

M.D. Care (UK) Limited

Fairways Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This unannounced comprehensive inspection took place on 18 and 20 March 2015, with one CQC inspector visiting the home on both days.

Our previous inspection of the home on 11 and 12 August 2014 identified breaches of the regulations relating to; care and welfare of people, assessing and monitoring the quality of service provision, safeguarding people who use services from abuse, management of medicines, respecting and involving people who use services, consent to care and treatment, people's personal records and supporting workers.

We took enforcement action and issued a warning notice regarding Regulation 9 Health and Social Care Act 2008 because the provider had not taken proper steps to ensure that people were protected against the risks of inappropriate or unsafe care as care had not been assessed, planned or delivered to meet people's needs or ensure their welfare.

We told the provider that they must make improvements to protect people from the risks of unsafe care. We required that the provider to meet Regulation 9 by 29 September 2014. We carried out an unannounced

Summary of findings

focussed inspection on 26 November 2014 to check that the breach of Regulation 9 had been addressed. We found that the provider had taken appropriate action and had complied with the warning notice.

This inspection visit took place to ensure the provider had made improvements in regard to the remaining breaches in the regulations we had found during our visit in August 2014. At this inspection we found the provider had made major staff changes and made the required improvements to meet the regulations.

Fairways Residential Care Home provides accommodation, care and support for up to 70 people. At the time of the inspection there were 59 people living at Fairways Residential Care Home. The provider was in the process of making an application for a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

The home had been undergoing extensive refurbishment and renovation and the majority of the works had been completed, giving a light, bright and airy atmosphere to the home. The acting manager showed us around the home and we saw attention had been given to ensure people living with dementia would be able to navigate their way around the home safely. For example, hand rails were available in all corridors and memory boxes were located outside people's bedrooms with their names and photo's that would prompt their memory. Bathrooms and toilets were clearly signed.

There was a varied programme of activities on offer, with scheduled activities taking place both morning and afternoon. People told us they really enjoyed the activities and entertainment the home offered and actively sought out the company of the activity staff to check what they would be doing that day.

People told us they felt safe at the home. Staff took time with people and were friendly, kind and patient, caring for them with consideration and compassion. People were relaxed with members of staff and actively sought their company for support and to talk to. Support was offered in accordance with people's wishes and their

privacy was protected. People received personal care and support in a personalised way. Staff knew people well and understood their physical and personal care needs and treated them with dignity and respect.

Medicines were handled appropriately, stored securely and managed and disposed of safely. A new medicine administration system had been recently introduced which staff spoke positively about.

People's needs were assessed and care was planned and delivered to meet their needs. Risk assessments were in place for areas of risk such as nutrition, falls, pressure area care and moving and handling. Records showed an assessment of need had been carried out to ensure risks to people's health were managed. People and their relatives were involved in assessing and planning the care and support they received. People were referred to health care professionals as required. Equipment such as hoists and pressure relieving mattresses and cushions were readily available, well maintained and used safely by staff in accordance with people's risk assessments.

There was a system in place to ensure staff received their required training courses and refresher training as required. Staff were knowledgeable about their role and spoke positively regarding the induction and training they received. Staff demonstrated a good understanding of The Mental Capacity Act 2005 and were able to give examples concerning 'best interest' decisions that had been made for people.

There were enough qualified, skilled and experienced staff employed to meet people's needs. Staff felt well supported by the management team and received regular supervision sessions and appraisals. The acting manager told us they were in the process of recruiting additional staff on an on-going basis. The process used to recruit staff was safe and ensured staff were suitable for their role.

The acting manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely.

Summary of findings

People knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns or queries. The provider regularly sought feedback from people and changes were made if required.

The service was well led, with a clear management structure in place. There were systems in place to drive the improvement of the safety and quality of the service and there was evidence that learning took place from the review and analysis of accident and incidents.

The acting manager kept up to date with current guidance and regulations.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Medicines were managed safely, stored securely and records completed accurately.

Staff demonstrated a good understanding of the signs of abuse and neglect. They were aware of what action to take if they suspected abuse was taking place.

Staff were recruited safely and pre-employment checks had been conducted prior to staff starting employment.

