

Fairfield View Care Limited

Fairfield View

Inspection report

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Date of inspection visit:
07 November 2018
08 November 2018

Date of publication:
10 December 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Fairfield View is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Fairfield View is registered to provide accommodation and personal care for 54 people. It is not registered to provide nursing care. Fairfield View has two units: The Elms is a specialist dementia unit and Fairfield View is a residential unit.

The service was last inspected in August 2017 and at the time the service was rated as Requires Improvement in the safe, effective and well led sections of the report and Good in the caring and responsive section. The service was rated as requires improvement overall. At the last inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service had no risk assessments in place to mitigate the risk to people using the service in an emergency situation and there was insufficient oversight of staff training.

At this inspection we looked to see if the required improvements had been made. We found that appropriate action had been taken to address the lack of risk assessments and that there were current risk assessments and Personal Emergency Evacuation Plans (PEEPs) in place for all the people living at the home. However, we found that the training matrix required updating and have made a recommendation in this area.

The service had a registered manager in place. 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 service had notified CQC of any accidents, deaths, serious incidents and safeguarding allegations as they are required to do.

Staff were knowledgeable about safeguarding and whistleblowing and had confidence that the registered manager would address any concerns identified.

Recruitment procedures were in place which ensured staff were safely recruited. There were sufficient staff to meet people's needs and staff told us they received the training, support and supervisions they needed to carry out their roles effectively.

Medicines were managed safely and people received their medicines as prescribed.

People had their nutritional needs met and had access to a range of health care professionals.

The requirements of the Mental Capacity Act 2005 were being met. People were supported to have choice

and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were a range of activities on offer at the home both in groups and on a one to one basis. People told us there were sufficient activities for them to join in.

The environment was clean and tidy. Any maintenance issues were reported and addressed immediately. However, the environment within the dementia unit was not in line with best practice for supporting people living with dementia. We recommend the home review the environment and make adaptations in line with best practice to best support the people living within the dementia unit.

People who used the service felt able to raise concerns and that these were responded to and addressed quickly. There was a system for recording and dealing with any complaints.

The provider had displayed the CQC rating and report from the last inspection on their website and within the home.

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.

People were supported safely to take their medicine.

There was a safe system for recruitment.

There was specific guidance which detailed how people needed to be supported in case of an emergency.

The service had systems in place to record accidents and incidents and action was taken to reduce the risk of reoccurrence.

Is the service effective?

Good ●

The service was effective.

The service was working in line with the Mental Capacity Act and people's rights were protected.

People's dietary needs and preferences were supported.

The environment was not in line with best practice guidance for people living with dementia.

Is the service caring?

Good ●

The service remains caring.

People and visitors spoke positively about all the staff at Fairfield View.

Staff treated people with kindness, dignity and respect.

Is the service responsive?

Good ●

The service remains responsive.

People had assessments, care plans and risk assessments in place which were reviewed regularly and were person-centred.

The service had activity co-ordinators and a variety of activities were available for people to engage in.

Systems were in place for people and families to give feedback and complaints and concerns were addressed

Is the service well-led?

Good ●

The service was well led.

People and families knew who the registered manager was and felt able raise concerns with them.

There were a variety of ways for people, relatives and staff to engage and feedback about the service.

A new electronic system for care records had been introduced and was in the process of being rolled out within the service. Staff were positive about the impact of this.

Fairfield View

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 7 and 8 November 2018 and day one was unannounced. The inspection team consisted of one Adult Social Care Inspector and one 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 service. The Expert-by-Experience had personal experience of older adults, adults with dementia and adults with physical and sensory impairments.

Before the inspection we reviewed the information that we held about the service and registered provider. This included any notifications and safeguarding information that the registered manager had told us about. Statutory notifications are information that the registered manager is legally required to tell us about and included significant events such as accidents, injuries and safeguarding notifications. We also looked at information provided through the 'share your experience' portal available on the Care Quality Commission (CQC) website and other feedback we had received. This information was used to plan the inspection.

We liaised with the local authorities, other local commissioners of services, and Healthwatch. Healthwatch is an independent organisation which collects people's views about health and social care services. None of the services we contacted raised any recent concerns about Fairfield View.

