Hewitt-Hill Limited

Fairland House

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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 23 and 25 January 2018. The first day was unannounced.

During our last inspection in December 2016, we found four breaches of Regulations. These had been in respect of Regulations 9, 11, 12 and 17. This was because some people's needs and risks to their safety had not been adequately planned or managed. There had been a lack of clear guidance in place for staff to follow to help them provide people with safe and appropriate care. Also, consent for people's care had not always been sought in line with relevant legislation and the provider's governance systems had not been effective at monitoring the quality of care people received.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe, Effective, Responsive and Well Led to at least good. This was not received at our first request but was sent after a further letter was issued to the provider regarding the matter.

At this inspection we found that improvements in certain areas had been made. However, the provider remained in breach of Regulations 12 and 17. This was because we found that some risks to people's safety had either not been assessed or managed well. The provider's governance systems had again failed to adequately monitor the quality of care people received and therefore, to drive the required improvements needed. In addition, we found two breaches of the Care Quality Commission (Registration) Regulations 2009 as the provider and registered manager had failed to notify us of some incidents that had occurred which they are required to do by law.

Fairland House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 34 people over two floors. At the time of the inspection, there were 27 people living in the home.

A registered manager was working at the home. A registered manager is a person who has registered with 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 2008 and associated Regulations about how the service is run.

People's medicines were not consistently managed well and staffing levels were not always in line with the provider's requirements. Most staff used good and safe practice but some did not consistently do this for the benefit of the people living in the home.

Staff had not completed all of the training they needed to complete although the registered manager was aware of this and was booking the relevant training. People's risk assessments did not all contain sufficient

guidance for staff on how to mitigate risks to their safety.

Activities for people to participate in had declined recently. This was because the staff member who was responsible for this area had recently left the home. Again, the registered manager was aware of these areas and was actively working to improve them.

The people we spoke with were happy living in the home. They received care that was based on their individual needs and preferences. They were treated as individuals and were empowered to make decisions and take risks in relation to their own care. Their diverse needs were adhered to and respected. This was the culture that had been embedded in the home and the staff and management in the home were passionate that people should receive this type of care.

People were provided with care and support by kind and caring staff who treated them with dignity and compassion. This included as they reached the end of their life. Staff were mindful about people's rights to privacy and ensured this took place.

The management and staff engaged people in the running of the service and took action to make improvements where these had been suggested. There was an open culture where people and staff felt able to raise concerns without fear of recrimination.

Systems were in place to protect people from the risk of abuse and any incidents or accidents that took place were fully investigated and learnt from to reduce the risk of them re-occurring. The staff team worked well with other services to provide people with the care they required. This included supporting people to access relevant healthcare services to help keep them well.

People received enough food and drink to meet their needs. They had plenty of choice of food and were supported to eat and drink if this was required. People's consent to their care was always sought before any care was given. Where people lacked capacity to consent, the staff acted in line with relevant legislation to ensure they acted in people's best interests.

People lived in a pleasant home that was nicely decorated and had access to a secure garden area that they could freely use when they wanted to. The staff were clear that this was people's home and treated it as such with respect and care. The home was clean and systems were in place to protect people from the risk of the spread of infection.

Good links with the community had been established for the benefit of people living in the home and these were being further enhanced.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Some risks to people's safety had not been assessed which placed them at risk of avoidable harm. Where risks had been assessed, they had not always been managed appropriately.

Improvements were required to ensure that people's medicines were managed safely and that there was sufficient contingency in place to cover staff shortages.

People were given the freedom to take informed risks and systems were in place to protect them from the risk of abuse and the spread of infection.

Incidents and accidents that occurred were reported and action taken to reduce the risk of these re-occurring.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The completion of staff training and assessment of their competency required improving to ensure they consistently provided people with effective care.

People's needs had been assessed along with some of their choices about how they wanted to receive their care. However, not all care had been delivered in line with all relevant legislation.

People received enough food and drink to meet their individual needs.

The staff worked well with other services to deliver care to people that they required and people had access to healthcare services when needed.

Consent had been sought from people in line with the relevant legislation.

The premises were in good order. Refurbishment of the premises

was taking place.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion. Staff knew people well and had built up good relationships with them.

People were actively involved in making decisions about their care. Where people required support with their communication needs, this was given.

People were treated with dignity and respect. Their privacy was upheld and they were encouraged to be independent to enhance their wellbeing.

Is the service responsive?

Good

The service was responsive.

People's needs and preferences had been assessed and staff were responsive to these.

People had access to some activities to enhance their wellbeing. The service had recently lost their dedicated activities person so not as many activities were currently available but a new person was being recruited to this post.

People's concerns and complaints were listened to and respected. They were fully investigated and learnt from.

People's wishes at the end of their life were respected and people received care at this time that was kind, compassionate and in line with their individual needs.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The governance systems in place had not all been effective at monitoring and identifying issues in relation to the quality and safety of the care people received.

The CQC had not been notified of some incidents that are required to be reported to us by law.

There was an open, person-centred culture within the home which had been instilled in staff where people were treated with

respect and as individuals.

People and staff's views were sought and they were engaged in the running of the service.

The service learnt from any incidents or accidents that occurred but the provider had not taken appropriate steps to drive the necessary improvement required to ensure people consistently received good quality safe care.

The service worked well with other agencies for the benefit of people living in the home.

