

Hewitt-Hill Limited

Fairland House

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Fairland House is a residential care home providing personal care and accommodation to 31 people aged 65 and over at the time of the inspection. The service can support up to 34 people.

People's experience of using this service and what we found

Improvements had been made since our last inspection to the safety of the home. Risks in relation to people's safety had been assessed and managed well.

The governance systems had been reviewed and were more robust. This ensured the quality of care people received was regularly monitored and improved where necessary. There was good leadership in place and the registered manager and provider demonstrated they were keen to learn and drive improvement within the home.

The registered manager's knowledge regarding the care standards required had improved, as had the support and direction given by the provider. However, we did find a shortfall in this knowledge in relation to the types of incidents the Care Quality Commission needed to be notified of. We have therefore made a recommendation for the registered manager to review the relevant regulations.

There was an open culture within the home. People had a voice and were listened to and they were respected as individuals. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

The staff were kind, caring and compassionate. They took time to get to know the people they supported to ensure that care was delivered in line with their needs, preferences and routines. The staff had received a variety of training which was reviewed regularly, to ensure their practice remained safe and their knowledge up to date.

There was an awareness of social isolation and people were encouraged to participate in activities that were of interest with them. Relatives and friends were free to visit at any time. Good links with the community had been established to facilitate people's wellbeing.

People received a good choice and variety of food and drink. They were supported with their healthcare needs. Good links had been established with the relevant services such as the GP surgery, dentists and district nursing teams. Staff worked well with these professionals, including at the end of people's lives to ensure they received care that met their wishes and preferences.

When something had gone wrong, such as an accident, the provider had processes in place to ensure learning occurred. Relevant parties such as the person involved or their relative, had been included in the investigation and offered an apology where necessary.

Rating at last inspection and update

The last rating for this service was Requires Improvement (published February 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Fairland House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one 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.

Service and service type

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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since our last inspection. We sought feedback from the commissioners of the service for their opinion of the quality of care provided. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care

provided. We spoke with eight members of staff including the nominated individual who is responsible for supervising the management of the service on behalf of the provider, the registered manager, deputy manager care workers and kitchen staff.

We reviewed a range of records. This included three people's care records, multiple medication records and two staff files in relation to recruitment and training. A variety of records relating to the management of the service were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At the last inspection, some risks to people's safety had not been adequately managed. This resulted in a breach of regulation 12 of the Health and Social Care Act (2008) (Regulated Activity) Regulations 2014. At this inspection we found the necessary improvements had been made.

Assessing risk, safety monitoring and management

- People told us they felt safe living in Fairland House. One person said, 'I'm much safer here than when I was living at home on my own. It made sense for me to come here and I've not regretted the decision.' A relative told us, "[Family member] had falls at home and was quite frail. They are definitely a lot safer being here."
- Risks to people's safety had been assessed and actions taken to reduce them as much as possible. For example, some people had been found to be at risk of developing pressure ulcers. To reduce this risk, people had access to the relevant equipment and staff checked their skin regularly.
- Risks in relation to the premises were managed well. We found hot surfaces that could cause a risk of burns were covered and items that could cause harm were locked away where it was appropriate to do so.

Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated a good knowledge regarding safeguarding people from the risk of abuse. They knew who to report any concerns to both within the provider and externally if required.
- Any concerns raised with the registered manager had been reported to the local authority safeguarding team as required.

Staffing and recruitment

- Most people told us they felt there were enough staff to meet their needs and to keep them safe. One person said, "They've struggled with it in the past but now I think they've got it about right. I am aware they know I don't ring very often so if I do, they tend to respond promptly." However another person told us, "Sometimes they're a bit short" although they said this did not adversely affect them. Relatives felt there were enough staff to assist their family members when they required support.
- Staff felt there were usually enough staff but said that on occasions, particularly in the afternoons there were times they felt rushed and not able to respond to people's requests for assistance in a timely manner. On the day of our inspection visit, we observed that staff were busy, but able to meet people's needs and spend time with them at certain times of the day.
- The registered manager told us staffing levels were calculated based on people's needs. Last minute staff absence was covered by agency staff or the deputy/registered manager if needed. We fed back people and staff views about staffing levels. The registered manager and nominated individual agreed to keep staffing levels under review.