During the inspection we examined many documents. These included five peoples care records, four staff recruitment files and information relating to supervisions, training and competency checks. We looked at the policies and procedures in place, and documents and other audits and checks completed by the service.

Approximately 50 members of staff were employed at the time of the inspection including care staff, housekeeping and kitchen staff. We spoke with staff including the registered manager, nominated individual, deputy manager, unit manager, five day staff carers, two kitchen staff, one activity co-ordinator

and the housekeeper. We spoke with 12 people using the service and five family members.

We completed checks of the premises and observed how staff cared for and supported people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us. We observed two meal time experiences and used the SOFI to observe care on one occasion.

Is the service safe?

Our findings

At the last inspection Fairfield View was rated as requires improvement in this domain. This was because the service was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, regulation 12, Safe care and treatment. At that inspection we found that risk assessments had not been completed to mitigate the risk to people using the service in case of an emergency. At this inspection we found this issue had been addressed and there were up to date Personal Emergency Evacuation Plans (PEEPs).

We found the PEEPs contained all the information needed to guide staff in how to support each individual in an emergency. We saw that fire alarms and firefighting equipment were regularly tested and maintained to ensure they worked effectively. There were fire risk assessments in place and regular fire drills and means of escape checks completed. We observed the registered manager made daily checks around the home and addressed any issues immediately. For example, issues of how wheelchairs were stored was immediately addressed to ensure correct procedures were being followed and equipment was stored safely and available when needed.

The service had appropriate plans and checks to support the safety of people living at Fairfield View. There was a business continuity plan in place to enable people to receive appropriate care and support in a variety of different emergency circumstances. Gas and electrics were tested and maintained on a regular basis and the water system was tested for legionella. Lifting equipment, such as hoists and slings, the passenger lift, call bells and sensor mats were checked and maintained appropriately.

Safeguarding policies were in place and staff received training and understood how to safeguard people. There was a whistleblowing policy in place to encourage staff to raise concerns when they saw poor practice. Staff told us they felt confident to raise concerns with senior staff and the registered manager and knew that these matters would be addressed appropriately. One staff member said, "we could go to [the registered manager] with anything"

People told us they felt safe and said, "I am not worried about any danger, I feel safe" and, "It is safe and very clean." Relatives told us, "I'm happy and [relative] is safe here" and, "There are lots of staff about, they don't miss a thing."

We looked at staffing levels to ensure there were sufficient staff to meet people's needs. People generally told us there were sufficient staff and said, "There are staff everywhere" and "I have a buzzer in my room, staff are generally very good at dealing with things like that." Relatives generally felt staffing levels were good and told us, "There's always someone when you need them" and "There's always more than enough staff." However, one relative said, "They can do with more staff, so someone could keep those in bed company." Our observations during the inspection were that people had their care and support needs quickly met. Staff we spoke with confirmed they felt that the levels of staff were appropriate to meet people's needs.

We found there was a safe system of staff recruitment in place. The staff records we looked at contained an

application form where gaps in employment were explained. There were appropriate written references and checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff being employed.

Policies and procedures were in place to guide staff on recruitment, codes of conduct, absence and disciplinary matters. These helped staff to know and understand what was expected of them in their roles.

We looked at how the service supported people with their medicines and found that people were safely supported to take their medicine. People and relatives were happy with the way medicines were administered and told us, "Staff know what medication I am getting, there is no problems here" and, "It is always on time, I've never had any concerns." There was a medication policy and procedure in place and regular audits of medicine were undertaken. Staff received training in administering medicine and competency checks were completed to ensure that staff members had the knowledge and skills to perform this role. People's medicine was securely stored and room temperatures were consistently being maintained to ensure medicines were being stored at the correct temperature.

We looked at three people's medicines and saw that accurate information about the person was available for each Medication Administration Record (MAR), including details about allergies and a recent photograph. Records of medicines administered were being accurately completed. There was a homely medication policy and recording system in place to support people who require short term over the counter medicine to help with short term conditions, such as coughs, colds, headaches and occasional pain.