Fairland 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 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 inspection took place on 23 and 25 January 2018. The first day was unannounced. The inspection team consisted of two inspectors 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. The expert-by-experiences specific area of expertise was in older people's care.

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 home, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us and additional information we had requested from the local authority quality assurance team.

During the inspection visit, we spoke with four people who lived in Fairland House and two visiting relatives. We also spoke with four care staff, the cook, the deputy manager, the registered manager and a visiting healthcare professional.

We looked at five people's medicine records, four people's care records, three staff recruitment files, staff training records and records in relation to the maintenance of the premises. We also looked at audits and other information relating to how the provider and registered manager monitored the quality of care people received and involved them in making decisions about their care.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we rated Safe as Requires Improvement. At this inspection we have continued to rate Safe as Requires Improvement.

At our last inspection in December 2016, we found that some risks to people's safety had not been adequately managed. In addition, the guidance available to staff regarding how to manage risks to people's safety was not sufficient. This had resulted in a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the management of some risks to people's safety remained a concern. Also, some risks regarding the safety of the premises had not been assessed and therefore, not managed effectively.

On the first day of our inspection, we found that some pipes within a communal corridor were very hot to the touch. This placed people at risk of burns should they either fall against them or touch them. The registered manager told us a risk assessment in relation to exposed pipework had not been completed and therefore, this risk had not been recognised placing people at risk of avoidable harm.

We found toiletries, steredant tablets (that have been known to cause injury to people if swallowed accidently) and prescribed creams unsecure within people's rooms. The deputy manager told us there were people living in the home who were mobile and who lacked capacity to understand the possible consequences of swallowing or trying to eat these types of substances. The registered manager told us that no risk assessments had been completed regarding leaving toiletries or steredant tables unsecure in people's rooms.

There was a fan heater in the conservatory area of the home. This was on during the first day of our inspection as the room was cold. The registered manager told us they had not assessed whether there was any risks associated with using such a heater. Fan heaters can be a fire hazard if they are covered inadvertently.

In the morning, we saw the fire door to the kitchen was wedged open which increased the risk of fire spreading if one started in the kitchen. We brought this to the registered manager's attention who removed the wedge. However, after lunch we again saw that the door was wedged open.

Two people whose care we looked at had been assessed as being at high risk of not eating enough to meet their needs. We saw that some actions had been taken to help mitigate this risk such as fortifying these people's food with extra calories and offering regular snacks. However, these people had not been weighed fortnightly as had been deemed necessary by the person who had completed the assessment. Therefore, the provider could not monitor that actions they were taking were effective or make changes quickly if needed.

One person who has been assessed as being at very high risk of developing a pressure sore was observed sitting in a wheelchair without a specialist cushion. The deputy manager said one should have been in place. This person was seen drinking from a spouted beaker. They had been visited by a Speech and Language Therapist (SALT) who had advised drinking from this type of beaker should be avoided. The registered manager told us this person could drink from a cup and could not explain why they had been given a beaker. These actions placed this person at unnecessary risk of harm.

All of the above constitutes a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the second day of our inspection visit, the registered manager told us they had assessed the risk in relation to exposed pipework within the home. We observed that any pipework that had been deemed a risk to people's safety had been covered to reduce any risk of injury from burns. Staff had also been reminded to keep any prescribed creams secured and we saw this was the case. The fire door to the kitchen also remained closed during the second day of our inspection visit.

As at the last inspection in December 2016, we found that the information available to staff to guide them on how to mitigate risks to people's safety was variable. It is important that staff have clear guidance to reduce the risk of people receiving inappropriate or unsafe care. This is particularly so where as in this case, a provider uses agency staff on occasions who may not be familiar with people's needs. For example, one person had been assessed as being at high risk of falls. Their care record had clear information detailed within it that told staff what they needed to do to reduce the risk of injury to a person should they fall out of bed, but it did not state what staff needed to do with regards to them walking.

The same person had been assessed as being at very high risk of developing a pressure sore. Although their care record stated the person had a specialist mattress in place to help reduce this risk, it had not been recorded they needed a pressure cushion to sit on when they were sat in a chair or wheelchair. This person had also seen the SALT who had stated in a report that was within the person's care record, that the person should avoid using spouted beakers. Both of these pieces of vital information had not been clearly written within the relevant care plans for this person and we observed they were not being implemented.

For a further person, their diet and nutrition care plan stated they needed to be 'weighed regularly' which was not specific to their needs. There was no information for staff on how to support them to manage any risks associated with their diabetes although staff were knowledgeable about how to do this and we saw the person had received appropriate care. We spoke with the registered manager about this. They told us they were currently reviewing people's care records and would ensure that all relevant information was in place as is required.

People and/or their relatives had been involved in the assessment of risk to their safety. They told us they did not feel restricted in anyway and could take informed risks if they wished to do so. For example, one person enjoyed eating certain foods which may have increased the risk of deterioration in their health. Staff had fully explained this to the person but they still chose to eat these foods which staff respected. Another person had been involved in discussing their risk of falls when they went outside. Again, they were aware of the risks but staff respected their right to make informed decisions about risks to their own safety.

The staff we spoke with were knowledgeable about what action they needed to take in the event of an emergency such as a fire or finding someone unwell. Records showed that following a person experiencing a fall, staff checked on them regularly to monitor whether their health had changed that may indicate they needed medical attention. We saw that emergency medical attention had been sought for people in a timely

way when it had been appropriate.

