J.T. Care Homes Limited

Fairmont Residential Home

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 15 June 2017. We last inspected Fairmont Residential Home in May 2015. At the inspection in 2015 we found the service was not meeting all the regulations that we assessed and we asked the provider to take action to make improvements. These were in relation to safety and suitability of premises and the home not having suitable arrangements in place to ensure that safety processes and systems were always adhered to in line with the homes statutory responsibilities. The service as a consequence was rated as Requires Improvement overall and for the domains of 'safe', 'effective', 'responsive' and 'well-led'.

We issued two requirement notices and asked the registered provider to tell us how they were going to make the improvements required. At this inspection we found that the registered provider and registered manager had made the changes and improvements needed to meet the requirement notices from the previous inspection.

Fairmont Residential Home is located in the district of Fulwood, Preston. The home is a purpose built three storey residence that provides personal care and accommodation for adults with physical disability, mental health needs as well as people loving with dementia and/or associated social care needs. The home is registered for 23 people and at the time of our inspection there were 22 people living at Fairmont.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service was run.

The registered manager was not at the home when we arrived as it was her day off. However as there was a social event on at the home they came in to support people and staff. We found the registered manager, registered provider and the staff team to be cooperative throughout the inspection process. We gave formal written feedback to the registered manager and registered provider prior to leaving the home.

People living at Fairmont told us that they felt safe and that staff knew their needs and preferences.

We had no concerns regarding the safety of the environment or fire procedures and people had their own personal evacuation plans in place.

Staff had signed to state they had read the homes safeguarding policies and procedures. When we spoke with staff we found them to be competent and confident in recognising potential safeguarding issues, as well as knowing how to report such issues if they arose.

People told us they received their medicines on time and we observed medicines being administered in line with the homes procedures. We saw that staff responsible for administering medicines received appropriate

training and their competency was checked.

We also saw good evidence that staff had regular supervision and were able to raise issues with their manager.

We saw that procedures were in place for assessing a person's decision making capacity. This helped to make sure that any decisions that needed to be taken on a person's behalf were made in their best interests.

People were encouraged to contribute to the design of their own care and support. We found care plans to be person centred and focused around each person's needs and wishes.

People's care plans contained a 'preferred priorities of care' document which was completed with people to plan in advance, their wishes for their care and support, including end of life care.

We saw evidence of a wide range of meaningful and appropriate activities taking place both within and external to the home.

We saw that a wide range of audits were carried out at the home that helped inform and improve service delivery. In addition to audits, quality checks were carried out by the register manager and home owners on an at least monthly basis.

The home was operating in line with its regulatory duties including the submission of notifications and display of the latest Care Quality Commission rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The Service was Safe.

Staff had a good understanding of abuse and how to report and prevent this happening.

Staffing levels met the needs of people in the home.

Medicines were suitably managed.

Is the service effective?

Good

The service was Effective.

Staff were suitably inducted, trained and supported in their roles.

People told us they enjoyed the meals provided and we observed this to be the case.

Procedures were in place for assessing a person's decision making capacity.

Is the service caring?

Good

The service was Caring.

We observed kind, considerate and compassionate approaches to the delivery of care.

People told us that their privacy and dignity were respected by the staff team.

End of life care was suitably managed in the home.

Is the service responsive?

Good

The service was Responsive.

Assessment of risk and need were in place for each person.

Detailed care plans were in place to support the delivery of care.

Complaints were suitably managed.

Is the service well-led?

Good

The service was Well-Led.

The home had a suitably qualified and experienced registered manager.

Records management was of a good standard.

Audits were carried out to check the quality of service delivery.

Fairmont Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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 unannounced inspection took place on 15 June 2017. The inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spent time speaking with and observing people who lived in the home, as well as staff. We were able to see some people's bedrooms, bathrooms and the communal bathrooms. One member of the team also shared a meal with people who lived in the home. In total we spoke with four people who lived at the home, one visiting relative and eight members of staff including the registered manager, both owners the cook and care staff.

We looked at care plans for four people living in the home, their medication records and care plans relating to the use of their medicines. We observed medicines being handled and discussed medicines handling with staff. We checked the medicines and records for people and spoke with members of care staff with responsibility for medicines.

