

Farrington Care Homes Limited

The Fairways

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 9 and 11 May 2017 and the first day was unannounced. We had previously carried out a comprehensive inspection in March 2015 and carried out a focused short inspection in October 2015. The service was previously rated Good following on from the focused inspection.

At the last focused short inspection in October 2015 we saw improvements had been made to the service but we wanted to see that these improvements and checks continued to ensure the service was managed well. The registered manager continues to work hard to make improvements. However, we found areas requiring attention. They were aware of areas that needed to be improved in the service and were receptive to the findings of the inspection.

The Fairways provides accommodation to older people, some of whom were living with dementia. There were 19 people using the service at the time of this inspection.

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.

The registered manager had been in post for approximately 18 months and had worked in the service as head of care since 2012.

There were systems in place to check the fire procedures and that equipment protected people in the event of a fire. However, it was identified that nine fire doors did not fully close on the first day of the inspection and the checks carried out had not picked this up as an issue. Therefore, this placed people at risk of harm. Work was carried out during and after the inspection to fix the doors, however, we contacted the London Fire and Emergency Planning Authority (LFEPA) so that they could assess the service's fire safety.

Although there was some improvements being made to the flooring of the service the windows needed attention. Consideration had not been given to make the environment more dementia friendly.

People's care records included people's needs and preferences. We saw information had been reviewed, although not in April 2017, but these reviews had not picked up that some of the information within the care records was inconsistent and contradictory.

We found some records were incomplete and were not available to view, such as the minutes from a meeting.

Staff received support through daily handover meetings and team meetings. However, they had not all had regular one to one supervision meetings and had not received an annual appraisal of their work. The

registered manager told us they had also not received a one to one supervision meeting for a long time and had not had an annual appraisal of their work.

Some activities were provided by the care staff as there was no activities co-ordinator. On the first day of the inspection there was no activity schedule to inform people of what was occurring each day and to help staff know what to provide. Staff had not received training on providing activities for older people, some of whom were living with dementia. Therefore, we saw no evidence that activities met people's needs and individual preferences.

Although there were checks and audits in place, these had not picked up on the issues found during this inspection. Where issues had been identified there were no timescales for when to address the problems.

Feedback from people using the service, staff we spoke with and the social care professional was positive about the registered manager. However, we were informed that the provider rarely visited the service and that the registered manager needed more support.

Staff received training on safeguarding adults from abuse and there were policies and procedures in place. We saw evidence in the policies and in staff meeting minutes that staff were reminded to report any concerns to the registered manager and to the local authority and to CQC.

Regular training on various topics relating to care and refresher training had been arranged to support staff in their roles.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the systems in the service supported this practice.

Recruitment checks were carried out to make sure staff were suitable to work with people using the service.

People received the medicines they needed safely.

People had access to the health care services they needed and their nutritional needs were being met.

There was a complaints procedure available and the majority of people were able to raise a complaint if they had one. People also had friends and relatives who could represent their views and share concerns if necessary.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

Several fire doors did not fully close at the time of the inspection. This had not been identified as an issue and therefore risk assessments were not in place at the time of the inspection.

Risk assessments were in place for identified areas of risk to minimise them.

Servicing of the premises and equipment took place.

People were supported by staff who were recruited in a safe way.

There were enough staff to keep people safe.

People received their medicines as prescribed and in a safe way.

Requires Improvement ●

Is the service effective?

Some aspects of the service were not effective.

Some staff, including the registered manager, did not receive regular one to one supervision or an annual appraisal of their work.

The building needed attention to ensure it was safe and welcoming. Consideration had not been given to ensure the environment and décor was suitable for people living with dementia.

The registered manager had taken appropriate action to ensure they followed guidance in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They had made applications to the local authority to ensure they followed the legislation.

People's nutritional needs were being met. People could choose the meals they wanted to eat.

People's health needs were being met and staff supported people to ensure they saw the relevant healthcare professional.

Requires Improvement ●

Is the service caring?