During our walk around the home, we saw that fire exits were kept clear to aid evacuation if that was required. Tests in relation to the fire system had been conducted to ensure it worked correctly. The lifting equipment people used such as hoists had been serviced in line with relevant legislation to ensure it was safe. The risks associated with Legionella disease had been assessed and regular checks had been conducted to help mitigate this risk. Electrical and gas appliances had all been tested and serviced to ensure they were safe. People who could use their call bell had these within their reach. This included having call bells with them in communal areas, around their neck or on their walking frame if they wished so they could call staff for assistance when needed.

Improvements are required to ensure that the staffing levels as deemed required by the provider are consistently being met. We received mixed views from people regarding whether there were enough staff available to meet their needs and whether they had time to spend with people. One person told us when asked if they felt there were enough staff, "I think so, yes. There's always people about. You only have to ask them about a bath or even a shower. The staff are very good." Another said, "Most times there's enough. Sometimes with sickness they get short but you don't wait, the staff just work a bit faster I think." However, one person said, "There's no-one spare. The carers say they would come in here [to resident's room] for a chat but there's no time. Sometimes I don't see anyone between meals or drinks deliveries. There used to be activities but now there's very little to do. There are not enough people." Another person told us, "I guess they could do with more. The staff work so hard. We do have a laugh and a joke, the staff are very good people." A relative we spoke with also said they felt staffing levels were not always adequate which affected the level of personal care their relative received.

Most of the staff we spoke with told us they felt there were enough staff to meet people's needs. Some staff did say that if another staff member did not attend their shift due to illness that this sometimes added more pressure but said they could always keep people safe. Some staff commented they would like to spend more time with people. During the inspection we saw there were enough staff available to respond to people's requests for assistance and to spend some time chatting with them.

Due to people's and staff's mixed feedback we looked at the staff rotas for the three weeks prior to our inspection visit. We found that on 11 of the 21 days we checked there was at least one shift that was short of one member of staff. On eight occasions in the morning, nine in the afternoon and one in the evening the staffing numbers had been one staff member less than what had been deemed as required by the provider. At no time had the home been short of more than one staff member on a shift and all shifts at night had been covered. The registered manager told us that they tried to cover any absence of staff with existing staff, staff working in the office or agency staff if they were able.

Improvements were required to the management of people's medicines. All of the people we spoke with who received medicines told us they had these when they needed them. One person told us, "I have all sorts of tablets, six in the morning. The staff do all that. I can't have extra painkillers as I already take paracetamol. If I don't feel too good, the staff tell me to sit quietly 'til I feel better." Another person said, "Yes I have two tablets in the morning."

We checked five people's medicines records to see whether they indicated that people had received their medicines. For three people, the records had been completed correctly. However, we found gaps in the records for two people. When we checked the number of medicines remaining for these people, we found that one had received their medicine correctly but staff had not updated the record. For the other person, the number of tablets left did not match with the records. Therefore, the provider could not be assured that

this person had received their oral medicines correctly. The deputy manager agreed to immediately investigate this.

Two people whose medicines we looked at had been prescribed various creams. We asked to look at these people's cream charts. One could not be located. The other was found but had numerous gaps indicating that the creams may not have been applied as required. The registered manager told us that it had recently been identified that cream charts were not being updated after they had been applied. They said they had recently reminded staff in a staff meeting to do this but we found there were still gaps. We also found the guidance for staff regarding when to apply the creams was not clear. Some creams had been prescribed to be applied 'as directed' but there was no information what this meant. Therefore, the provider could not be assured that people's creams were being applied correctly.

Medicines other than prescribed creams had been kept secure. Controlled medicines that have to be stored in a certain way to meet particular medicine regulations had been managed well. There was guidance in place for staff to help them identify that they were giving the medicines to the correct person (i.e. a photograph) and of any allergies the person may have that may make the medicine unsafe.

Where medicines had been prescribed 'as and when' (PRN), there was clear guidance to help staff decide when these medicines should be given. Staff had received training on how to give people their medicines and their competency to do this safely had been assessed within the last 12 months.

Systems were in place to protect people from the risk of abuse. All of the people we spoke with told us they felt safe living in the home. One person told us, "Yes I've always felt safe here. I would talk to my family if I was bothered but I'm not – I'm quite happy." Another person said, "I feel very safe. I would talk to my [relative] if there was anything to worry about. They [staff] look after me very well here." Both relatives we spoke with agreed with this.

The staff we spoke with understood how to protect people from the risk of abuse. They were aware of the different types of abuse people could be subject to and said they would report any concerns to senior staff. Staff were also aware they could report issues outside of the home if they felt this was necessary and were aware of the provider's policy on whistleblowing. The registered manager was aware of their responsibility to report any alleged or actual abuse to the local authority. We saw this process had been followed, when this was needed. There was information within people's care records about safeguarding that was available for them or their relatives to read.

All of the people we spoke with told us they felt the home and their rooms were cleaned to a good standard. One person told us, "I am happy. The domestics clean most days. They vacuum and put clean sheets on my bed." Another person said, "Oh the cleanliness is very good." The relatives we spoke with agreed with this.

All of the staff we spoke with demonstrated they took appropriate precautions to reduce the risk of the spread of infection. We also observed this on the day of the inspection and saw that the home and equipment that people used was clean. The home had been awarded the top rating at their last inspection in respect of food safety and we saw the kitchen was clean and well kept.