People had risk assessments in place to ensure every day risks were identified and minimised where possible.

Is the service effective?

The service was effective. Staff received ongoing support from senior staff who had the appropriate knowledge and skills. Induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People were offered a variety of choice of good quality food and drink.

People accessed the services of healthcare professionals as appropriate.

Is the service caring?

The service was caring. Care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff understood how to provide care in a dignified manner and respected people's right to privacy.

Staff were aware of people's preferences and took an interest in people and their families to provide person centred care.

Is the service responsive?

The service was responsive. People's needs were assessed and care was planned and delivered to meet their needs.

There was a variety of activities that people could participate in if they wished.

Family members continued to play an important role and people spent time with them.

People could raise a concern and felt confident that these would be addressed promptly.

Is the service well-led?

The service was well led. Staff felt well supported by the management team and felt comfortable to raise concerns if needed and felt confident they would be listened to.

Observations and feedback from people and staff showed us the service had a positive open culture.

The provider had a range of audits in place to monitor the quality of the service provided and kept up to date with changes in practice.

Fairways Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 18 and 20 March 2015 and was unannounced. One CQC inspector visited the home on both days.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We also asked the local authority who commission the service for their views on the care and service given by the home.

During the two day inspection we met and spoke briefly with the majority of the people living there and spoke in depth with eight people and three visiting relatives. We also requested written feedback from GP's on their views of the care provided at the home. We also spoke with visiting

district nurses who regularly visited Fairways Residential Care Home. We spoke with the acting manager, the cook and four members of care staff. Because some people were living with dementia and were not able to tell us about their experiences we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific method of observing care to help us understand the experience of people who could not talk with us.

We observed how people were supported and looked at three people's care, treatment and support records and were shown the new computerised system the provider had introduced to administer people's medicines. We also looked at records relating to the management of the service including staffing rota's, staff recruitment and training records, premises maintenance records and staff meeting minutes.

The provider had previously completed a Provider Information Return (PIR) inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We used the information in the PIR to plan and undertake the inspection.

Is the service safe?

Our findings

People who were able to tell us said they felt comfortable and safe living at Fairways Residential Care Home. One person told us, “It’s a lovely home, I feel safe, they are always checking on me to make sure I have everything I need”. Another person said, “I’ve no concerns, the foods good, I’m comfortable and the staff are kind and friendly”.

Our inspection on 11 and 12 August 2014 identified that people’s medicines were not always managed safely. At this inspection we saw medicine trolleys were securely stored to the wall when not in use and medicines were not left unattended at any time. We observed staff supporting people with their medicines and saw staff explained to people what the medicine was for and waited while the person took their medicine to ensure they had received it correctly. Staff supported one person at a time with their medicines and spoke knowledgeably about how people preferred to take their medicines.

The acting manager showed us the new computerised medication system they had recently implemented in the home. The system replaced the existing paper medication administration records (MARS) and operated a colour coded prompt to highlight to staff when people were due their medicine. The system also had a facility to prompt staff when stocks of medicines were running low and had in built security checks to ensure people received the correct dose and type of medicine. Where people had allergies, these were clearly recorded. All actions were authorised by two members of staff. Staff told us they felt the new system would be very useful and effective and felt it would provide a very secure and safe system for administering medicines to people.

There was a system of body maps in people’s care plans to ensure people had prescribed creams applied at the correct frequency.

We checked the storage and stock of medicines. Items were correctly listed in the medicines register and the levels of medicine stock were accurately reflected in the register, this showed returned medicines were accounted for accurately.

Our inspection on 11 and 12 August 2014 identified that the provider had not made suitable arrangements to identify and respond to actual or suspected abuse. At this inspection staff we spoke to were knowledgeable about the

correct procedure for reporting allegations of potential abuse. Staff told us they had completed training in protecting people from abuse and were aware of the provider’s policy for safeguarding people. We reviewed the provider’s safeguarding policy and saw a copy of the policy was placed on each member of staff records, which they had signed to say they had read and understood the policy. We saw training records that confirmed staff had completed their safeguarding adults training courses and received refresher training when required.