Good 

The service was caring.

People were supported to make daily choices.

Generally, staff respected people's choices and treated them with dignity and respect.

Staff had a good understanding of the individual care and support people needed and provided this in a gentle and calm manner.

Is the service responsive?

Requires Improvement 

Some aspects of the service were not responsive.

Some information in people's care records was found to be out of date or inaccurate and needed reviewing.

Activities were organised but some of these were not meaningful for people and there was no activities coordinator available to ensure activities took place throughout the day and met people's individual needs.

People had the opportunity to give feedback on the service and their views were listened to.

There was a complaints policy and procedure in place so that people could be assured their concerns would be acted on.

Is the service well-led?

Requires Improvement 

Some aspects of the service were not well led.

Records relating to care and people using the service did not always provide an accurate and complete picture of their support needs.

Although there were systems in place to check various areas of the service, some of the regular audits had not identified aspects of the service requiring improvement and action had not always been taken to address issues.

Feedback on the registered manager was positive and they were approachable and keen to make improvements to the service.

The Fairways

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.

This was a comprehensive inspection which took place on 9 and 11 May 2017 and the first day was unannounced.

Before the inspection we reviewed the information we held about the service. This included the last inspection report, statutory notifications about incidents and events affecting people using the service.

The inspection was carried out by an inspector and on the first day an inspection manager also attended. An expert by experience assisted on the first day of the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert on this inspection had experience of supporting older people to access and use health and social care services, including services for people living with dementia.

Also at the inspection we spoke with seven people using the service, five relatives, a volunteer, a social care professional, the registered manager, three care workers, the cook and a housekeeper.

We reviewed the care records for three people using the service, including their support plans and risk assessments and two people's medicines management records. We also reviewed three staff recruitment files and records related to the running of the service. These included maintenance records, checks and audits carried out to monitor quality in the service and make improvements.

Is the service safe?

Our findings

We carried out a tour of the building with the registered manager and found two bedroom doors which did not automatically fully close. This meant if there was a fire people might not have been protected and kept safe. During the inspection the maintenance staff member checked all the doors and we were informed that nine doors were identified as not closing properly. The registered manager confirmed that these were checked each week along with the monthly health and safety check, but staff had not noted that there were any issues with the doors since the last check. We contacted the London Fire and Emergency Planning Authority (LFEPA) who confirmed they would visit the service to assess fire safety. Following on from the inspection the registered manager confirmed all but one of the doors had been fixed and that they would carry out a risk assessment regarding the bedroom door that still needed to be fixed.

Windows were equipped with restricting devices to prevent people from climbing or falling from these. However, in one bedroom, which had a door leading out onto a balcony, although the door was locked, there was the opportunity for a person to potentially climb out of the window. The registered manager completed a risk assessment, during the inspection, on the person's needs.

We also saw that people's personal emergency evacuation plans (PEEPS) had not been reviewed since January 2016. Shortly after the inspection the registered manager confirmed to us that they had reviewed all of these for the people living in the service.

A downstairs shower room which had been fitted a few years earlier had no door on it and building material was stored in this room. People could have accessed this room as there was just tape across the doorway at the start of the inspection. Once we drew the potential safety issue to the registered manager's attention, the door was put back on this room and was not in use until the flooring was replaced.

The above relates to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We viewed the staff rota and at the time of the inspection in the morning four staff worked and three in the afternoon. Two staff worked at night. We asked people using the service and staff about staffing levels. One person told us, "The staff are under pressure. There are a lot of people awake at night and they only have two people (staff) working." Staff gave mixed feedback with some saying there were enough staff working on a shift and one staff member said "I will always help out." A second staff member told us, "People's needs are different on different days." However, two staff members stated that more staff were needed at night. Although they not give us examples of why extra staff were needed. We fed this back to the registered manager who confirmed that staff working at night had not raised any concerns to them and that after checking the sleep pattern forms that night staff complete, there was no indication that people were awake at night. The registered manager told us that seven people required some level of assistance to use the toilet at night by one staff member, with one person requiring two staff members to help them mobilise. They said they would obtain feedback from staff about staffing levels and review the levels depending on the feedback and any changes to people's needs.