Using medicines safely

- People told us they received their medicines when they needed them. One person said, "If I needed some pain relief they would give me paracetamol." The medicine records we looked at showed people had received their medicines when they needed them.
- Staff who gave people their medicines had received training on how to do this in line with best practice. Their competency to do this safely had also been assessed.
- Medicines were kept secure to ensure they were safe to use. Information was in place to guide staff on how to give people their medicines in line with their individual preferences. Important information such as allergies people had was also clear.

Preventing and controlling infection

- People told us they felt the standard of cleanliness within the home was good. One person said, "I think they do a really good job. They clean the room every day and on Friday they give it a more thorough clean, they move the bed out and clean behind that. They wear gloves and aprons."
- Most areas of the home were clean although there were unpleasant odours within some areas. The registered manager was aware of this and taking steps to improve this.
- Staff had received training in infection control. They were observed to take the necessary precautions when providing people with care.

Learning lessons when things go wrong

- Staff understood they needed to report any incidents or accidents to the registered manager for investigation. Records showed that incidents had been investigated and actions taken to try to prevent them from re-occurring. For example, one person who had fallen had seen a health professional who had recommended the use of different equipment.
- Lessons had been learnt when required. One person had managed to leave the service when it had been unsafe for them to do so. Staff had seen the person leave and quickly returned them to the home. In response, the registered manager had re-assessed any risks associated with the premises and alarms had been placed on certain exits, so staff could respond if they were opened.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices had been holistically assessed. Their physical, mental and social requirements had been considered, along with people's preferred routines and protected characteristics.
- Care was delivered in line with the relevant legislation and best practice guidance. The provider had invested in technology to assist with the monitoring of care provided. For example, an electronic system for administering people's medicines had recently been introduced. The registered manager and staff told us this had reduced the number of medicine errors occurring.

Staff support: induction, training, skills and experience

- People told us they felt the staff were well trained. One person said, "I think they have the skills they need, they're often in meetings for training and I've seen that the new or younger staff shadow the experienced carers." We observed staff using safe and appropriate techniques, such as when they supported people to move from a chair to wheelchair.
- Staff told us they felt they had received enough training and supervision to enable them to provide people with a good standard of care. New staff explained they had completed an induction period, which included shadowing more experienced staff before working with people on their own. Staff added they were encouraged to complete qualifications within health and social care.
- The registered manager and provider ensured staff knowledge remained up to date. Records showed staff had completed training in several different subjects that reflected these needs. The registered manager told us staff were to soon attend training in relation to sepsis to enhance their knowledge in this area.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were satisfied with the standard of food on offer and that they were given plenty of choice. One person said, "The food is excellent, really first class." Another told us, "They revised the menu recently and asked people what they liked. Obviously, you can't please everyone but it's nice to be consulted. At lunch they show people what the choice of meal is. It's not necessary for some people but it's really good for others who find it difficult to make a choice, so I'm all for it."
- Staff demonstrated a good knowledge regarding people's dietary requirements and the importance of good hydration. Records showed staff reported concerns where appropriate and that action was taken. For example, one person had lost weight. In response the GP had been involved and the person was now receiving food supplements to improve their weight.
- The kitchen staff had a good knowledge about people's food requirements. This included any allergies people had or specialist diets they required due to their health needs or personal preferences.

- We observed the lunchtime meal. Most people looked to enjoy this occasion. However, one person asked for a small meal but received the same sized meal as others. After eating two mouthfuls, they commented it was too big for them and left the rest. We fed this back to the registered manager who agreed to remind staff to ensure they met people's preferences regarding meal portion sizes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us staff were quick to report any concerns about their health to the relevant professionals. Some relatives told us how their family member's health had improved since moving into Fairland House. One relative said, "Since being here, [Family member] has a new lease of life. They have put on weight and their communication has improved."

- Staff told us they worked with several different organisations and individuals to ensure people received effective care. This included health and social care professionals. Records we viewed showed people had access to these professionals when required. For example, everyone living in the home had been offered a flu jab if they wished to have one.