There was a system in place to ensure people’s risks were assessed and plans were in place to reduce these risks. We reviewed, in depth, the care of four people. This was so we could evaluate how people’s care needs were assessed and care planned and delivered. We found people had risk assessments in place for areas of risk such as falls, moving and handling, nutrition and pressure area care. We saw records that showed an assessment of need had been carried out to ensure risks to their health were managed. Records showed if people’s health was deteriorating the person was referred to a health care professional such as the district nursing team, dietician or GP. Records showed risk assessments were also completed for a wide range of environmental areas including; the water system, fire, lifts, hoists and infection control.

There were enough staff employed to meet people’s needs. The acting manager showed us the staff rotas for a three week period which correctly reflected the levels of staff on duty during our inspection visit. Staff told us they felt there were generally enough staff on each shift to manage the needs of the people living at Fairways Residential Care Home. The acting manager told us they constantly reviewed the needs of people to ensure the correct levels of staff were available on each shift. During our inspection visit we observed call bells were answered promptly and people who required assistance were attended to quickly and safely. During our observations in the communal areas of the home we observed people were given support in a friendly manner that was not rushed. People were frequently offered a choice of drinks and or snacks and were supported in a timely manner and did not have to wait for lengthy periods to get assistance.

The acting manager told us they used an independent agency for covering staff shortages. Where possible they used the same members of agency staff to ensure continuity in care for the people living at Fairways. We

Is the service safe?

reviewed four staff recruitment records and spoke with two members of staff about their recruitment. Staff told us they had felt well supported throughout their induction period and had got to know the people living at the home before they were left to care for them independently. We saw records that showed recruitment practices were safe and that the relevant employment checks, such as criminal records checks, proof of identity, right to work in the United Kingdom and appropriate references had been completed before staff began working at Fairways.

We reviewed the providers system for maintenance of the premises and saw regular tests for Legionella were conducted and regular flushes were completed on the water system. Legionella is a water borne bacteria that can be harmful to people's health.

The acting manager told us the provider employed their own maintenance team who ensured the regular schedule of maintenance checks was adhered to.

Is the service effective?

Our findings

People told us they felt very well cared for by everyone at Fairways Residential Care Home. One person said, “I’ve no complaints, the staff are kind and patient and always do their best... they are quite quick to respond when I need them both day and night”. One person said, “Everything is very nice, I really enjoy living here, I come and go as I like and I have plenty of company, I’m being spoilt living here”. Another person told us, “All the staff are so good, they always help me with anything I need and are kind and respectful, I’m very happy, they look after me very well”.

Our inspection on 11 and 12 August 2014 identified that the service was not effective. Not all staff had received training in topics that were relevant to the needs of people using the service and staff were not effectively supported, supervised or appraised. At this inspection we found that all staff had a clear programme of training in place, thought highly of the training they had received and found all members of the management team supportive. Staff told us and we saw records that showed supervision sessions and appraisals had been completed for them.

We observed staff had an effective knowledge of how people preferred to be cared for and showed good understanding of how people living with dementia needed supporting. We observed one person liked to constantly walk around the home. A member of staff told us how they had discussed this person’s behaviour with their team and had found the person was much more relaxed and calm if they were walking independently around the home. Previously staff had asked the person to sit down which had caused agitation. We observed all staff supported the person knowledgeably, directing them to safe areas to walk and checking they had enough to drink and whether they would like to join in with the group activities.

Staff demonstrated a good knowledge of people and told us how they preferred their care needs to be met. For example, one person preferred to sit in a specific chair and staff ensured this chair was correctly positioned so the person would feel safe and secure.

Staff told us they felt well supported by their colleagues and the management team. The acting manager showed us the new system they were implementing for staff supervision and appraisals. Staff would still receive their main appraisal each year and in addition staff would

receive a bi-monthly mini appraisal to ensure staff could discuss performance development on a regular basis. The revised process incorporated a reflection sheet which enabled staff to detail what areas they had done well in, what challenges they had encountered and what changes could they make.

