified the images and words that would be most helpful to this person.

The service had appropriate policies in place to ensure people's privacy and dignity were respected. Staff described how they put this in practice, for example by making sure doors were closed when people received personal care and knocking and waiting for a response before entering people's rooms. We saw confidential information, such as care records, was kept securely and could not be accessed by people who were not authorised to see it.

Staff spoke fondly of the service and the people. One described it as "like being part of a family" and added that

Fallowfields was "run as a home rather than an institution". Another staff member told us they looked after people by "entering into their reality, rather than challenging it" and by explaining that "we are here to look after you". This showed staff had an understanding of the needs of people living with dementia. The registered manager told us they were proud of the "homely atmosphere" and the care they were providing to three people who were over 100 years old. A community nurse told us, "I have an excellent relationship with staff; they are very caring".

People were asked about their likes and dislikes before they moved to the service. Staff respected people's preferences, remembering, for example, which people liked to sit together at the meal table and how they liked to dress. One person was dressed smartly in a collar and tie, which they (and staff) told us was important to them.

The registered manager was developing people's care plans with the help of family members of people using the service to allow them to capture more information about people's life histories and things that were important to them. We saw an example of one of these which would give staff a greater understanding of how they could meet the person's individual needs consistently.

Comments in care plans showed that people (and their families where appropriate) were continually involved in planning, reviewing and making decisions about the care and support they received. People's preferences, likes and dislikes were recorded in care plans, support was provided in accordance with people's wishes and staff called them by their preferred names. One person told us, "If changes were needed I'd feel free to ask for that, and I know changes would be made".

# Is the service responsive?

## Our findings

Continence assessments were conducted and measures put in place to support people, for example through the use of continence aids. Staff understood the need for a personalised approach to continence and were aware of people's preferred routines, but these were not recorded in people's care plans. This lack of information meant there was a risk that people's individual continence needs would not be met in a consistent way.

This is a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

A mixed range of activities was provided, including music and film shows. We heard people singing along to old songs, which they appeared to enjoy. Arrangements were also made for people to visit local attractions and coffee shops. Where people chose not to engage in group activities, they told us staff sometimes spent time with them on a one-to-one time basis, for example going for a walk, cooking or "just chatting". The provider responded to the hot summer weather by purchasing a large canvas shelter, so people could access the garden without the risk of sun burn. However, activities were arranged on an ad hoc basis and there was no evidence that people had been consulted or involved in planning them. This meant there was a risk they might not have been suitable for people's individual needs.

With the exception of information relating to continence and pressure relieving equipment, other aspects of people's care plans were personalised and gave staff clear information about the way in which each person wished to

be cared for. Staff knew people and their preferred routines well. For example, we saw two sweets on a person's bedside table, which staff told us the person liked them to place there each day.

People were given opportunities to express their views about the service. Meetings with people and their families took place every six months. Minutes from the last meeting, in June 2014, showed issues were discussed relating to the scheduling of staff breaks, the use of the word "darling" by some staff and the maintenance of the building. Prompt action had been taken to address each of these concerns appropriately.

People were able to make choices about how and where they spent their day. For example, two people chose to remain in their rooms, while others spent time in one of the lounges. One person told us they enjoyed walking into the local town where they visited shops. Another person said, "They let me sleep in; I've only just got up; I slept really well". People were able to choose whether they received care from male or female staff member. One person had chosen to have female care staff and they confirmed their decision was respected.

Where people displayed behaviour that challenged others, care plans included detailed information about the background to such behaviour, the triggers and the strategies staff should use to provide effective support. Records confirmed that care and support were provided in a way that met people's individual needs.

People were given information about how to make complaints and told us if they had any concerns they would speak with the registered manager. Complaints received by the service were dealt with in a timely manner and in line with the provider's policy.

# Is the service well-led?

## Our findings

The registered manager told us they, and the deputy manager, frequently covered care shifts themselves to monitor the quality of care delivered. They also conducted a limited range of audits, including care plans, medicines and fire safety procedures. However, the systems in place to monitor the quality of service provided were not always effective. They had not identified and addressed concerns we found, such as infection control risks, lack of information in people's care plans and the failure to support staff appropriately through the use of supervision and appraisal. The registered manager had access to support and advice through contacts within the care sector and the local council. However, they said these had reduced recently and we found no evidence of best practice, for example in relation to suitable environments for people living with dementia, being implemented as a result of these contacts.

This is a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Feedback from people, relatives and staff showed the service had an open culture. The registered manager had an "open door" policy and we saw people and staff regularly approached them with questions or concerns. Staff engaged well with external professionals and welcomed visitors. A comments book was available in the hall and people were encouraged to leave feedback. There was an appropriate whistle-blowing policy in place, which encouraged the reporting of concerns to the management or to external bodies, such as the local safeguarding authority or CQC. Staff told us they felt they would be supported if they ever had to report concerns.

During the course of the inspection, the provider and registered manager responded positively to the concerns identified and showed a willingness to make improvements. For example, immediate action was taken to change the way staff dealt with soiled linen and a hand washing sink was ordered for the laundry.

People were cared for by staff who were motivated and led by an established management team; the service had a

registered manager, who had worked at the service for more than 12 years. One person told us the management and organisation of the service was "pretty good". Staff told us they enjoyed working there and felt supported by management. One staff member said, "We can always discuss concerns with [the registered manager] or [the deputy manager], they're very approachable". Another told us "I feel very valued and very supported; we work really well as a team". A registered manager was always on call in case staff needed advice out of hours.

The provider had a development plan for the current year, which included refurbishments to the building and staff training. The refurbishments included decorating some bedrooms and the dining room. They showed us the colours they had chosen. However, they said these had been their choice and people had not been asked for their views or been involved in any aspects of the re-decoration.

The provider was actively involved in the management of the service and met regularly with the registered manager to discuss progress with the development plan and any concerns they had about the running of the service. The registered manager told us they worked flexible hours to suit the needs of the service and said of the provider "They're as flexible as I am".

Clear internal procedures were in place for the reporting of accidents and incidents. Investigations were prompt and thorough. A file of incidents demonstrated all incidents were reviewed by the registered manager and enabled them to identify any trends. Any learning was identified and passed on to staff, so the likelihood of similar incidents occurring again was reduced.

There were plans in place to deal with foreseeable emergencies. Staff knew what action to take if the fire alarm sounded and had been trained in the use of evacuation equipment, which was in place throughout the building. People had personal evacuation plans to ensure their safety if they had to be evacuated from the building and arrangements had been made to use a local church hall as a place of shelter.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers  People were not protected from the risks of inappropriate or unsafe care as the operation of systems designed to assess and monitor the quality of service provided were not effective. Regulation 10(1)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control  People were not protected from the risks of acquiring health care associated infections as guidance had not been followed. Regulation 12(1)(a)(b)&(c) and 12(2)(a)&(c)(i)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records  People were not protected from the risks of unsafe or inappropriate care arising from a lack of proper information about them. Regulation 20(1)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing  Appropriate steps had not been taken to ensure that, at all times, there were sufficient numbers of staff to safeguard the health, safety and welfare of people. Regulation 22

This section is primarily information for the provider

## Action we have told the provider to take

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

Suitable arrangements had not been made to ensure staff were appropriately supported to deliver care and treatment safely by receiving appropriate training, professional development, supervision and appraisal.  
Regulation 23(1)(a)