The staff were aware they had to report any accidents or incidents that occurred. Action had then been taken to try to reduce the risk of the event happening in the future. For example, one person had fallen out of bed. In response, their bed had been replaced with one that was low to the floor and a crash mat was placed by the bed. This was to help reduce the risk of injury should they fall from their bed again. Any safeguarding concerns or medicine errors that had been identified had been investigated to see if any

lessons could be learnt to reduce the risk of the incidents from re-occurring.

Staff had been recruited into the home after most of the required checks had been completed. This included a Disclosure and Barring Service check to ensure the staff member had not been barred from working in care. Other checks such as references from previous employers had been sought to ensure the staff member was of good character. Gaps in staff's previous employment history had not always been recorded within their staff files, although the registered manager told us these had been explored during the interview process.

Requires Improvement

Is the service effective?

Our findings

At our last inspection we rated Effective as Requires Improvement. At this inspection we have continued to rate Effective as Requires Improvement.

At our last inspection in December 2016, we found that consent had not been obtained in line with relevant legislation. This had resulted in a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the required improvements had been made and that the provider was therefore, no longer in breach of this Regulation.

All of the people we spoke with told us they were asked for their consent. One person told us, "They always come and ask me if I want a bath. I get up myself when I'm ready." Another person said, "I am always asked. The staff are very respectful. You are never forced to do anything." The relatives we spoke with agreed with this.

The registered manager told us that some people living in the home lacked capacity to consent to and make decisions about their own care. Therefore the staff had to comply with the Mental Capacity Act 2005. 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. People can only be deprived of their liberty so that they can 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).

The staff we spoke with had a variable knowledge in relation to the MCA. However, they were all clear about the need to offer people choice to help them make decisions. We observed that staff followed the principles of the Act by assuming people were able to consent to a decision and where they could not, supporting them to make decisions for themselves.

There was information within people's care records to guide staff on how they could support people when needed. Where people were thought to lack capacity, an assessment in relation to a particular decision of their ability to consent had taken place. If they had been unable to consent, a decision had been made in their best interests involving the relevant individuals such as the person's family.

The registered manager had assessed everyone in the home to see if they were depriving them of their liberty. They had submitted a DoLS application to the local authority for some people. They were awaiting the outcome from the local authority.

At the last inspection we told the provider they had to make improvements in relation to the training and supervision of staff. At this inspection we found that some improvements had been made. However, some staff were still behind with their training and we saw that staff had not always followed good practice during

the inspection. For example, leaving the kitchen fire door wedged open, not securing prescribed creams and not managing the risks to one person's safety. This brought into question whether all staff had received appropriate guidance and training to ensure people consistently received effective care.

People told us they felt staff had received enough training to provide them with effective care. One person told us, "Yes, they know what they're doing. They help me when I have a bath." Another person told us, "On the whole yes. The new staff usually take a while – it depends." The relatives we spoke with agreed with this.

The staff we spoke with told us they felt they had received sufficient training to enable them to provide people with effective care. We looked at the training records for the staff working in the home. These showed that not all of the required training was up to date. However, the registered manager was aware of this and any overdue training for staff had either been booked or was in the process of being booked.

Staff who were new to the service completed induction training that covered a number of different subjects. During this process, the staff member was provided with support and guidance from more experienced staff members. Once satisfied with their performance, the registered manager signed them off as being competent to perform their role. Most of the staff in the home were doing formal qualifications within health and social care. The registered manager told us that they and the provider fully supported staff to complete these qualifications. Where the staff member did not wish to do this, they were able to complete training that followed the Care Certificate which is a nationally recognised qualification for staff who are new to care.

The staff told us that they had not received regular formal supervisions where they sat down and talked to their manager about their training and performance. However, they said they received appropriate guidance from senior colleagues which was available if they needed it. Two staff told us how the subject of formal supervision had recently been discussed in a staff meeting. They confirmed they were aware that annual appraisals were being introduced and the registered manager confirmed this.

People's care needs had been assessed and included a number of different areas that included their physical, mental and social needs. People's diverse needs had also been fully assessed as had some people's preferences and choices. Technology such as pressure mats were in place to help monitor that people were safe. The registered manager told us they were aware of best practice guidance such as that outlined by NICE (The National Institute for Health and Care Excellence). They also said they regularly reviewed information from the CQC and certain care magazines. From this best practice, they had plans to improve the garden area to encourage people to go outside more and socialise to avoid being at risk of social isolation. We found that care had been delivered in line with most legislation although we did find breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most of the people we spoke with were very complimentary about the food. They told us there was sufficient choice of food and that the amount they received met their needs. One person told us, "The food's good. We get a choice for lunch. They ask us in the morning what we want. We have fish and roast dinners. The staff get us fresh water in our room each day and we have squash with our lunch." Another person said, "I'm diabetic and they're very good with my food. I can't eat bread either and so I have cream crackers instead. I sometimes have beans and cream crackers for my tea. You can have supper later if you want it. I don't but I believe some do."

A further person said, "The food's very good. We have fresh veg, which is important to me. A roast on a Wednesday and Sunday usually and the choices often include savoury mince or toad in the hole. There's a choice of desserts too but I just have ice cream and tea or coffee. There's things like crumpets, beans on toast, homemade soup or sandwiches at teatime, as I say it's very good."