Staff said they found their induction training thorough and effective. Records showed induction covered all the core training modules, for example, infection control, moving and handling, safeguarding adults and fire safety. Staff told us their induction training had equipped them well for their future roles. They confirmed they had received high levels of support and guidance throughout their induction and were not asked to provide support for people until they were confident they could care and support people competently on their own.

Our inspection on the 11 and 12 August 2014 we identified that people were not protected from the risks of being unlawfully deprived of their liberty as the provider had not made appropriate arrangements. We discussed the improvements the provider had made in regard to the Deprivation of Liberty Safeguards with the acting manager. They were aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the acting manager and their deputy. The acting manager told us they had completed assessments for DoLS for all people living at Fairways Residential Care Home. Completed DoLS applications had been sent to the local authority for authorisation.

The service followed the principles of The Mental Capacity Act 2005, and made appropriate decisions about whether different aspects of people’s care were carried out in their best interest where people lacked the ability to give their consent. People had best interest decisions recorded in their care plans. Staff training records showed that staff undertook regular training and competency assessments in the Mental Capacity Act 2005. Staff demonstrated they had a basic understanding of the Mental Capacity Act 2005 and issues concerning consent. Staff told us if they needed further guidance they would refer to their Head of Care or deputy manager.

Is the service effective?

During our inspection we observed two activity sessions one in the morning and one in the afternoon and a lunch service. We observed people were given choices concerning where they wished to sit, whether they would like to sit with other people for company or if they preferred to sit on their own. Staff were attentive to people's needs and regularly checked if they would like a hot or cold drink or a snack. People had their mobility aids placed close to them so they could reach them easily. We observed staff encouraged people's independence; staff offered assistance promptly when required and supported people discreetly when they needed assistance.

We spoke to the cook who demonstrated a good knowledge of what people living in the home preferred to eat. People's dietary needs were assessed, the cook showed us the nutritional support system they used to ensure people who were on soft, pureed or fortified food got the correct diet. The provider used an independent food company that delivered all the meals pre prepared on a weekly menu. The cook then heated the meals and made additional or alternative meals such as scrambled eggs, omelettes, sandwiches, rice pudding and diabetic cakes and puddings for those people living with diabetes. This ensured people were given food they enjoyed but it was managed in a manner that ensured their health was maintained. Snacks, sandwiches and fruit were available throughout the day and we observed staff constantly offering people hot or cold drinks and a variety of fruit juices. People were able to request an alternative meal if they did not like what was on the menu, or would prefer a snack such as sandwiches, jacket potato, eggs or soup. We saw a clear notice in the dining room that explained this process for people.

The cook told us they were well supported within their role and the kitchen equipment and fittings were well maintained. The kitchen had been assessed recently by the local environmental authority and had been awarded a 5 star rating which was the highest grade. The cook told us they completed daily, weekly and monthly cleans with a deep steam clean each fortnight.

Both dining rooms were attractively laid out for meal times, with napkins, flowers and condiments on each table. There was a smaller dining room that was used for people that needed specific assistance to eat. This meant people who needed extra help and support were given assistance in a calm and unrushed manner that allowed them to enjoy

their meal at their own pace. We observed the main meal at lunchtime in the dining room which was well presented and appetising. The atmosphere at lunchtime was good, with people chatting to each other about what they were eating, what they were going to do in the afternoon and how they were enjoying their meal.

There were enough staff available to ensure people were assisted to eat their meal in a timely manner. We saw people were assisted to sit where they wished and people's care needs were prompted in a timely manner. For example, one person wanted to sit on their own and staff sensitively respected this person's choice. We saw people's wishes were respected and people were gently encouraged and supported to eat independently. People were not rushed and were asked if they wanted any more food before their plates were taken away.

People who were at risk of malnutrition had their food and fluid intake and weight monitored. This was to make sure they had enough to eat and drink and their weight was maintained or increased. Records in people's bedrooms showed what people had eaten and how much fluid had been consumed per day. The records also showed the target amount of fluid needed on a daily basis for each person, this meant staff would be able to identify how much fluid people would need per day to prevent them becoming dehydrated.

There were systems in place to monitor people's on-going health needs. Records showed referrals were made to health professionals including, opticians, district nurses, chiropodists and GP's.