We asked people if they felt safe living in the service. One person said they felt safe living in the service and they had never had a fall. They told us that staff were careful about falls because, "If someone does fall an ambulance has to be called."

Staff we spoke with were aware of what to do if a person using the service was at risk of harm. One staff member told us they needed to keep "vulnerable people safe." Staff knew to report concerns to the registered manager and if no action was taken they could contact the local authority or the Care Quality Commission (CQC). Training records and staff confirmed they received training on safeguarding adults. There was an appropriate procedure for safeguarding people.

There was information on display in the service about abuse and how to report this. The registered manager kept records of safeguarding alerts and how these had been investigated and acted upon, although the records did not make it clear which concerns had been upheld or dismissed. The registered manager confirmed they would make this clearer on the records. They had worked with the local safeguarding authority and notified all relevant agencies when concerns had been raised.

The risks to people's safety had been assessed and there were plans for staff to help keep people safe. For example, the risks for people when moving safely around the service, those associated with their health and falls were recorded. These were reviewed each month, although had not been checked in April 2017. The registered manager confirmed that three staff had been enrolled to attend the training on falls prevention as there was a falls project in the local authority which was supporting staff to help people with their mobility.

The provider employed a maintenance worker who made checks on the environment and carried out repairs. There were regular and appropriate checks by external companies on gas, fire and electrical safety. The staff took part in fire safety training and practice fire drills.

Incidents and accidents were recorded. We saw that the registered manager had seen these documents and noted any action taken.

The registered manager informed us of the difficulties in recruiting for a deputy manager to support them in their role. They also confirmed that they would like another senior staff member to work in the service but so far had not recruited to that post. Recently one of the cooks left their post therefore this vacancy also needed to be filled.

We looked at the recruitment practices in the service. The three staff files we checked contained the majority of information, such as disclosure and barring service check (DBS), proof of address and employment history. There were gaps in employment on all of the application forms we viewed, two members of staff explained the reason for this during the inspection and one staff member informed the registered manager shortly after the inspection. References had been obtained and these had been verified to ensure they were genuine. The registered manager did not test applicants' literacy or reading skills as part of the recruitment process and there was no evidence of the interview questions and the applicant's responses. We spoke with the registered manager about this and they confirmed they would ensure this formed part of the recruitment procedure in the future.

We checked how medicines were administered, stored and recorded to ensure people safely received their medicines. Staff received training on medicines before they carried out this task unsupervised. There was a list of staff signatures and the medicine trolley was cleaned every month. We checked the medicines for three people. We initially found a medicine error, with two tablets missing for one person. However, on the second day of the inspection the senior staff member confirmed these had been found elsewhere in the

trolley. On another person's medicine administration records (MARS), where they were prescribed one or two tablets depending on their needs, staff had made this clear but it was hard to see the staff signature and if they had administered one or two tablets. The registered manager confirmed they would look at where else staff could record the exact amount they had given to the person. This would also help when auditing the medicines. A full check on medicines took place after the first day of the inspection and the senior staff member stated no errors were identified.

We were told no-one currently looked after their own medicines and there were no medicines given hidden in food. Any known allergies were noted along with their GP details. Particular medicines that required two staff members to count and sign when they had been administered had been done so correctly.

Is the service effective?

Our findings

At the time of the inspection new flooring was being laid in various rooms. However, as noted at the previous Care Quality Commission (CQC) inspection and during a local authority monitoring visit in 2016, some of the windows were in decay and needed replacing. The paintwork at the front of the building was flaking in places. There was no definite date for when this work would start to improve the outside of the building. Shortly after the inspection we were informed that the windows would be replaced by August 2017.