We spoke with the chef about the meals and food available to people. They were very knowledgeable about people's individual dietary needs and enthusiastically told us about how they catered to meet people's individual needs. For example, they told us how one person liked pots of prawn cocktail so they ensured that these were ordered in for the person and that people had fed back they wanted more fresh fruit so this was supplied. Different cheeses were purchased for another person who liked to eat a variety with crackers. They also said that they had re-designed breakfast and set up a 'breakfast bar' where people could help themselves to a variety of choice of breakfast. This included cooked breakfast, cereals and pastries.

The chef ensured that those who required certain diets due to the risk of choking or cultural or diverse reasons received these. Where people were of low weight, they told us how they fortified these people's meals with extra calories and made them milkshakes and regular snacks to help increase their calorie intake. Alcoholic drinks were also available to people if they wanted this with their meals.

We observed the lunchtime meal and saw this was a pleasant affair in most areas. The conservatory where some people chose to eat their lunch was rather cool but people told us they still enjoyed their meals. Tables were laid out nicely with condiments and napkins and the food was nicely presented and looked appetising. People ate at their own pace and gentle encouragement from attentive staff was given where required. We also saw that a choice of drinks were readily available to people throughout our inspection visit. This included drinks that people could help themselves to in communal areas.

Staff told us they felt they all worked well to deliver people effective care. This included the senior and care staff respecting and involving each other in tasks and making decisions. A healthcare professional said that they had a good relationship with the home so that people could receive co-ordinated care for example, if they had to visit the GP for an appointment or go to the hospital. Handovers were provided to other professionals when they visited the home so they understood what the needs of people were and how these could be met.

All of the people we spoke with told us they were supported with their healthcare needs. One person said, "I did fall once and the staff got the doctor." Another person told us, "I've only seen the doctor once. The staff got the doctor in as I was in a lot of pain." The relatives we spoke with agreed with this.

Staff were knowledgeable about when they needed to request assistance from other professionals such as the GP, district nurses, practice nurse or chiropodist. Records showed that people had seen various professionals when needed. For example, we saw that one person who had diabetes had received an eye test and their feet examined in line with national guidance to ensure this medical condition was being managed well. A healthcare professional we spoke with told us that staff alerted them quickly if there were any concerns about people's health. They added that any instructions or guidance they left staff in relation to people's medical needs were always followed.

People told us they were happy with the accessibility of the premises and their rooms. One person told us, "I'm happy with my room. It's small but it's light and homely. I can move around in here okay. I spend the mornings in here usually. I like to look out of the window at the cars and everything." Another person said, "I can move around my room fairly easily. I do get up and wander up and down my room with my frame to keep me going." A relative told us, "[Family member] has a small room but really loves it! She has a walking frame and seems to be able to move around her room okay."

The premises were in good order. There were pleasant areas within the home for people to spend their day if they did not wish to stay in their rooms. The registered manager told us there was an on-going programme of refurbishment taking place within the home. This included communal areas, some of which had recently

been refurbished and re-decorated and people's rooms. Appropriate signage was in place on communal bathrooms and toilets to help people find these rooms when needed. Some people's rooms had their names or other objects to help people find their way to their rooms if they had any sensory concerns. However, we noted that this was not always the case for people living with dementia. We also saw that the home could benefit from having some signage to help people navigate to communal areas of the home. The registered manager told us they were reviewing the premises as part of the on-going refurbishment programme.

We saw there were some communal bathrooms where people could take a bath but no showers available. The registered manager said they were aware of this and plans were in place to convert an area of the home into a wet room for people to use. There was access to a pleasant, secure garden area which people could use as and when they wished to. We noted that one of the areas of access had a raised threshold which could pose a trip hazard and make it difficult for wheelchair users. The registered manager agreed to look at this to see if it could be made more accessible for people.

Good

Is the service caring?

Our findings

At our last inspection we rated Caring as Good. At this inspection we have continued to rate Caring as Good.

All of the people and relatives we spoke with told us staff were kind and caring and that they had built good relationships with them. One person told us, "They're kind and caring and would do anything for you. They know me by now. We do have a laugh that makes all the difference. Of course, they listen to me and I can talk to them, totally, yes." Another person said, "The staff are cheerful and kind. On the whole, they're very good. We have a designated carer and mine's [carer's first name] who's excellent. I think they know me by now." One relative told us, "Well the staff are friendly and caring. [Family member] is very happy here."

From our conversations with staff it was evident they knew people well and had developed kind and caring relationships with them. One staff member told us how they had been introduced to everyone when they started working in the home. Throughout the inspection visit we observed staff to be kind, polite, caring and attentive towards people. There was a calm and homely feel within the home. When staff spoke with people they got down to their eye level in a respectful manner. They took time to enquire with people how they were feeling and provided comfort when needed. Staff communicated with people using gentle touch and spoke quietly when communicating when they were upset or distressed.

People and/or relatives were involved in the initial assessment of their/their relatives care needs. This was so they could ensure they received support in a way they wished to receive it. People also told us that staff listened to them and communicated with them effectively to enable them to make decisions about their care. We observed that staff involved people in making decisions about their care throughout the inspection visit.

The registered manager told us that information could be provided in differing formats such as large print or pictures if required. We saw that people's communication needs has been assessed although more information within people's care records on how to meet these needs was required. The registered manager told us they were currently reviewing and updating people's care records and would include this information.