We looked at the laundry and saw there were procedures in place to reduce the risk of cross infection and ensure soiled laundry was managed appropriately. We saw staff had access to personal protective equipment (PPE) such as disposable gloves and aprons and that staff used these when providing personal care and support to people. This meant that people were protected from the risk of cross infection when receiving support from staff.

The kitchen had an appropriate cleaning schedule and was clean and tidy. The food standards agency (FSA) had visited in October 2017 and rated the kitchen 4. Additional actions had been taken by the home following the last FSA visit to enable the home to be fully compliant with the law. The kitchen was well stocked with fresh, frozen and tinned food. The cook told us that the registered manager would ensure the kitchen had everything that it needed.

We looked at how people were supported to reduce the risk of accidents and incidents. We saw that people had care plans which gave specific information about people's mobility and support plans for moving and handling. People had falls risk assessments which guided staff on how they could support a person and reduce the risk of falls. Incident and accidents were recorded and we could see that appropriate action and referrals were made for people who had falls. This included referrals to specialist services for mobility assessments and use of mobility aids, such as walking frames. Lessons were learnt from accidents and incidents and action taken to reduce risks. This had included the introduction of new paperwork and care records.

Is the service effective?

Our findings

At the last inspection the service was found to be in breach of Regulation 17 of the Health and Social Care Act 2018 (Regulated Activities) Regulation 2014 Good Governance. This was because the service did not have a sufficiently robust system to ensure that staff training was complete and up to date. At this inspection we found that systems had been improved but these were not being effectively maintained and updated upon the training matrix. This is discussed further in the well-led section.

Staff spoke positively about the training and support that they received and told us they had undertaken a wide variety of training. One staff member told us, "Training is helpful and relevant, I have learnt loads" and "We're encouraged to go on lots of training, and development is always encouraged." The staff we spoke with were knowledgeable on a variety of topics, including safeguarding, mental capacity and dignity.

The service had a comprehensive induction checklist and we could see new members of staff were supported in their role through initial shadowing days and training opportunities. One member of staff told us "I did a couple of weeks shadowing and training, it really helped me prepare for the job and let me get to know people" and another staff member told us, "Everyone was really helpful."

Staff were offered regular supervision and appraisal and we saw that the registered manager used supervision to help staff develop and address any concerns and issues. Actions from supervision were documented within staff member personnel files. Staff told us "Yes, we get plenty of support" and, "We can speak about anything [in supervision]."

People using the service were happy with the care and support they were being provided with. They told us, "I feel lucky being here, staff look after all my needs" and, "There are lots of staff, they don't miss a thing." Relatives told us, "I would recommend it to anyone who needs their loved ones to be well looked after."

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). During this inspection we checked to see if the registered manager was working within the principles of the MCA.

Care records showed that consideration was given to people's mental capacity and whether they could consent to their care and support. Applications for DoLS had been submitted to the local authorities and a record of this was kept. We saw people and other relevant individuals had been involved in best interest meetings to make decisions about care and support. This demonstrated that where restrictions were in

place for a person these were the least restrictive, necessary and lawfully authorised.

We observed that people were asked for their consent before care and support was given and staff respected and understood those who could not communicate verbally. People confirmed that consent was requested. They told us, "Staff always ask how you would like things."

People's care records showed that a full assessment of care needs was undertaken prior to admissions. We could see that this information was used to develop the care plans and risk assessments and that they were reviewed regularly. Care records were detailed and included information about what people like, what help was needed to reassure them when they are anxious and baseline information about their care and support needs and behaviours. For example, we saw in one person's care record it noted, "I can sometimes drop medication so please be vigilant", in another person records it noted, "I do not sleep well and when awake I can become very confused and disorientated" before giving further information about how staff could support the person with their distress.

The provider had introduced a new electronic care record system and the home was in the process of transferring care records, care plans and risk assessment to the new system. The registered manager showed us how this allowed greater oversight of the care and support people were receiving and would help to ensure that people's care needs were met in a timely way and the appropriate support was given. Staff were positive about the introduction of the new system and felt this would help them to do their role more effectively

We saw the service worked closely with other health care services and would make referrals to services such as speech and language therapy, dieticians, and district nurses. The service used digital health to ensure people received timely medical support. Digital health is an online service which allows people to prompt access to medical advice and support. People's care plans had details of other services that were involved and were updated to reflect the current needs. This included detailed information about how to support people with their dietary needs from speech and language therapy and dietary services.