In one person's bedroom some of their windows did not open. We saw one window that did open needed to be propped open with something as the cord sash needed fixing. The person confirmed to us that they liked to have fresh air and that the windows had been a problem for a while. The registered manager informed us that this window would be checked by the maintenance person and fixed.

A bedroom that had previously shown signs of damp on the walls which had been treated and painted but the wallpaper was raised and bubbling in places where there had been damp.

The building did not take into account the needs of the people living with dementia. Toilets and bathrooms were not identified by a different colour and some of the bedroom doors did not have any prompts for people to recognise their bedrooms, such as a photograph of themselves or something that would remind the person that it was their room.

The garden was large and there were few flowers or sensory areas for people to smell and touch different plants. We saw no evidence that people were encouraged to do any gardening tasks as this was not on the activity schedule. One person did sit in the garden on the first day of the inspection. People told us, "You can go out there (the garden) if you get permission. You can't just walk out there, but I can go through the door." Another person described how "I don't like going out there (the garden). It's dangerous." They explained this was due to the concrete. We saw there was an area of uneven stones. We were informed that the door to the garden from the dining area was alarmed and the registered manager explained this was so they always knew if someone tried to exit. However, we observed people opening the door independently and the alarm did not sound, which conflicted with what we had been told.

There was another building in the garden which had a large room which could have been used for activities, or as a quiet room for people. However, the registered manager informed us that the door to the toilet was too heavy to easily open for people living in the service and staff if they needed to assist them to access this. Therefore, we were told this building was not accessed by people living in the service. We were not told of any plans to look into re-assessing the toilet door in this separate building to see if any adjustments could be made so that people could then have used this additional space.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff records showed that for some staff they had not received regular one to one supervision with the

registered manager. One staff member had been new to care work when they joined the staff team earlier in 2017 but they had not yet received a recorded one to one meeting to see how they were settling into the new role. On the two additional files that we checked one staff member had a recorded supervision session in February 2016 and the other staff member received supervision in September 2015. There had previously been a supervision planner in place, so that the registered manager could plan the year ahead and book staff in for these types of meetings, but there was not one developed for 2017.

The registered manager confirmed that they had not managed to provide these one to one meetings for staff and they also told us that they had not received a one to one supervision session since approximately 2015. They confirmed staff, including themselves, had not received an annual appraisal of their work. Therefore there was no evidence that staff, including the registered manager, had the chance to seek individual support, guidance and gain feedback on their work.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked staff about the support and training they received. Staff gave consistent feedback in terms of having a wide range of training, such as moving and handling, epilepsy awareness and dementia awareness. Their comments included, "I do all the training sessions," "lots of training" and "All training had been done." Training records confirmed staff were given the opportunity to receive training on various subjects.

Staff were also supported to study a national care qualification and the registered manager confirmed that new staff, if they held no formal care qualification, completed the Care Certificate, which were a set of introductory standards that health and social care workers adhere to in their daily working life to provide compassionate, safe and high quality care and support. New staff had not yet gained this certificate but we were told they were working through these standards.

We saw evidence of the in-house induction for new staff and the registered manager confirmed new staff spent time shadowing experienced staff to learn about the work.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications had been sent to the relevant local authority responsible for authorising a deprivation of a person's liberty in order to keep them safe. We were told no-one had any additional restrictions placed on them. The registered manager kept a record of who was on a DoLS and when it expired so that they knew when this needed to be applied for again.

There was some information in people's records regarding if they could make decisions for themselves and where they needed assistance. We spoke with the registered manager about making it clearer in people's care records if they were on a DoLS and if there were any specific capacity issues that staff would need to be made aware of. The registered manager confirmed they would review how this information was recorded and update records where necessary.

Staff received training on MCA and DoLS and were able to give us examples of how they supported people to make choices. Staff told us, "Don't make decisions for people," "Encourage people to make decisions by offering choices" and "Talk with people calmly and explain the choices."

