

Oxford Care Homes Limited

Fairholme 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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Fairholme House is registered to provide accommodation for up to 22 older people who require personal care. At the time of the inspection there were 22 people living at the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good. However at this inspection the service had improved their rating in responsive to outstanding.

The service was extremely responsive to people's individual needs and preferences and staff worked flexibly and often went the extra mile to ensure people lived as full a life as possible. People's care plans were centred on their wishes and needs and continuously kept under review.

The registered manager and staff went to exceptional lengths to deliver person centred care that recognised people as unique individuals. The involvement of relatives, other organisations and the local community was at the very heart of how activities at Fairholme House were planned to ensure people were stimulated and had their needs met.

The service continued to provide safe care to people. Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place, these included completing checks to make sure new staff were safe to work with vulnerable adults.

Medicines were managed safely and people received the medicines as prescribed. People's care plans contained risk assessments which included risks associated with peoples care. There were sufficient staff to meet people's needs.

People continued to receive effective care from staff who had the skills and knowledge to support them. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to maintain good health.

People continued to benefit from caring relationships with staff. Staff supported people with kindness and compassion. Staff respected people as individuals and treated them with dignity and respect. People were involved in decisions about their care needs and the support they required to meet those needs.

The service continued to be well led by a registered manager and care provider who were open, honest and transparent. The registered manager continually monitored the quality of the service.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Outstanding ☆

The service was very responsive.

Activities were personal to people's requirements, varied and meaningful and promoted social inclusion within the service and wider community.

Staff were considerate and thoughtful about responding to and meeting people's aspirations and wishes.

The registered manager and staff were exceptionally responsive to people's individual needs and ensured people received a personal service.

Is the service well-led?

Good ●

The service remains good.

Fairholme 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 was 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 28 November 2017 and was an unannounced inspection. This inspection was conducted by one inspector.

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. We looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us."

We spoke with seven people, 10 relatives, four care staff, one senior care worker and the registered manager. We looked at seven people's care records, four staff files and medicine administration records. We also looked at a range of records relating to the management of the service.

Is the service safe?

Our findings

The service continued to provide safe care to people. People told us they felt safe. One person we spoke with told us "Everyone is kind and polite, I do feel safe here". A relative said "We are all very happy. We leave here knowing she is looked after and safe".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. One member of staff said "I would raise my concerns with [registered manager] or [provider]. I am confident they would act on anything, however if they didn't then I would be straight on the phone to the safeguarding team at the council".

People's care plans contained risk assessments which included risks associated with; moving and handling, pressure damage, falls and environmental risks. Where risks were identified plans were in place to identify how risks would be managed. For example, one person was at high risk of falls. This person's care record contained guidance for staff to reduce the risk of falls. Staff were aware of this guidance and told us they followed it.

The registered manager monitored incidents and accidents to identify any themes or patterns. This reduced the likelihood of accidents or incidents reoccurring. This demonstrated a culture of learning lessons and a commitment to ensure the safety and welfare of people who used the service.

We observed, and staffing rotas confirmed there were enough staff to meet people's needs. Staff and relatives told us there were enough staff. A relative told us "There always seems to be loads of workers here".

The provider had safe recruitment and selection processes in place. These included completing checks to make sure new staff were safe to work with vulnerable adults. Staff were not able to work at the home until references and disclosure and barring service checks (DBS) had been received. One staff member said "I had to have my DBS back before working alone".

People received their medicines as prescribed. Staff administering medicines checked each person's identity and explained what was happening before giving people their medicine. Medicine records were completed accurately. Medicines were stored securely in a locked cabinet and in line with manufacturer's guidelines. One person told us "They make sure I take my tablets".

People were protected from the risk of infection. The service had Infection control policies and procedures in place. We observed staff following safe infection control practices. One staff member said "We have the right equipment. It important you make sure you have the equipment ready and think about the job at hand. We get training on infection control, I think it is really good".