This information was also available for staff in the kitchen. We spoke with the cook and kitchen staff about how they met people's dietary needs and found that there was a good understanding of how to support people with appropriate diets. The cook told us how they were supporting people with a variety of needs including gluten free diets, suitable diets for people with diabetes, people who required a soft diet due to swallowing difficulties and those who required their food to be fortified to increase their calorie intake.

There was a menu board on the units which told people what was on the menu that day. We saw that people had two choices but could make alternative requests for their meal. The cook showed us a pictorial menu that was used to help people make choices about what they wanted to eat. The chef knew what food people liked and disliked and would provide alternative options for people when it was known they did not like the options, or on request. People could request snacks and drinks when they wished.

We observed how people were supported at meal times, on both units. We found that people who needed help at meals times were supported in a caring and unrushed way. People could eat where they wanted. The residential unit had tables that were laid with tablecloths, placemats, cutlery, glassware and condiments. The dementia unit used dementia friendly plates and adapted utensils to encourage independence. However, many people living on this unit chose to eat in the lounge areas and required the support of staff.

We looked at how the dementia unit had been adapted to meet the need of people living with dementia. We found that some signs were present on the dementia unit to help people to find their way around the home.

There was also the presence of resources, such as fiddle muffs and fiddle boards to provide stimulation for people living with dementia. We spoke to the registered manager about best practice guidance to make care homes dementia friendly and recommend the service review the environment and made adaptations to the premises, in line with best practice guidance.

Is the service caring?

Our findings

At this inspection we found that the service continues to be good in this domain.

People spoke positively about the home and the care staff. They told us, "I tell people how nice and kind everyone is", "Staff are particularly good and caring" and, "I love it [here], nice people." Family members told us, "All staff are a hardworking bunch of people, they ensure we are all ok and getting along", "I would recommend it to anyone who needs their loved one to be well looked after" and, "We can't believe how welcoming and friendly the staff are."

Staff spoke fondly of people living at the home and told us they enjoyed working at the service. They told us, "The best thing about the job are the residents, I love the job, I love coming here, the staff are great and it is a lovely environment" and "I just love my job.... I wouldn't change a thing."

The atmosphere within the home was calm and relaxed and we observed natural and respectful interactions between people and all members of staff, regardless of role. Each unit had two lounges and people could choose where they wanted to spend their time. We saw that some people chose to spend time in one lounge where they could watch the television, whilst others chose to sit in the other lounge and read and chat with each other. We saw that some people preferred to spend time in their bedrooms and staff supported this and made regular checks to ensure they had everything that they needed.

We observed that staff would respond to people's questions and provide reassurance when needed. One person told us, "When I have a question, they will tell me and I am satisfied each time with their explanation."

People told us, "Staff are always polite." One relative said, "Staff approach everyone with such care and respect." We saw that people's dignity and privacy was respected when they were receiving support with personal care. Staff were discrete when speaking with people about their support needs. We observed that staff would knock before entering people's bedrooms. Care plans reflected the importance of maintaining people's privacy and dignity and staff received training in this area.

The service was accredited with the 'Daisy dignity in care' scheme. To become accredited to this scheme the service needed to demonstrate good practice and dignity in care. This meant that the service recognised the importance of dignity within the care setting and actively promoted this with staff and people. The registered manager told us that the activity co-ordinators had been nominated for a Daisy Best Practice award.

We looked at how people's independence was promoted and found care plans contained detail about what support people needed, and how this should be delivered according to people's preferences. Our observations confirmed that people were encouraged to be independent and adapted equipment was provided to support independence. People told us, "You get to do as much as you can, if you can't, they will help you."

Care records detailed people's preferences and people and relatives told us these were respected. One relative told us, "We told staff once how [family member] likes things, she still likes to do certain things for herself. Liking combing her hair, staff seem to be doing the way we told them."

Staff were knowledgeable about people's care and support needs. People confirmed, "Staff are familiar with my needs", "they are all approachable" and, "Staff do know what they are talking about." One relative told us, "staff know my [family member] very well, even though they have only been here a few weeks."