- Staff had received training in oral healthcare. They told us how they helped people maintain their health in this area. Links with a local dentist had been established who visited the home to provide people with dental care.

Adapting service, design, decoration to meet people's needs

- People and relatives where appropriate, had been involved in the decoration and furnishings within the home. People had personalised their rooms as they wished.

- Some people had tried to leave the home when it would have been unsafe for them to do so. In response, the registered manager had arranged for the front door to be disguised with a mural of a tree. They told us this had reduced some people's distress as they no longer tried to leave the home.

- Signage was in place to help people orientate themselves around the home. People had access to several private and communal areas where they could reside. They could access a well-maintained garden when they wanted to. The premises in the main, was in good condition with some areas having recently been re-decorated.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People told us staff sought their consent before performing a task. The relatives we spoke with agreed with this. Staff demonstrated a good understanding of the MCA. They had received recent training in this area.

- The registered manager had assessed people's capacity to make certain decisions where this was in doubt. Staff were clear any actions they took on behalf of a person who lacked capacity, had to be done in their best interests.

- The registered manager had applied for a DoLs where they felt they were depriving people of their liberty. At the time of the inspection visit, they had not received the local authority's decision regarding these applications. The registered manager confirmed they kept any deprivation under review, to ensure the least restrictive option was in place to keep people safe.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring and treated them well. One person said, "They've got to know me, and they know how to help me. That's with all sorts of things from cleaning my room to bringing me cups of tea and helping me wash, I think they are very caring." A relative told us, "I feel the care provided is very good. The staff are very compassionate and kind."
- Staff knew the people they supported well. They understood their likes, dislikes and routines. Staff had worked with people to develop 'memory boxes' which contained items such as photographs that were important to the person. Staff said this helped them reminisce with people.
- We observed staff treating people with kindness and respect. On one occasion a staff member joked with a person whilst prompting them to walk. This made the person laugh and express their happiness. Staff readily accepted a hug from another person who smiled and chatted to them in an enthusiastic manner.

Supporting people to express their views and be involved in making decisions about their care

- People told us they could freely express their views and were listened to. One person said, "They listen, and I am very confident. If I'm unhappy I'll tell them, and they take notice." A relative said, "[Family member] is prone to water infections and gets a bit wobbly. I've spoken to them about this and they've listened. I'm happy that we can have a conversation around [Family member's] care and agree what's best for her."
- Relatives told us they felt fully involved in their family member's care when this was required. One relative told us how their family member had recently been involved in reviewing the care they received, to ensure it met their needs and was delivered in line with their requirements.

Respecting and promoting people's privacy, dignity and independence

- People were observed to be treated with dignity throughout our inspection visit. Staff ensured doors were closed when providing people with personal care. Some staff knocked on people's bedroom doors before entering their room however, this was not consistently applied and could therefore be improved.
- Staff told us how they promoted people's independence. One staff member said they sat with a person during their meals, so they could help them eat and drink if required. They explained they were mindful the person sometimes wanted to feed themselves and were respectful of this, only intervening when necessary. Other people were encouraged to manage their own medicines if they wished to.
- Some people had the facilities in their room to make their own hot drinks or to keep food in a fridge. We asked one person if they made themselves hot drinks. They told us, "Not very often. I'll admit it's easier just to get them (staff) to bring me a drink but it's nice to have the option. I do keep a few things in the fridge."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us the care they received met their needs and preferences. One person said, "I can have a bath or shower pretty much whenever I want, certainly a shower every two or three days is possible." The relatives we spoke with agreed care was delivered in line with people's requirements. We saw some people chose to sleep in during the mornings and this was respected.
- People and their relatives if necessary had been involved in the assessment of their care. They had been able to express how they wanted their care delivered to reflect their needs and preferences. From this assessment, a detailed care record had been formulated which provided staff with clear and comprehensive guidance on how to meet these needs. The care records we looked at were accurate and had been regularly reviewed to reflect people's current requirements.
- The registered manager was keen to ensure that people did not experience social isolation. There were no restrictions on when family or friends could visit people and relatives told us they were encouraged to visit. Links had been formed with a local nursery and sixth form colleague and children/pupils from these establishments visited regularly to interact with people living in the home.
- People who wished to pursue hobbies or interests were encouraged to do this. Some people enjoyed crosswords and others knitting. There was a schedule of planned activities each week, including external entertainers and visiting animals that people could see. For those people who preferred to stay in their rooms, the activities co-ordinator would spend some time with them on a one to one basis if they wished for this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs had been assessed and were being met. Staff demonstrated how they adapted their approach to help people's communication. For example, speaking clearly or using body language.
- The registered manager told us information was available to people in different formats such as large print or Braille if this was required.