Is the service effective?

Our findings

The service continued to provide effective care. People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. New staff were supported to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff.

Staff told us they received effective support from the registered manager. Staff completed training which included: infection control, moving and handling, dementia, safeguarding, equality and diversity and Mental Capacity Act.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "We assume a person has capacity until proven otherwise. An unwise decision does not mean someone lacks capacity".

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). The registered manager had a clear understanding of DoLS and the correct procedures for making appropriate referrals to the supervisory body.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example one person's care record gave guidance for staff on how best to support a person with hearing difficulties.

The service worked effectively with external professionals to ensure people were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GP's, district nurses, podiatrists and CHSS (Care Home Support Service). Visits by healthcare professionals, assessments and referrals were all recorded in people's care records.

People's nutritional needs continued to be met. People had sufficient to eat and drink and were offered a choice of two meals on the daily menu. The chef advised us that if people did not like the choices available an alternative would be provided. Care plans gave detailed guidance on people's needs, including their preferences, special dietary needs and any allergies. One person told us, "The only complaint I have about this place is that the food is too good and I'm getting bigger".

The home was decorated to meet the needs and preferences of the people living there. Communal areas of the home were decorated with art work which people had created. There was appropriate space for people to relax alone or come together as a group. People had free access throughout the home and were able to

have visitors whenever they wished.

Is the service caring?

Our findings

People continued to benefit from caring relationships with staff. People's comments included; "The staff here are very kind", "Oh they do look after you here" and "Everyone is so kind and polite". A relative said, "They care here, really care, and that's what sets this place aside from others".

Staff we spoke with described how the caring culture of the service was supported by the provider and the registered manager. One staff member said "The caring ethos of Fairholme is driven from the top".

People were involved in their care. Care plans demonstrated that people were involved in developing their care plans. A relative told us "They are always involving mum and us and how she would like things to be done".

People were treated with dignity and respect. When staff spoke about people with us they were respectful and they displayed genuine affection. Language used in care plans was respectful. People told us they were treated with dignity and respect. One person told us "I have no concerns with the way they look after me".

We observed that all staff on duty knew people who lived in the home well and were able to communicate with people and meet their needs in the way each person wanted. We saw staff were patient with people, and took time to check that people heard and understood what they were saying. Important information relating to different aspects of care provided by the home was available in accessible formats within communal areas.

People were supported to remain independent. One staff member described how they had recently supported a person to maintain their independence in carrying out personal care tasks for themselves. The staff member told us "We must encourage independence. Independence affects people's morale".

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff. Care plans and other personal records were stored securely.

Is the service responsive?

Our findings

The service was extremely responsive to people's individual needs and preferences and staff worked flexibly and often went the extra mile to ensure people lived as full a life as possible. People's care plans were centred on their wishes and needs and continuously kept under review. One relative said, "The staff are very good and responsive to mums needs, wants and wishes. There is always something good going on. We honestly believe mums quality of life has improved since she has been here".

The service was extremely responsive to people's individual needs and preferences and staff worked flexibly to ensure people lived as full a life as possible. Two relatives described how the service had gone the extra mile to ensure a person could attend a family wedding. One of the relatives told us. "Mum is slowly getting worse and it was touch and go to see if she was well enough to attend my daughter's wedding. But with the support of [registered manager] and staff at the home we made it happen. [Registered manager] not only helped to get mum there but she stayed and supported her throughout the day. Mum's not great in crowds, I will never forget her looking up and grinning at me. When the groom arrived mum gave us the thumbs up, it was brilliant. Since that day it is all mum has spoken about and it's clear it has done her good. [Registered manager] and the team are brilliant. All my daughter wanted was a special photo of the day. She got it, it's all she wanted, it's all mum wanted and it's all I wanted. The staff at Fairholme made it happen. Everyone in that home is recognised as an individual who are part of the bigger family which is Fairholme House". Another relative told us "What Fairholme House did made the world to us all. They were truly amazing. The thought of her not being there was awful. But they went above and beyond anything we expected and made it happen".