We looked at records relating to the maintenance and management of the service and records of checks or 'audits' being done to assess and monitor the quality of the service provision. We also looked at the staff rotas for the previous month and staff recruitment and training records.

Before our inspection we reviewed the information we held about the service. We spoke with commissioners of the service. We looked at the information we held about notifications sent to us about incidents affecting the service and people living there.

Good

Is the service safe?

Our findings

We asked people who lived at the home whether they felt safe. All the people we spoke with told us they felt safe living at the home. One person we spoke to told us, "Oh yes quite safe." Another person said, "Yes and I'm checked through the night and in the morning." People told us that staff gave good explanations when providing assistance with care and support and this put them at ease.

At our previous inspection in May 2015 we had found a number of issues which resulted in a breach to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to three environmental safety issues which included some bedroom doors being wedged open, people being able to access liquid chemicals that were hazardous to health due to an unlocked door and not all windows being fitted with suitable restrictors. We found evidence to show that all these issues had been resolved during this inspection.

The registered provider told us that all windows identified at our previous inspection had been fitted with window restrictors to ensure people could not egress from them. We were shown during our initial tour of the building the evidence of this. No fire doors were seen to be wedged open during our inspection and the laundry room had a new keypad lock fitted to ensure that there was no unauthorised access.

We had no concerns regarding the safety of the environment or fire procedures. People had personal emergency evacuation plans (PEEPs) in place for staff to follow should there be an emergency. The home completed a number of risk assessments on the environment of the home and the activity undertaken within it. This included the kitchen and laundry room.

We saw that a dedicated fire file was in place that staff signed to state they had read and understood the contents of it. The fire file contained the policy and procedure for the home, an evacuation policy, PEEPs, the fire zones and plan of the building and an up to date fire risk assessment. We saw that recent fires drills had taken place and that the fire systems in place were maintained by an external contractor.

Staff knew how to keep people safe and how to recognise safeguarding concerns. They had a clear understanding of the process or procedure to raise any safeguarding concerns for people. This meant people could be assured that staff would raise safeguarding concerns if they noticed someone being ill-treated. We found staff had received training in safeguarding adults from abuse. The provider had a clear safeguarding policy in place that meant there was guidance for staff and people in residence at the home and their families.

We had received three safeguarding notifications from the home during the 12 month period prior to our inspection. We saw that these had been investigated and closed by the local authority safeguarding team and that the home had followed its own procedures in reporting the issues to the local authority.

We saw that accident and incidents were recorded and that a dedicated file was kept in the office to log all accidents and incidents. Additionally detailed records of any accidents and incidents relating to people

living at the home were kept within their individual care records.

Recruitment files were well organised and we found information with them accessible. All staff had the required pre-employment checks including DBS and references. All files had the required information under schedule three of the Health and Social Care Act 2014 including photographic ID and confirmation of their home address. Application forms were completed and staff were interviewed for the role in which they were recruited. We found the recruitment process to be fair and equitable.

We observed the lunchtime medication round, which took place outside as the home were holding a Hawaiian themed day which included a barbeque. The medication trolley was taken outside so people could continue to enjoy their lunch uninterrupted by not having to go back inside the home. The home had a medicines management policy in place which included procedures for the administration, disposal, refusal and storage of medicines. People who were able to speak with us told us they received support from staff to take their medication. They told us that they always got their medicines at the right time and that they did not have any concerns regarding medicines. Nobody was receiving their medication covertly at the time of our inspection.

We reviewed the Medication Administration Records (MARs) for five people. There were no gaps within the MARs and the records we viewed and we were told by the senior carer administering medication, that there had been no medication errors at the home, in the period since our last inspection. We saw that controlled drugs were managed in line with the best practice guidelines and medicines were counted and checked as required. We reconciled medicines from both the controlled drug stock and normal stock and both were accurate. The registered manager told us that the home were looking to move towards an electronic medication system which was being trialled in another of the organisation's homes.