The staff told us they used various techniques to communicate with people where needed. We saw a staff member ask one person if they wanted a second helping of dessert. The person was not able to respond verbally but smiled at the staff member. This meant the person wanted some dessert which they promptly received. The registered manager was not aware of the Information Accessible Standard which is a standard that is in place to ensure that provider's take steps to meet people's individual communication needs, specifically if they have a sensory impairment. We were satisfied that this Standard was being complied with but recommend the registered manager familiarises themselves with it to ensure it is consistently being complied with.

All of the people and relatives we spoke with told us the staff treated them with dignity and respect and encouraged their independence. One person told us, "The staff definitely encourage me to be as

independent as possible. I get myself up and washed and dressed and then they bring my breakfast. The staff know my routine." Another person said, "Yes the staff show the greatest respect, absolutely. You can please yourself, meaning you're able to do as much or as little as you want." A relative told us, "Oh yes, the staff do show respect and treat [family member] well. They always knock on her door."

All of the staff we spoke with had a good knowledge of how to treat people with dignity and respect. They told us they always closed curtains and kept people covered when providing them with personal care. A dividing curtain had recently been put up within communal bathrooms and toilets when people used these facilities. Staff explained that they would pull the curtain to protect people's dignity and give them privacy but would stand the other side if the person wanted them to for the person's safety. Staff also said they encouraged people to be as independent as possible. This included asking people if they could do as much personal care as they could for themselves and involving them in domestic tasks such as washing and cleaning where people wanted to do this.

During the inspection visit, we observed that staff always treated people with respect and encouraged them to do as much as they could for themselves. For example, at lunchtime people were given gentle encouragement to feed themselves. Equipment was used such as plate guards to assist people with this independence. Some people living in the home administered their own medicines which had been appropriately assessed as being safe to do so. Others were assisted to walk as much as they could to help with their mobility. At breakfast time, people who liked to drink tea were given their own tea pot, sugar and milk so they could make this themselves. They were also provided with small pots of jam and butter so they could put this on their toast.

Good

Is the service responsive?

Our findings

At our last inspection we rated Responsive as Requires Improvement. At this inspection we have rated Responsive as Good.

At our last inspection in December 2016, we found that there was a lack of clear care planning in place. This had resulted in a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the required improvements had been made and that the provider was therefore, no longer in breach of this Regulation.

All of the people we spoke with told us they received care that met their individual needs and preferences. One person told us, "I please myself. I'm quite independent. I get myself up, washed and dressed and they bring me my breakfast. I like to sit here by the window and knit in the mornings." Another person said, "You can do as much or as little as you want. We get up and go to bed when we want to. No one dictates what we do. I prefer a female carer which happens." A further person said, "We are very much treated like individuals. You can get up and go to bed when you want to and choose to have a bath or a shower, no problem. My quality of life is good."

Both of the relatives we spoke with said their family members in the main, received the care they required although one relative did say they felt staff needed to be more observant in relation to personal care. They told us, "[Family member] washes and dresses independently but they need at least two baths a week and usually only get one. The staff should make sure she is wearing clean underwear and pads." We brought this to the registered manager's attention who agreed to look into this.

All of the staff we spoke with told us they felt they gave care to people based on their individual needs. They said this was a focus for them in relation to providing good quality care. They demonstrated a good knowledge about people's individual needs and preferences.

During the inspection we observed staff being responsive to people's requests for assistance. They were attentive to ensure people were comfortable and happy. For example, we saw that one person was slipping down in their chair and looked uncomfortable. Staff immediately took action to re-position the person with a cushion that provided good support. People were seen to have choice about where they spent their time during the day. Some people liked to reside within communal areas whilst others stayed in their rooms. One person liked to go outside for a walk and we saw they could do this freely.

People's rooms contained items that were important to them and made them feel at home. One person had lots of memorabilia regarding musicals that they enjoyed, another had a large number of photographs. People were empowered to decorate and arrange their rooms how they wished to make them feel homely.

Records showed that people had contributed to the planning of their care. The staff told us the care records provided them with sufficient information to enable them to understand what care people wanted to receive and how this was to be delivered. These were kept within people's rooms so that staff had instant

access to the information they required. We found the care records were variable in their content with some containing very clear information about people's needs whilst others needed more specific information. This was to ensure staff had all relevant information about the person's needs. The registered manager told us they were currently in the process of updating people's care records to include more information such as their life history.

People told us their quality of life was good but that on occasions they were bored and would like more activities to participate in. One person told us, "There are not as many activities as there were. We used to have music and bingo. There would be a singer and music playing. I just sleep in the afternoons now unless someone comes in to talk to me like you. I live on my memories now." Another person said, "There's just not enough going on. I don't like to sit downstairs much as no-one speaks, so I feel better up here in my room where I can please myself. One of the carers held a 'memories' thing which was well supported but it only happened once. It hasn't been repeated, which is such a shame. I'm going to suggest we have seated exercises, I think people might enjoy that."

The staff told us they felt there was currently a lack of activities for people to participate in during the day although they did state that outside entertainers sometimes visited. This included singing which they said, people very much enjoyed. Staff also told us that at Christmas, children from the local nursery and a choir visited. There was also a regular 'coffee' morning each Friday which staff said was regularly attended by the people living in the home. On the day of the inspection, one member of staff spent time talking to some people but there was no activities taking place. Some people were seen amusing themselves with knitting or reading but others spent a lot of the day sitting in their chairs.