The activities co-ordinator discovered that one person had an art for painting that the person themselves was not aware of. As a result Fairholme House sourced materials to support the person to develop their skill. This person's art work was now displayed within the home. We spoke with this person's relative who described the impact on the person of this new skill, they told us "I never thought I would have seen a picture of hers hung up. She's usually very quiet and will not instigate a conversation, but she always points to her picture and says, 'I did that'. We have noticed an improvement in her well-being, it's been phenomenal".

People's care plans were centred on their wishes and needs and continuously kept under review. The registered manager and staff were exceptionally responsive to people's individual needs and ensured people received a personal service. For example, one person was quite content in staying in their room and very rarely engaged in activities. The person's room was adorned with pictures of Elvis Presley. On the person's Birthday the registered manager persuaded the person to come downstairs for a celebratory cup of tea and cake. However, the registered manager and staff had worked closely with the person's family to arrange a big surprise party. During the party and unbeknown to the person an Elvis Presley impersonator arrived and carried out an individual performance for the person. This person told us "It was fantastic, wonderful, really, really wonderful. Simply marvellous, really super. He certainly lifted my spirits that day". We spoke with this person's relative who told us "I cannot put into words how fantastic [registered manager] is and how she goes above and beyond her duties most days. Last March [registered manager] organised an

Elvis impersonator to go in and sing to Mum on her 83rd Birthday to know this was all happening was truly wonderful. All of the residents and staff got involved and it was fantastic. Mum was ecstatic as it was a well organised surprise and a day I think we will all remember. The personal touch at Fairholme House is second to none. The staff are fabulous and the care and friendship that Mum gets is wonderful".

The home arranged for people to visit a local farm. However, over time the participation of these outings had reduced due to people's changing mobility needs. As a result the activities coordinator arranged to bring the farm to the home. One person who had in the past been a regular attender of the farm outings had recently become unwell and wanted to spend time in their room in bed. The person had previously enjoyed spending time with the donkeys and horses on the farm. On the day of the farm visit the person was too unwell to come downstairs to see the animals. As a result the registered manager and activity's coordinator arranged for a donkey to visit the person in the comfort of their own room. We saw pictures of this person clearly enjoying time with the donkey. We spoke with this person's relative who told us "For me it was just another example of how they, on a daily basis go above and beyond what is expected. Mum was having a bad time, so they made sure they got that donkey up to her. What was amazing was that the next day, she was up and about and back to her usual self again. It lifted her spirits for days and days afterwards. It was a unique individual thing that really had a positive effect on her well-being".

The involvement of relatives, other organisations and the local community was integral to how activities at Fairholme House were planned to ensure people were stimulated and had their needs met. For example, relatives had become aware of the positive impact that some care homes had experienced nationally as a result of working closely with local schools and nursery's. Relatives brought this to the attention of the registered manager who was also aware of this. As a result the registered manager contacted a local nursery and arranged for an initial visit to take place. Without exception every relative we spoke with were extremely positive about the impact this had had on people at Fairholme house. One relative told us "The impact that this has had on mum has been amazing, with her illness she has gradually deteriorated over time, interactions with ourselves and others have become less and less. But when the children visit and enter the room her face lights up and she is all smiles. She becomes a different person. She becomes alive again. Mum has difficulty getting about, she uses a walker and even this is becoming more and more difficult to use. One day whilst the children were in she went to stand up without the aid and I swear if I hadn't of stopped her she would have been up and off across the room to see them. Mum is becoming less and less able and it has been difficult to stimulate her, but this has not stopped Fairholme, for instance they have also introduced music therapy, she still only sits and watches, but the difference is she is alert and always has a big smile on her face. Everything they have done and tried with mum so far has been truly amazing".