We looked at how people were protected by the prevention and control of infections. Infection control policies were in place at the home. During the course of our inspection we toured the premises, viewing a selected number of bedrooms and all communal parts of the home including bathrooms and toilets. The home was observed to be clean and tidy with no malodourous smells. Cleaning schedules were in place and completed accurately. We asked people if they felt their home was clean and tidy and the responses we received were positive, one person said, "Oh yes it's very clean, they are always cleaning".

Staffing levels were reviewed and seen to be at an adequate level to support the people living at Fairmont Residential Home. There were three care workers plus one senior care worker on duty. The registered manager was also on duty as there was a themed event being held on the day of our inspection. Other staff were seen to come in on their day off to assist with the event. We were told by the registered manager that staff often volunteered their time to help with events and activities.

In addition to care staff there was a chef, cleaner and part time maintenance worker who worked across the three homes within the organisation. Both owners also helped out and the registered manager told us that the owners supported the home on a daily basis. At night, two care workers were on duty with either the registered manager or a senior care worker on call. The registered manager told us that they did occasionally use agency staff to cover night shifts however the person they usually used had been coming in to the home for 15 years.

Good

Is the service effective?

Our findings

We asked people who lived at the service and their relatives if they felt staff were competent and suitably trained to meet their needs. One person told us, "The staff here are absolutely marvellous they've amazed me." Another person said, "Staff are fantastic, I would recommend coming here to anyone."

We looked for evidence to prove that staff received the appropriate training to undertake their caring role effectively including reviewing four members of staff's training files. The homes training matrix showed that training given to staff was up to date and that training covered a wide range of areas. We also saw certification within staff files of completed training. Staff we spoke with told us that they felt training was of a good quality and gave them the skills and knowledge needed to carry out their role effectively.

We also saw good evidence that staff had regular supervision and were able to raise issues within this forum. End of year appraisals were also undertaken. Staff we spoke with talked positively about their work and told us that they felt they were part of a team. Staff turnover was also low which evidenced that staff enjoyed their role and felt supported.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA).The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We saw that procedures were in place for assessing a person's decision making capacity. This helped to make sure that any decisions that needed to be taken on a person's behalf were made in their best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.
We looked at people's records and saw that the registered manager had applied to relevant supervisory authorities for deprivation of liberty authorisations for 20 of the people who lived at the home. These authorisations had been requested when it had been necessary to restrict people for their own safety and these were as least restrictive as possible. Four responses had been received and two DoLS authorisations had been made. In line with Care Quality Commission guidance DoLS applications were checked with the local authority on a monthly basis where no response had been gained.

At our previous inspection we found a breach of the regulation regarding the suitability of the environment, particular with reference to the lack of signage for people with visual impairment and or for people who may

be living with dementia. At this inspection we saw that these issues had been remedied and signage was in place to support people. This provided visual information and prompts to help people to know where facilities like toilets were and to orientate themselves better within the home.

We found that people were referred to external health care professionals in a timely manner. Care records showed that multi-disciplinary professional health and social care reviews were undertaken and partnership working was evident. We saw evidence of effective communication systems in use such as handovers at the beginning and end of each shift and formal and informal meetings. Staff we spoke with told us that communication within the home was good and there were no issues in this area. This was also the case with people and relatives we spoke with.

People we spoke with told us they had no concerns over the quality and variety of food they were offered. One person told us, "For food it's fantastic. I couldn't fault them at all." Other people we spoke with all told us they were happy with the food at the home. We spoke with the cook who had worked at the home for 13 years. We found the cook to be knowledgeable of people's dietary needs as well as those people who needed a specialist diet such as diabetic controlled or soft food. The cook had a card index that also contained details such as allergies and peoples preferences. They told us that they, and care staff, spoke to people to gain constant feedback about their dining experience. The kitchen had received a five star hygiene rating in February 2017 from the local district council.

Eating and drinking care plans were in place. We reviewed this element of people's care plans who were on a specialist diet and saw that they contained detailed information regarding the level of support needed. Six people were on a soft or pureed diet and two people needed full assistance when eating. Food and fluid charts were in place for people when needed and we saw that these were filled in appropriately. Eating and drinking care plans also detailed people's likes and dislikes and risk assessments for people who were are risk of losing weight. This showed us that consideration had been given to the associated risks and when required action had been taken.