We asked people about their views on the meal provision. People told us, "I'm very happy to eat whatever is

on the menu. It's not rubbish. It's not top of the world stuff, but I like it," "It's soft food. Some of it's tasty. It's sometimes hot, sometimes not. They know who eats what and they keep records" and "We have too much food I think. It is very good. The food is beautiful." One person described how they liked to have porridge for breakfast but this was not offered on the menu. However, when they had asked for it this had been provided.

We met with the cook who confirmed there was a rolling menu which included the meals people appeared to eat and enjoy. They could tell us who was on special diets if they had diabetes and knew people's individual preferences. We were told that each day the care staff checked with people about what they wanted to eat but that people could also change their minds and have an alternative if they wanted this.

We saw staff noted what people had eaten and drunk each day and people were offered drinks throughout the day. We saw that the minimum ideal amount of fluid to drink each day was not recorded on the form staff used to record fluids and the registered manager confirmed this would be reviewed to ensure care staff knew the amount people should ideally drink in a day.

People's health needs were met and they saw a range of healthcare professionals as and when necessary. One relative told us, "There was a trip to the hospital once when (person using the service) legs swelled and they didn't get back until the early hours of the next morning but the home sent a text to say they were ok." Another relative explained that "Someone is coming to do a new hearing aid for (person using the service) as they lost the last one." During the inspection we also saw the podiatrist visit the service. Records were kept of health appointments so that staff could monitor any changes. People were also weighed on a regular basis so that any issues were picked up and referrals made if this was deemed necessary.

Is the service caring?

Our findings

Feedback on the staff was positive. People comments included, "The staff are all kind. They're very kind people. If I need to know anything I ask and they tell me," "The staff are very good. They're very caring," "They're very good on the whole, the staff" and "It's alright living here."

One person explained that they prefer to stay upstairs in their bedroom as everyone else is older than they are. They said they can get claustrophobic so they liked to keep the door open but staff still knock before they enter. We asked if they can get up and go to bed at the times they choose. They confirmed they went to bed when they wanted to and told us, "Yes, there were people watching TV at midnight the other night. They're very good like that."

Two relatives described how when they visit the service, "They feel welcomed and that they were always offered tea and coffee by the staff on arrival."

In general people were cared for by kind and gentle staff. However, we observed that they sometimes talked about people in front of them in the third person and would on occasion be indiscrete in calling out across the room or along a corridor to a member of staff.

Staff supported people well if they were talking with them and becoming inappropriate in the language they used. We saw staff divert a person away from some of the topics they were talking about and tried to get them to talk about other things. This was done in a professional and patient way.

We asked staff for examples of how they ensured people's dignity and privacy was respected. One staff member could not answer this, however other staff told us, "When families visit, I close the doors so that they can talk in private," "Close the curtains and doors when giving personal care to people" and "People need to be well dressed when they go out."

We observed staff checked on people during the inspection and explained tasks to people, such as if they were happy to meet with a professional in their bedrooms. We saw staff sat with people and talked with them.

During the lunchtime period we saw the cook chatting with people and staff checked to see if people had finished with their meals.

Bedrooms were personalised with people's possessions and we saw several rooms that were homely and reflected people's lives.

People's preferences and routines were recorded in their care plans, including their preferred term of address, any preferences for the gender of the staff providing personal care and preferred retiring times.

There were some details recorded in care records of people's life histories with information about their

previous employment and their family.

Where people had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) document, we saw the original document was signed by the GP and this was reviewed on a yearly basis or sooner if needed.

Is the service responsive?

Our findings

We found some inconsistent and conflicting information in the care records we viewed. On one person's file we read that district nurses visited twice a week and then in another document it stated they came three times a week. Their bath/shower record had not been completed since February 2017. The registered manager explained due to their current needs they were having a wash but not a bath or shower. However, the records did not state this. On another person's file it was recorded that they had their own teeth, whereas on a different document it then said to soak the person's dentures. On a third person's records it was recorded that they needed two staff to assist them to receive personal care, as they could become agitated or distressed. However, the registered manager informed us that since the person had moved to the service they had settled in well and did not require two staff to help them with personal care. Therefore the person's records did not reflect their current needs.