We saw that people's paper care records were securely stored to maintain confidentiality. At the time of the inspection the service was implementing a secure electronic care system. We will review the impact of the new care plan system at our next inspection.

The registered manager told us they would access advocacy services as required and had working relationships with the local advocacy service and specialist advocacy service with mental health services.

Is the service responsive?

Our findings

At our last inspection we found that service was good in the responsive domain. At this inspection we found the evidence continues to support this rating.

People told us that the service was responsive to their needs and said, "Whatever you need, it's never too much for anyone", "Staff are absolutely fantastic and selfless" and, "Staff ask how you would like things."

Before someone moved to Fairfield View, an assessment of their needs and preferences was completed. We saw this assessment was detailed and used to develop care plans and risk assessments. The assessment process ensured staff knew about people's needs and goals.

We looked at people's care records and found that records included risk assessments and care plans that were detailed and written using respectful terms. They gave information about things that were important to and for the person including life history, mental capacity, communication, nutrition, all aspects of personal care, mobility, and how best to communicate with the person. Care records also contained a "This is me" document, which help staff to understand a person's life story, interests, previous employment, family and friends, hobbies and preferences.

Records we looked at had been regularly reviewed by the registered managers, and updated when changes in people's needs had occurred. We saw that people, and where appropriate their relatives, had been involved in creating the care records and in the reviews of the care and support provided. Relatives told us, "Staff are on top of things, I have been to care reviews to discuss [care needs]" and, "Staff always find time to call us for updates."

We looked at the electronic system for records which the service was in the process of introducing. This readily allowed staff access to people's care records and allowed the registered manager oversight of how care was being delivered. The registered manager and staff were all positive about the new system and felt this would further enhance the person-centred care being delivered.

We looked to see what activities were available for people who used the service. The home had two activity co-ordinators who organised social events and a regular programme of activities for the people living on both units at Fairfield View. We spoke with one activity co-ordinator who told us that people were given the choice about whether they wished to engage in activities. Efforts were made to engage people with suitable activities based on their needs and preferences, which included one to one activities. We saw that activities were provided within the home and people were also supported to access community based activities. Activities included regular visits from local entertainers, arts and crafts, quizzes, arm chair aerobics and visits to theatre and music events. There were close community relationships which included visits from the local schools and local faith community for Christmas, Harvest festival and Easter. People were positive about the range of activities and told us "I like doing different things with staff, I do puzzles", "Whatever you fancy doing, staff try their best" and "I like to dance and keep fit." Relatives said, "Everyone enjoys seeing the singers" and, "Every time I come in, [family member] is always reading a newspaper, or doing something else

with staff." The registered manager had a good understanding of local traditions, such as local celebrations during Whitsun and ensured that these traditions were respected and maintained with the home if this was a person's preference.

Surveys had been completed regarding activities and feedback included "[family member] has often spoke about what they have taken part in" and "My [family member] is quite a private person but the last time I was there they showed me a card they had made, and seemed quite pleased with it."

We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion demonstrated that staff understood the importance of equality and what this means when meeting people's individual needs and personal preferences. For example, several religious dominations came to the home on a regular basis to support people to practice their faith.

We observed that choice was promoted in all areas of people's day to day lives. People told us "You can ask for anything, they give it to you", "I do as I please" and, "I can do whatever I want to."

We looked at how Fairfield view was meeting the accessible information standard. The accessible information standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. The registered manager told us that information could be adapted according to people's needs and preference and gave examples of how a person with visual impairments had been supported including ensuring options for braille and large font resources were available.

At the time of the inspection the service had introduced a new electronic system for care records. We saw that all staff had a hand-held device and used this to record information about the care and support people had received. The registered manager and staff were positive about this system and its potential to improve the care people received.

The service used 'digital health' which allows people to receive health care without needing to visit a hospital, clinic or other healthcare setting. The registered manager was positive about the impact of this and told us that it had ensured that people received the health input they needed and had reduced the number of unnecessary hospital admissions.

The service had access to laptops and tablets and supported people to have online contact with friends and family. We observed friends and family were welcomed when visiting the home and encouraged to engage in many aspects of the service including meetings and activities.