People's care plans showed they had access to a range of health care professionals and specialist health teams including, dieticians, speech and language therapy. People's care plans were reviewed on a monthly basis and changes in their plans of care were amended when their health needs changed. Records showed people who were at risk of developing pressure sores were regularly repositioned throughout the day and night and were cared for on air mattresses and pressure cushions. Staff confirmed they had enough specialist equipment available to care for people correctly.

The home was in the process of undergoing extensive building works including extending the premises and a complete refurbishment and redecoration. Areas of the home that had been finished had been modernised with

Is the service effective?

amenities for people living with dementia. Adaptations included, hand rails in all corridors to facilitate easy mobility for people, memory boxes outside bedroom doors

and names and photos of people on their bedroom doors. Toilets and bathrooms were clearly signed and rooms and corridors were wide to ensure for easy access for people using wheelchairs or mobility aids.

Is the service caring?

Our findings

People told us they found the staff kind, compassionate and caring and they enjoyed living at Fairways Residential Care Home. One person said, “The staff are so kind and respectful, they help me to bathe when I feel like it and if I want to spend time alone they always check to make sure I’m ok”. One relative told us, “I can’t criticise the care it’s excellent, staff are fantastic”. Another relative told us, “Everyone has been so helpful; we’re so pleased we came here”.

Staff told us, “We all work well together, it’s what makes this home so special we’re really person centred and friendly, everyone is treated as an individual”.

Our inspection on 11 and 12 August 2014 identified that the service did not always respect people’s privacy and dignity. The home had used walkie talkie devices to communicate between staff which meant some inappropriate communications could be overheard which did not respect people’s privacy. Following the inspection the walkie talkie devices were taken out of use and a bleeper system ordered which would respect people’s privacy.

Our inspection on 11 and 12 August 2014 identified that people being hoisted did not always have their privacy respected, staff interactions were minimal and task focussed and the environment in the main lounge was noisy with conflicting sounds from the radio, the television and call bell alarms ringing.

At this inspection we observed people’s privacy and dignity were respected. We observed staff moving and hoisting people on three occasions in a communal area and the person’s privacy and dignity was respected at all times. Staff gave good examples of how they ensured people’s dignity was maintained at all times, for example, the use of screens and blankets to ensure people had their privacy and dignity maintained and ensuring people’s clothing was properly arranged before hoisting them. We observed that people’s bedroom doors were closed when people were receiving personal care and people told us the staff were respectful of their wishes and made sure they were comfortable at all times. We asked people if staff respected their privacy and dignity, they all said they did.

We observed the noise level in the main lounge was appropriate, with only the television or the radio being on individually at any one time. Call bell alarms rang but these were not overly invasive and did not ring for lengthy periods.

There were good interactions between staff and people. Staff interacted with people in a caring and compassionate way. People were treated with patience and respect and staff were attentive and knowledgeable about their specific care needs. Staff spoke to people in a friendly manner and we observed people sought staff out to have a chat and appeared relaxed and comfortable with them. Staff often reassured people by touching them gently on their arm or hand and always used their name which people responded well to. Staff spoke about people in ways which demonstrated they cared about them and valued them and their actions did not appear rushed.

Staff spoke knowledgeably and fondly about people and gave us detailed information about people’s backgrounds, what their occupation had been and how they preferred to spend their day, what drinks and food they liked and how they preferred their care to be given. This showed staff knew the people well and provided support and care in an individualised manner.

The acting manager had implemented a document called ‘This is me’ which gave a summary of ten things that were important to the person. This was an effective tool for staff to use to get to know the person well and enable them to do things that they enjoyed.

People and their relatives were involved in planning their care. A visiting relative told us, communication in the home was, “Excellent”. They said they were always kept fully up to date with any changes with their relative and felt fully involved and respected in planning their care and welfare.

During our inspection visit we observed people’s personal records were kept secure and no personal information was left on display.

People’s relatives and friends were free to visit them throughout the day. We spoke with several visiting relatives who told us they were always made to feel very welcome whenever they visited.