In some care records the term "suffering with dementia" was used to describe a person who was living with dementia. We spoke with the registered manager about the appropriate terms used to describe a person's needs and conditions that were in a positive but informative way.

The reviews of peoples' care records had not identified the inaccurate information that we found. We fed this back to the registered manager who currently was the main person who wrote the care records and they confirmed they would review the information recorded.

The majority of people were assessed prior to moving into the service. We saw on one person's file that the registered manager had received information from the local authority but had not been able to fully assess the person as they were admitted as an emergency. The pre-admission assessment considered people's needs but did not ask questions around if the person had capacity to make daily decisions, if they needed any restrictions to keep them safe and did not look at if they had any particular end of life wishes. The registered manager told us they would re-look at this assessment to include more questions on these areas of a person's life.

The above paragraphs demonstrate a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care records gave staff information about people's needs and outlined some of their routines, such as preferred times for going to bed. There was limited information about whether the person and/or their relatives had been involved in the development of their care plan and reviews. We talked with the registered manager about recording if people had contributed to their care plan and if they had the ability to agree to its contents. They confirmed they would look at ways to evidence people's contribution.

We asked people and their relatives for feedback on activities in the service. One person told us, "We can have communion. A father comes once a month, there's a list of dates in the hall. A visitor comes with her music and sets it all up and another visitor plays the organ which can imitate a Hammond organ like you used to get at the cinema." Another person confirmed, "I sit and talk to a friend I've made. They have people

come in singing and talking to us which I find interesting. We go out in the garden when it's nice."

However, our observations showed that some of the time people looked bored. Many people were facing each other sitting around a room with little interaction. Some people, through completing satisfaction surveys, had mentioned the lack of activities and that there needed to be more. We saw after lunch on the first day of the inspection loud music being played and a ball being thrown around the room for people to catch. There was no indication that staff had considered if this activity was meaningful for people or what the purpose was. There was no activity schedule for the week and so staff would decide each day what to provide. We fed this back to the registered manager who by the second day of the inspection had produced an activity plan for each day.

There was no designated activities co-ordinator and so care staff were allocated to be in charge of providing activities. This could lead to care staff not always being able to provide activities, if they were needed to carry out caring duties. Training records did not evidence that care staff had received any information and training on providing appropriate activities that would be suitable for people living with dementia.

This demonstrates a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A volunteer visited the service every week. We saw positive interactions between them and people using the service. They described themselves as "More of a befriender than an advocate." They showed a good understanding of people's needs and spent time talking with people.

An external entertainer visited the service on the second day of the inspection. They played music for people to listen to in the communal lounge. The registered manager said that on occasions people were taken out for a drink or to a community event but this was not on a regular basis. They were planning to arrange a trip out for a group of people soon. Social events took place such as birthday celebrations where the person had a birthday cake and snacks for them and their relatives.

People spoke about giving feedback about the service. One person told us, "Now and again we have meetings but not regular meetings. We had one the other day about the food. We complained that the mashed potato is too runny. It goes through the prongs on your fork."

The registered manager confirmed they met people both in a group and on a one to one basis to gain their views on the service. We saw the minutes from the most recent meeting. We saw from these minutes that where people asked questions the registered manager responded to people so that they could be reassured. For example, one person asked when they were going to have new carpet and were told this would be done at the weekend.

People and their relatives also completed satisfaction surveys as a way to give feedback on the service. Compliments were also received about the service and we saw feedback from one relative stating "Their relative was looked after in a professional way." Another relative said the staff were, "considerate and kind."

Some people using the service knew who the registered manager was and confirmed they would talk with them if they had a concern. There was a complaints policy and procedure available in the main hall of the service. The registered manager told us there was not an easy read or pictorial version. They confirmed this would be looked into and introduced for those people who might respond more to a simpler format and/or pictures. There was a complaints log in place for the registered manager to check on how complaints were responded to. We saw there were no outstanding complaints.