We observed lunch and found this to be a pleasant experience for people. On the day of our inspection lunch was served outside. It was a warm and sunny day and we saw that plenty of cold drinks were offered to people to ensure they were well hydrated. People were seen to enjoy the Hawaiian themed lunch and many stayed outside for several hours enjoying the good weather, music and each other's company.

Good

Is the service caring?

Our findings

People who lived at the home and the relative we spoke with were very complimentary about the approach of the staff team and the care they received. One person told us, "They are kind, yes." Another person said, "There are no problems, all of them [staff] are helpful." The relative we spoke with said, "They are lovely. Everyone is lovely with him and all the others."

We saw that people's privacy was being respected. Staff respected people's privacy by knocking on the doors to private rooms before entering and ensuring doors were kept closed during personal care. People we spoke with confirmed this with one person telling us, "They knock, oh yes, if they don't knock they don't get in."

People told us that they were able to go to bed and get up whenever they chose to. If people were able to leave the home independently they could. People told us they had choices with all aspects of daily living such as when and what to eat, bathing and activities. People also confirmed that there were residents meetings. We saw notes from the last meeting which evidenced that people had the opportunity to discuss issues and any ideas they had with the registered manager and owners.

It was evident when reviewing people's care plans that they were encouraged to contribute to the design of their own care and support. We found care plans to be person centred and focused around each person's needs and wishes.

People had access to advocacy services and independent support should they require or want this. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes if they want support. One person was receiving support from an Independent Mental Capacity Advocate (IMCA). IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions when they do not have an allocated power or attorney to support them.

At the time of our inspection one person living at the home was receiving end of life care. People's care plans contained a 'preferred priorities of care' document which was completed with people to plan in advance, their wishes for their care and support, including end of life care. We saw some good examples of how the home engaged people in doing this. One such example was one person who did not like discussing this issue became involved following a group discussion around end of life, instigated by the home.

The home's registered manager, alongside the two registered managers of the other two homes in the group, had attended and end of life course at a local hospice to look at implementing advanced care planning across all three homes.

Training records showed that staff had received training on dignity in care, communication and equality and diversity to help them carry out their roles appropriately.

Good

Is the service responsive?

Our findings

People we spoke with told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed. Some of the comments we received included; "Yes, I know who to speak to. I would go and see [Registered Manager] if I couldn't see my keyworker." And "I have never made a complaint but feel I would be listened to if I did."

There were no recorded complaints within the previous 12 month period prior to our inspection. The complaints policy was on display within the home and people we spoke with were aware of it. Staff we spoke with knew the home's complaints policy and how to support people who wished to raise concerns or complaints. The complaints file contained compliments in the form of letters, cards and feedback forms.

We examined the care files of four people who lived at the home. We found documentary evidence to show that people had their care needs assessed by the home and by external healthcare professionals prior to moving to the home. Assessments included areas such as moving and handling, falls, environmental and night care needs. We saw that all care plan documentation, including assessments of people's needs were reviewed monthly.

We found people's plans of care to be person centred, which outlined clear aims, objectives and actions to be taken. These provided staff with detailed guidance about people's assessed needs and how these needs were to be best met. Staff we spoke with were happy with how care plans were organised and the information within them. The registered manager told us that they were looking to move towards electronic care plans once medication systems had moved onto an electronic system.

We asked people if there were activities for them to take part in. All of the people we spoke with, told us there were activities and that they were asked and encouraged to take part but that is was not expected that they take part in them. People knew who the home's activities coordinator was and they told us that they were consulted about events and activities. We saw evidence of a wide range of meaningful and appropriate activities taking place both within and external to the home. We saw via residents meeting notes that activities were discussed and people's preferences were noted and where possible catered for. Social Isolation was prevented as people were enabled to access the local community by going shopping and visiting cafes and local pubs.

Staff we spoke with told us that they felt there were more than enough activities for people and that the variation was good. One member of staff told us, "There is all sorts going on. There is something happening every day. We play dominoes, numeracy games, catchphrase and all sorts. We go out a lot either in groups or with people individually." All the staff we spoke with told us they were happy with how much was on offer for people to do.