We saw the system the provider used to ensure people were supported at the end of their life in comfort, with dignity and free from pain. Systems were in place to ensure

Is the service caring?

people's relatives and GP's were involved and included during each step of their care and treatment. Records showed specialist equipment was readily available and

anticipatory medicines were stored so that they were available as soon as the person needed them. Care plans were detailed and gave clear guidance on how people wanted their end of life managed.

Is the service responsive?

Our findings

People and relatives we spoke with told us they felt the staff treated everyone as individuals and responded well to people's particular health needs. One relative told us, "I can't criticise the care it's excellent, the staff are fantastic, they care so well for my mum, I know she is safe and we are always kept fully informed". We spoke to a visiting health professional who told us they had no concerns and the home ran very well, with a good staff team who listened to advice and acted on it.

Our inspection on 11 and 12 August 2014 identified that people's care was not always assessed or planned to be responsive to their needs. People waited for lengthy period for assistance, some specialised equipment was not in place and the activities schedule was out of date and unsupported.

At this inspection we found people's needs were assessed and care and treatment was planned and recorded in people's care plans. Detailed pre-admission assessments were completed for all people and covered areas including; medicines, weight, manual handling requirements and skin integrity. The pre-admission assessments showed the relatives had been included and involved in the process wherever possible and were signed by all parties present.

Risk assessments were completed for a range of areas including, mobility, nutrition, skin integrity and manual handling. We looked at three people's care plans in depth and saw all care plans were reviewed on a monthly basis or when their needs changed. For example, people who were living with diabetes had detailed nutritional risk assessments and diabetic risk assessments completed. Their care plans clearly stated what symptoms staff should look for if the person was to go into either a hypo or hyperglycaemic episode. Support measures were in place and clear guidance was given on who staff needed to contact and what emergency action staff should take if these people became unwell. We checked people had the required specialist equipment such as pressure mattresses and pressure cushions; they were in place and in use.

Records relating to daily and personal care, such as body maps for prescribed creams and re-positioning charts for people that needed re-positioning frequently, to prevent pressure sores were kept in a file behind each person's bedroom door. Staff told us they found this system very

useful as everything they needed was in one place and easy to use. Body maps were used effectively and gave clear guidance for staff on how much, how often and where people needed their prescribed creams applied.

The provider used a hydration calculation tool for all people who were at risk of dehydration. This system ensured staff were aware when people were at risk of dehydration risks to people which meant they could manage their daily fluid intake safely.

The provider had a pain assessment tool that was used to assess people's level of pain where they may not be able to communicate clearly. Staff spoke knowledgeably about people's specific conditions and gave examples of how people presented when they were uncomfortable or in pain, which allowed them to ensure people's pain was managed effectively.

Care plans were detailed and person centred and gave clear descriptions on how people preferred their care to be given. For example, one person preferred to have their daily wash in a specific sequence, another person preferred to brush and comb their own hair but needed assistance with getting dressed. Staff told us they found the care plan documents effective and easy to use.

Call bell alarms were available in all bedrooms, bathrooms and toilets and people told us they knew how to use them and that staff generally came quite quickly. During our inspection visit call bell alarms were answered promptly and were not left ringing for lengthy periods.

People's weight was recorded monthly or weekly, depending on their health needs and records showed they were referred to health professionals such as the dietician or the speech and language therapy team when required. Care plans correctly reflected what types of food the person liked if they needed additional nutritional support, for example offering cream with their coffee, and high calorie snacks throughout the day such as scones, chocolate and cakes.

There was a varied programme of activities that people could take part in both the morning and afternoon. There were two activity members of staff who, between them, worked seven days a week offering a good variety of activities, arts and crafts and entertainment. During our

Is the service responsive?

visit people were actively engaged in a variety of activities during the morning and afternoon. The activities included, arts and crafts making and painting Easter eggs, some gentle ball exercises and a reminiscence session.