Is the service well-led?

Our findings

At the last focused short inspection in October 2015 we saw improvements had been made to the service but we wanted to see that these improvements and checks continued to ensure the service was managed well. The registered manager continued to work hard to make improvements. They were aware of areas that needed to be improved in the service and were receptive to the findings of the inspection. Where possible, they were quick to make adjustments and improvements during the inspection. However, we found areas that needed attention.

We checked audits and records during the inspection. There was a range of audits in place. However, we found some had not been formally recorded. For example, the registered manager confirmed they observed and checked staff carrying out medicine tasks to look at their ability to carry out this task appropriately. However, this had not been recorded. The registered manager also said they did a spot check on medicines and we were told these checks had been documented but we did not see evidence of these particular audits. This made it difficult to enable anyone else to see what the registered manager had found and if any issues were identified and addressed. During the inspection the registered manager developed a medicine audit form for them to use.

Other records had not been written up to view. For example, the registered manager confirmed that there had been an important meeting with a staff member. However, there was no record of the discussions available to view to know what decisions were made and if there were any actions taken following on from the meeting. We were told notes had been taken but had not been formally written up or typed.

There was a care plan audit, however this had not been completed in April 2017 and the previous check had not identified that some information was inconsistent and inaccurate in people's care records. There was no record that daily notes were checked as part of this audit.

The service had a new call bell system so that call times could be monitored to ensure people were not waiting an excessive amount of time for assistance. However, this system had not been used to carry out such checks.

We saw a summary of the responses received from the completed satisfaction surveys but no action plan. The registered manager confirmed they would ensure they developed one so that it was clear where improvements had been made.

The provider visited the service on the first day of the inspection. We saw no evidence of any monitoring report from their visits and so we were not able to see if they carried out an assessment of what was working well in the service and what areas needed to be improved.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Audits that we saw included, checks on staff member's files to ensure all the necessary information was on file. There was a monthly infection control audit which was up to date and health and safety checks took place.

People we asked said they knew who the registered manager was and that they found them to be "approachable". One person told us, "I have a good relationship with the manager."

A social care professional confirmed that the registered manager was "responsive" and that the person they visited had improved since living in the service.

We asked staff for their views about the registered manager and how the service was managed. Feedback included, that the service was, "Very well led," "I have always had good relationship with the manager" and "We can call on her at home. The manager will always help us." Some staff identified that the service would benefit if a deputy manager was recruited. One staff member told us, "there needs to be more time for the management, we need a qualified deputy manager." They went on to say the registered manager did not take much time off work. They told us more money was needed to be invested in the service. Another staff member said they had not seen the providers in a long time.

As highlighted earlier in the report, the registered manager did not receive regular formal support but completed training the care staff received and ensured they kept up to date with current good practice by meeting other managers of care services via the support of the local authority and Skills for Care. This is a social care organisation offering support and guidance to services. The registered manager did not regularly meet with the other two managers from the two London care services owned by the provider that were located near to the Fairways. However, they told us that they did contact them as and when needed to.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person had not taken proper steps to ensure that each service user received care that was appropriate, met their needs and reflected their preferences.</p> <p>Regulation 9 (1)(a)(b)(c)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment had not been provided in a safe way for service users. The risks to the health and safety of service users receiving the care had not been carried out.</p> <p>Regulation 12(1)(2)(a)</p> <p>The service provider had not ensured that the premises were safe to use for their intended purpose and used in a safe way.</p> <p>Regulation 12(2)(d)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The service provider had not ensured that the premises was suitable for the purpose for which they are being used and were not properly maintained.</p>

Regulation 15 (1)(b)(c)(e)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

The registered person had not ensured that there was an accurate and complete record in respect of each service user.

Regulation 17(2)(c)

The systems and processes in place were not effective as they had not enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and improve the quality of the services provided.

Regulation 17(2)(a)(b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Steps had not been taken to ensure that persons employed by the service provider received appropriate support, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Regulation 18 (2)