The registered manager told that their activities co-ordinator had recently left the home. They were in the process of recruiting a new one. In the interim they had arranged for some people to attend a show within the community and said they brought their dog in for people to pet which people liked. A staff member had also been allocated to spend time with people on most days. The registered manager said that they and the staff had a number of ideas for activities once the position of activities co-ordinator had been filled. This included building some raised beds within the garden for people to access. The registered manager said they were aware of one person who was keen to get involved in the designing of these. A piano has recently been brought into the home for another person who they knew used to play one. The registered manager said they hoped this would help to improve this person's wellbeing.

Some people had recently been involved in recent project with a local community group who were researching local history within the area. This had involved people visiting this group. The registered manager was keen for this to continue as the feedback from people had been very positive. Arrangements were being made for this to continue.

It was clear from our conversations with the registered manager that they had a drive to involve people in meaningful activities if they wished to participate. This included in areas such as cooking, cleaning and doing the washing. The staff and registered manager had recognised that one person liked to maintain their independence. Therefore, they had arranged for the person to move into another room within the home that had its own kitchenette. This was so they could make their own drinks, wash up and do their own washing if they wanted to. Some people were encouraged to visit the local town on their own if they wanted to do this, to visit the pub or the shops.

People's diverse needs in respect of their culture had been assessed and were being met. One person told us they were able to participate in Holy Communion which was important to them. Another said that representatives of various faiths visited to provide people with support and comfort when needed. The staff

showed an awareness of people's diverse needs and told us these were respected.

The staff told us they were aware that people may experience social isolation and therefore, they encouraged friends and family to visit the home. Where people did not have family, the staff said they had an awareness of this and would be mindful to spend time with these people engaging in conversation. People told us their relatives were welcomed. One person told us, "I have friends who come in and my family are local." Another person said, "Oh yes I have two [close relatives] and they come as often as they can. I think they're planning a lunch out on Mother's Day which will be nice." A relative told us, "The staff always offer us a drink when we come. They do try to make us feel welcome."

People's complaints and concerns were listened and responded to. All of the people and relatives we spoke with said they felt confident to raise concerns if they wanted to. One person told us, "Of course, I would speak to the [Deputy Manager]." Another person said, "Of course I do. I would talk to my family and to the [Deputy Manager]."

The staff we spoke with had an awareness of complaints and said they encouraged people to speak out and raise issues if they felt unhappy about anything. One staff member told us about a complaint a person had made to them recently. This they said, had been reported to the registered manager and dealt with appropriately to the person's satisfaction. Records showed that any concerns or complaints raised had been investigated and dealt with appropriately.

Records showed that some people's end of life wishes had been discussed with them. The registered manager told us this was on-going and that plans were in place to capture all of the relevant information. Where this had been done, we saw that people's choices and preferences had been recorded and kept under review. Relevant healthcare professionals were involved to ensure that people had the required equipment or medication in place to reduce pain and make them comfortable.

Where people were reaching the end of their life, staff told us that one staff member was allocated to the person to ensure they were comfortable and had everything they required. We saw this was completed in a kind and compassionate way, with comfort and support also being provided to relatives where needed. The staff we spoke with demonstrated a good understanding of end of life care and the registered manager, who had a background in palliative care told us that plans were in place for staff to complete specialist training within the subject.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we rated Well-Led as Requires Improvement. At this inspection we have continued to rate Well-Led as Requires Improvement.

At our last inspection in December 2016, we found that there had been a lack of governance systems in place to monitor effectively the quality of care people received. This had resulted in a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the required improvements had not been made and therefore, the provider remained in breach of this Regulation.

The provider or registered manager had not conducted a risk assessment of the building in relation to exposed pipework in line with Health and Safety Executive guidance that has been in place since 2012. No risk assessment regarding unsecure toiletries or steredant tablets being within people's rooms had been completed. The registered manager told us they were not aware that steredant tablets could be a risk to people's safety and these issues had not been identified during any of their or the provider's internal audits. The registered manager told us there was no audit in place to check that risks in relation to people's nutritional needs were being managed appropriately.

An extra audit had recently been introduced in relation to checking that people's medicine records had been completed correctly. The aim of this audit was to identify issues in a timely way so they could be investigated and dealt with quickly. However, this audit had either not identified the gaps we found in people's records or where it had, the staff member conducting the audit had not alerted the management team to this so they could conduct an investigation. Therefore this audit was not wholly effective.

The registered manager told us that a recent audit conducted by an external consultant had identified the issues we found regarding unsecure prescribed creams within people's rooms and staff not completing cream charts correctly. They told us that staff had been told about this during a meeting in the middle of January 2018. However, we found that these issues remained and that therefore, this communication had not been fully effective at correcting these areas of concern. Furthermore, these issues had not been identified by either the provider's or registered manager's existing audits.

Some concerns were identified during the inspection in relation to staff practice. Therefore, the leadership and oversight in place was not fully effective to ensure that staff consistently followed safe practice.

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

During the inspection we were made aware of a serious injury and unexpected death of a person that had not been reported to us as is required. The registered manager told us they were not aware that we should have been told about this as soon as they found out the person had sustained such an injury.

This was a breach of Regulations 16 and 18 of the Care Quality Commission (Registration) Regulations 2009.