People knew how to make a complaint and a clear flow chart showing the process had been compiled with the complaints procedure displayed in the front foyer of the home. People told us they would feel comfortable raising a complaint if they needed to and felt they would be listened to. One person said, "I've never had to complain but I would speak up straightaway if I had to". We reviewed the provider's complaint policy which gave clear advice on how to complain and the steps that would be followed. The acting manager confirmed the service had received five formal complaints since the last inspection that was

completed in August 2014. We reviewed these complaints and saw the correct complaint process had been followed as laid out in the provider's complaint policy and saw all parties had been kept informed throughout the process. The acting manager told us if they had recurring themes with any complaints they discussed the topics at staff meetings to ensure learning from the complaint would be followed through.

There was a clear system in place for when people had to transfer between services, for example if they had to go into hospital or be moved to another service. The system ensured detailed information accompanied the person which meant they would receive consistent, planned care and support if they had to move to a different service.

Is the service well-led?

Our findings

During our inspection on 11 and 12 August 2014 we found the provider did not have an effective system to identify, assess and manage risks.

At this inspection we found there was an effective system to identify, assess and manage risks. We saw detailed records that showed accidents and incidents were recorded and reported to the appropriate regulatory authority. The acting manager showed us the system that was in use to review any accidents and incidents and how learning from these incidents was taken forward. For example, one person had started falling more frequently at night for no apparent reason. The staff discussed and reviewed the incidents and following discussions with a relative it was found that the person had been given a small “night cap” each evening by a visiting relative. The night cap was alcoholic and had led to the person becoming a little unsteady in the evening, thus the increased falls. The effects of the night cap was brought to the attention of the relative and alternative evening drinks were given which would not result in increased falls for the person.

During our inspection on 11 and 12 August 2014 we found the provider did not have an effective system to regularly assess and monitor the quality of service provided.

At this inspection we found the provider had an effective system to regularly assess and monitor the quality of service provided. We saw records that showed a quality assurance questionnaire was sent to people and their relatives to review what people thought of the service and care they received at Fairways Residential Care Home. We reviewed a selection of questionnaires which had been positively completed. Comments received included; ‘This home has exceeded our expectations and we are very happy at the care given to our aunt’ and ‘Mum has only been here three weeks, but what we’ve seen is first class care’. Another comment stated, ‘Perfect, couldn’t be better’. The acting manager told us any negative comments were discussed at team meetings and corrective action put in place where required.

During our inspection on 11 and 12 August 2014 we found the provider had not undertaken a consistent approach to

audits needed to maintain the safety of people living in the home. For example audits covering; food, environment, medicines. The provider had also not made notifications to the Care Quality Commission as required.

At this inspection we reviewed all the audit systems the acting manager had implemented and carried out on a weekly, monthly and annual basis and found they were thorough and detailed areas of improvement that were required. We saw records that showed the quality of the service was closely monitored through a series of audits which included; care plans, infection control, health and safety and medication audits. We reviewed the notifications that had been made to the Care Quality Commission and noted these were completed as per the regulations.

People spoke of the positive and supportive culture within the home. People told us they did not have any concerns about the leadership of the home and knew who the management team were and felt they were always approachable. Staff told us they felt able to raise concerns at any level of management and felt confident they would be listened to and not ignored. A member of staff told us, “The atmosphere here is really good, we all get on to make it a real family, home from home”. Staff told us they were actively encouraged during their supervisory meetings, training events and appraisals to give feedback about the service and make suggestions for improvements.

Relatives we spoke with told us they were kept fully informed and felt involved with the care their relative received at the home. One relative told us they were in the process of setting up a group to promote the home and help with fundraising and charity events. Records showed resident and relatives meetings were regularly held. These meetings allowed a forum for people and relatives to put forward any ideas or suggestions they may have as well as being kept informed about future events planned for the home.

Staff told us they felt well supported and confident if they had concerns or issues they would be listened to and treated fairly. We saw records that showed staff received regular supervision sessions and had annual appraisals. Staff told us they attended regular staff meetings which they found useful and informative. Staff knew how to raise concerns and were knowledgeable about the process of whistleblowing.

Is the service well-led?

Policies and management arrangement meant there was a clear structure within Fairways Residential Care Home which ensured the service was effectively run and closely monitored. The provider had a wide range of policies

covering topics, such as; staff recruitment, safeguarding adults, disciplinary and grievance and mental capacity. Staff had a copy of these policies on their file and had signed to say they had read and understood them.