Another relative told us of the positive impact that this had on people. They said "I have been to three of four now and mum is always sleepy to start with, but when the children arrive she's wide awake, focussed and says things she would have said to her own grandchildren. Like you're a cheeky looking one. Last week the home arranged for the children to come in and do a nativity play. We spent all week wrapping up presents for the children. They watched them opening them. Well the residents were all over the place with excitement, you could see it bringing back good memories. Even people who are usually less able were thrilled with excitement".

Staff were considerate and thoughtful about responding to and meeting people's and their relatives aspirations and wishes. For example, Fairholme house worked in partnership with a local museum to deliver and stage themed reminiscence events at the home. One event which was themed 'Our Family Holidays' included 'Punch & Judy photo board', pictures of people enjoying historical family holidays'. People and their relatives helped to direct a short animation film on the holiday theme. At the end of the session people were treated to an ice cream from a traditional ice cream van that arrived on the grounds of

Fairholme House playing its music. One relative described the positive impact that this had on people, they said "The thing that impressed me the most, is that they took so much time to prepare for the theme. They asked us to dig out old family photos. We found some pictures of her and her brother in the 1950's. They made mum and the others feel it was all about them. It appeared to make them go back to their usual selves. It's absolutely amazing to see, it's individualised, well planned and significant to people. It is truly a labour of love".

People's diverse needs were respected. Discussion with the registered manager and staff demonstrated that the service respected people's individual needs. The registered manager told us "I am always reminding staff that it is important to spend time exploring people's cultural needs and spiritual needs. It's about being person centred in everything we do. We must discuss people's backgrounds and social needs, this helps us to support people as individuals. We never judge on attitude or appearance". A staff member said "Everyone here is unique. Everyone's needs, wants, likes and dislikes are what makes us, us. Take this away and we are failing to recognise someone as an individual".

The provider's equality policy covered all aspects of diversity including ethnic background, language, culture, faith, gender, age, sexual orientation or any other aspect that could result in people being discriminated against. Records showed staff had received training in equal opportunities and diversity.

The service was responsive to people's changing needs. For example, we saw evidence of how the service had responded to changing needs in relation to a person's mobility. The service referred the person to CHSS. As a result additional walking aids were supplied to this person to support them further with their mobility needs. The impact of this was that the person's quality of life improved.

People knew how to raise concerns and were confident action would be taken. One relative we spoke with told us, "[Registered manager] and [provider] don't hide anything here. I have raised minor things in the past and they have dealt with it immediately". Systems were in place to record and investigate complaints. Records showed there had been two complaints since our last inspection. Complaints had been dealt with in line with the provider's policy. People's opinions were sought through regular surveys. We saw the results of the last survey which were very positive.

Staff received training around end of life care. Where people were receiving end of life support, records confirmed people had been referred to their G.P and district nurse and had been prescribed appropriate medicines to alleviate any pain or distress. People's care records included end of life care which detailed the support they required in relation to nutrition, breathing, pain, oral care and tissue viability care.

Is the service well-led?

Our findings

The service continued to be well-led. There was a registered manager in post. 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.

People were positive about the home and the registered manager. One person told us "[Registered manager] is lovely, her whole attitude is amazing, whether it's organising nice things for us to do or just taking the time to sit and chat with us". A relative said, "Management are absolutely great. Even [provider] gets involved in things. He's not scared of getting his hands dirty. They are fantastic".

Staff told us the home was well-led, open and honest. One staff member told us "[Registered manager] is a good communicator, she works really hard and is a team player, who sets a good example to us all". Throughout our inspection we observed that both the registered manager and provider were involved in the day to day running of the service. Staff said they felt informed and fully involved in contributing towards the development of the service.

Arrangements were in place to formally assess, review and monitor the quality of care. This included regular audits of the environment, health and safety, medicines management and care provided. This demonstrated a commitment by the registered manager to develop and enhance the performances of staff and systems, to help drive improvements in service provision.

There was a whistleblowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistleblowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.