Although we found that some improvements had been made since our last inspection, further improvements were required. This showed that the provider's drive for improvement had not been adequate over the last year to reach a consistently good level of care in all areas. Some of the concerns we found had recently been identified but the provider's previous audits had not been effective at doing this. The registered manager told us that a new governance framework was being put in place to monitor and drive improvement within the home.

The registered manager was receptive to our feedback and carried out some risk assessments immediately for the protection of people living in the home. They told us that an external consultant had completed an inspection of the home on 9 January 2018 and that they were currently working through an action plan in response to this. A daily audit of the premises was about to be implemented that the registered manager felt confident would address the issues that we found during the inspection and that their consultant had found.

The registered manager was supported by a deputy manager and a service co-ordinator. The registered manager had recently commenced managing another of the provider's homes which meant they divided their time between both homes. Most staff told us they had not found this an issue and said they felt the home continued to be managed well and that they received good support and direction from the deputy manager in the manager's absence.

All of the people and relatives we spoke with told us they were happy with the level of care being provided and that they would recommend the home to others. One person told us, "The best thing here is the staff. I'm very happy here in fact more than happy. You only have to ask if you want anything. They're ever so good. I'd say yes to people who wanted to come in here. You'll be quite happy." Another person said, "Oh yes. The staff are very good. I would certainly recommend the home to others." A relative told us, "Indeed, she is very happy. She likes her room and her routine. I would recommend because [family member] is very happy here."

People told us they knew who the management team were and felt that the home was managed well. One person told us, "[Registered manager] and [Deputy manager]. The 'deputy' is very good. I see [Deputy manager] around a lot. The home is managed well, yes." Another person told us, "[Registered manager] is lovely. I see her about a lot. With the change of manager things changed but I think it's managed well." The relatives we spoke with told us, "Yes it's [registered manager] who's often around when we come. I think the home is managed fairly well but it is expensive here" and "It's [manager's first name] I think. I think it's okay."

The registered manager had instilled a culture within the home that was open, inclusive and person-centred. They were motivated to provide people with good quality care that put the person and their needs first to enhance the person's wellbeing. They re-affirmed to us a number of times during the inspection that Fairland House was people's home and that it was therefore treated as such. It was clear from our conversations with staff that they also abided by this culture and ethos.

Most staff told us they were happy working at the home, that their morale was high and that the culture in the home was good. They all said they felt the management team were approachable and that they had no concerns about raising issues if they felt they needed to. They also said they felt valued for the work they did.

People and staff's opinions had been sought to help develop the service and on the quality of care they

received. The people living in the home and relatives were asked to complete a questionnaire annually regarding the quality of care they received. We saw that the responses were positive. Some comments had been made in respect of improvements and the registered manager had implemented these. The registered manager told us that not everyone had said in the questionnaire that they were 'always' treated with respect with some stating this occurred 'sometimes'. In response to this, the registered manager had sought further views and implemented curtains within communal areas to ensure that people felt they were always treated with respect.

People had fed back that they were having issues with chiropody. Therefore, the registered manager consulted them about this and a new chiropodist was asked to visit the home regularly and the feedback from people about this had been positive. People had also said they did not want staff to wear uniforms. Staff had been consulted about this. Some wanted to continue to wear their uniforms so a compromise was reached where some did and some didn't.

Meetings were held with people living in the home and relatives regularly. Here, they were asked for their ideas on what improvements could be made. The registered manager told us that some people had requested the time of lunch be moved to accommodate them as they liked to stay in bed late. This had been done and further feedback was being sought to see if people were happy with this arrangement.

Most staff told us they were consulted about changes in the home and that their ideas were also sought and implemented. For example, one staff member told us about ideas in relation to the placing of care records within people's rooms and people having individual laundry baskets so people can get their own clothes back.

Some links with the local community had been developed. This included with representatives of various faiths and also local schools. The registered manager told us that plans were in place to develop these further. They told us that in the summer a group of young people had visited the home and helped with the gardening and spent time with people living in the home. Feedback from people had been positive and therefore, the registered manager was exploring whether this could take place on a more regular basis. The registered manager was also looking to see if they could establish links with a local nursery so that young children could visit the home. A local village hall was present across the road from the home. The registered manager told us they had been in contact with the representatives of the hall and had discussions regarding events that people could attend.

The registered manager had built good relationships with local healthcare professionals who were asked to provide training to staff within the home to enhance their knowledge. The registered manager was keen to develop some staff so they could become 'champions' within the home with regards to various subjects such as infection control and dementia. They told us that these staff would then impart their knowledge and support other staff within these subjects and to help drive quality within the home.

An analysis of any incidents and accidents that had taken place within the home was conducted each month. This identified any patterns or trends in relation to these accidents for example, falls. For the people whose care we looked at, we saw that any action required to learn from these accidents to help reduce the risk of them re-occurring in the future had been implemented.

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	Regulation 16 Registration Regulations 2009 Notification of death of a person who uses services The Commission had not always been notified of deaths of service users as is required. Regulation 16 (1).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The Commission had not always been notified of serious injuries as is required. Regulation 18 , (1) and 2 (a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's safety had not always been assessed or managed effectively. Regulation 12, (1), (2) (a) and (b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place to assess, monitor and improve the quality of care received and to assess, monitor and mitigate risks to people's safety were not all effective. Regulation 17 (1), (2) (a), (b) and (f).