We saw that an activities board was on display which showed a variety of trips out, entertainers coming into the home and themed days within the home. On the day of our inspection there was a 'Hawaiian day'. This involved staff and people who wanted to, dressing up and there was music and a barbeque outside. We

observed people thoroughly enjoying the day and everyone at the home was seen to take part. Some people stayed outside for several hours enjoying the music, weather, food and atmosphere.

One of the home owners told us that staff regularly came into the home on their days off to help assist with events and this happened on the day of our inspection. We asked staff if there was an expectation for them to come in in their spare time and they told us they came in on their own terms and only if they wanted to. Staff were happy to assist with special events. One member of staff said, "It's a family here, you feel part of it. We do it for the residents."

We saw that there was an activities file in the office which detailed and documented all types of activities both within and external to the home. Activities meetings took place to plan upcoming events and to discuss any suggestions following residents meetings. There were some innovative ideas discussed and we were told following our inspection that a virtual dementia tour bus was coming to the home in October. The virtual dementia bus involves a tour that gives workers an opportunity to walk in the world of people living with dementia and then change the environment and their practice.

Good

Is the service well-led?

Our findings

We spoke with people who lived at Fairmont Residential Home about the management and culture within the home. The responses we received were positive. One person told us, "Yes, its well run, it's well-led. It's [name of owner], they have about three homes and I think they are all meant to be good." Another person said, "I can't think of anything that could be improved." The one relative we spoke with told us, "The [Registered] Manger is on the ball and tells me what's going on."

All the staff we spoke with told us they had a commitment to providing a good quality service for people who lived at the home. Staff confirmed that they had handover meetings at the start and end of each shift, so they were aware of any issues during the previous shift. We sat in on one such meeting and found the level of information passed on was of sufficient detail, as every person was discussed. We found the service had clear lines of responsibility and accountability. All of the staff members confirmed they were supported by their manager and their colleagues and that Fairmont was a good place to work. All the staff we spoke with told us that the culture in the home was like a "family" and several members of staff told us that they spent social time together outside of work.

We saw that a wide range of audits were carried out at the home that helped inform and improve service delivery. These included audits in the areas of; health and safety, Infection control, care plans, medicines management and the home's environment.

As well as formal audits there were a number of other quality checks in place. Weekly director's meetings were held and minutes produced of the areas covered. These meetings discussed any issues identified across all three of the homes in the group but covered each home individually as part of the discussions. Issues such as individual residents, staffing, training and actions from the previous meetings were recorded.

The owners of the home carried out monthly environmental checks of the home and again any issues were recorded and a named person identified to carry out repair work or to replace any items in the home.

Quarterly newsletters were produced which contained good detail. The newsletters we saw contained information on activities, both planned and what had taken place, any improvements made to the home, staffing updates and a list of training staff had undertaken and a 'directors blog'. The director's blog gave a general update about the home and any key subject areas. The latest edition talked about end of life care and encouraged people to discuss this area and referred to the home's preferred priorities of care document. We found this approach to a difficult subject area was very informal and a good opportunity to introduce the issue to people and relatives who read the newsletter.

A wide range of up to date policies and procedures were in place at the home, which provided the staff team with current legislation and good practice guidelines. These included areas, such as health and safety, equal opportunities, infection control, safeguarding adults, Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA). We saw that policies and procedures were reviewed periodically within a timescale dependent on their purpose or if specific practice or legislation changed.

The home had an informative and up to date website which helped people and relatives gain an idea about the home prior to visiting and potentially choosing the home as a place to live. The website contained such information as pictures of the home, testimonials from people, contact and fee details. The website also contained a link to the latest Care Quality Commission inspection report which was also on display within the home. The home had sent in notifications in line with its regulatory responsibilities.

We saw that meetings were held for people who lived at the home which relatives were free to attend and that staff meetings took place. This meant that people, relatives and staff all had the opportunity to contribute to how the home operated and were kept updated as to any developments or changes. We saw recent examples of these types of meetings.