Improving care quality in response to complaints or concerns

- Information was available to people and relatives should they wish to make a complaint. People and

relatives told us they did not have any complaints but felt confident to make one should they need to. One person said, "I really don't think it would be a problem. We have the opportunity to raise questions or complaints at meetings and [Registered manager] is very open and easy to talk to." A relative told us, "If I need to raise anything I speak to [Registered manager]. I am confident she would act and try to put things right."

- Records showed the registered manager had investigated any complaints made. They had offered an apology as necessary and involved the individuals who had made the complaint within the process.

End of life care and support

- People's end of life wishes had been gathered where they were happy to give them. A relative told us these had been discussed with them to ensure their family member's wishes were known.

- Staff told us they worked with several different health professionals to ensure people had a comfortable and dignified death. The registered manager said people's wishes and preferences were respected, including having a staff member with a person if they had not wanted to be alone at this time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection, the governance systems in place had not been robust at monitoring and mitigating risks to people's safety or driving improvement within the service. This resulted in a breach of regulation 17 of the Health and Social Care Act (2008) (Regulated Activity) Regulations 2014. At this inspection we found the required improvements had been made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Improvements had been made to the governance systems and the registered manager performed several regular audits to monitor the quality of care provided. For example, audits of medicines, care records, people's weights and pressure care equipment had taken place. Any shortfalls identified, had been rectified and action taken to try to prevent errors from re-occurring.
- A regular analysis of complaints, incidents and accidents had been introduced to help identify patterns and trends. The registered manager told us this had been successful in helping reduce the number of falls a person experienced.
- The registered manager demonstrated they were aware of most of the incidents CQC should be notified of and our records showed these had been received. However, they did not fully understand the process for reporting safeguarding incidents. We found one that should have been reported to us. We spoke with the registered manager who agreed to review their knowledge within this area.

We recommend the registered manager reviews the Health and Social Care Act 2008 (Registration) Regulations 2009 to ensure they are clear about what incidents CQC must be notified of.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives were happy with the standard of care provided. Everyone felt the home was managed well. One person told us, "Not only is [Registered manager] striving to improve, she has done so. We like her. She's very pleasant and hard working." Another person said, "I like that [Registered manager] is prepared to roll up her sleeves and help and I'm sure her staff do too." Everyone we spoke with said they would recommend the home to others.
- The registered manager had promoted a person-centred and open culture within the home where people and staff were respected and treated as individuals. People and staff told us the registered manager was approachable, kind and listened to them when needed.

- Staff were happy working within the home. They said their morale was good, that they felt fully supported and worked well as a team, which they all saw as one of their key strengths. They all felt the quality of care people received had improved.
- The provider and registered manager understood the duty of candour. They were open and honest with people when things had gone wrong and included them in any investigations when necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us they were actively encouraged to provide feedback on how they wanted their care to be provided. They were able to do this at regular meetings or during reviews of their care. One person said, "I've been to the meetings and they're helpful. One day, a visitor told me they never knew who was in charge when they visited. It was raised in a meeting and now there's a staff photo board telling us who's on duty and who's in charge."
- Strong links within the community had been established. These included with local schools, colleges and religious associations to support people with their spiritual faith.
- The registered manager and staff worked well with other services to ensure people received good quality care. Records showed that two health professionals had recently complimented the care people received, with one writing 'Fairland House is a lovely home which is well known within the community. It has a good reputation within the area.'