At the time of the inspection nobody was receiving end of life care. The registered manager told us that they worked closely with the district nurses to support people at the end of life. Staff received training in this area and followed the six steps approach to enhancing end of life care. The six step approach is a national programme aimed to improve the quality of end of life care offered in care homes. There were policies, procedures and care plans in place to underpin this. We saw that the service had received thank you cards from families whose loved ones had passed away. The comments included "We really appreciated the care, compassion and dignity you showed especially over the final few weeks", "It's a great comfort to know they were happy and content at Fairfield View" and, "Thank you for the care and kindness you all have given... also your help and kindness to ourselves at such a sad time."

The service had a complaints procedure and there was information about how to make a complaint available within the home. People we spoke with felt able to raise concerns and told us, "I don't have any concerns, if I do I will talk to the manager", "if you ask something, you get it quick" and, "I don't need to complain about anything at the moment but if I did I would speak to the manager, they come by often to say hello and how are you." Relatives told us, "the manager is very approachable, I feel I can speak to anyone about what I feel", "If something is not working, I will speak to the manager, they told us that their door is always open" and, "We got the complaints procedure when we first came in to fill out forms."

During the inspection we saw that the registered manager took time to speak with people and families, and responded quickly to concerns raised. Concerns and complaints were investigated and we could see from records of concerns and surveys that when issues were identified, appropriate actions were taken.

Is the service well-led?

Our findings

At our last inspection of Fairfield View we found that service was not always well led and rated the service as requires improvement. This was because we found concerns relating to staff training and statutory notifications being sent to the CQC. A statutory notification is information the service is legally required to tell us about and includes significant events such as accidents, injuries and safeguarding notifications. We also found that there was no overall analysis of the feedback and made a recommendation that the service completed an analysis of all returned and completed questionnaires and then provided feedback to all stakeholders.

The service is required to have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The service had a registered manager. During the inspection we spent time with the registered manager. We found they knew people well and could tell us about people's likes, dislikes and support needs.

Staff were very positive about the registered manager and the way the service was managed. They told us, "The management are really good here" and, "[registered manager] is bang on with it." Staff told us they liked working at the home and felt supported. They said, "We could go to [registered manager] about anything and know it would be definitely dealt with" and, "We can talk about anything we need to [with registered manager]". Staff were very positive about the home and their roles. They told us, "I love it here", "I really enjoy my job" and, "it's like a second home, I love the job, I love coming here, the staff are great."

Most people living at Fairfield View knew who the registered manager was and spoke positively about them. They told us, "They have a good manager here" and, "[the registered manager] comes often to say hello and how are you." Relatives told us they knew the registered manager and told us, "The manager is very approachable."

During this inspection we looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensures they provide people with a good service and meet appropriate quality standards and legal obligations. We saw that there were appropriate checks and audits of areas such as equipment and medicines. We observed that the registered manager and senior staff completed daily observations throughout the units to ensure that the environment was clean, tidy and safe and that any issues identified were immediately addressed. The housekeeper completed a number of audits and quality assurances in relation to the environment and cleanliness.

At our last inspection we found the service was not always sending in statutory notifications to the CQC. At this inspection we found that statutory notifications were being sent to the CQC appropriately and this issue had been resolved.

At the last inspection we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance. This was because we found that records were incomplete and made it difficult to assess what training staff had completed. At this inspection we found that there were gaps in the training matrix. We spoke to the registered manager about this and they identified that a number of training certificates had not been updated on the training matrix which we were provided with. We recommend that the registered manager review the system in place to ensure accurate records of staff training are maintained.

We also spoke to the registered manager about how they ensure that the staff working within the dementia unit have a good understanding of dementia and the needs of people living with dementia. The registered manager advised that staff completed online training on dementia and that the unit manager and visiting mental health professionals supported staff development on an informal basis. There were also arrangements in place for bespoke training from the mental health team on Dementia. Depression and Delirium, and they were awaiting a date for this to be undertaken.

At our last inspection we recommended that the service completed an analysis of all returned and completed questionnaires. At this inspection we found that the service had a variety of ways to obtain feedback including comment forms in the reception area. There were a variety of questionnaires and surveys on topics including catering, cleaning, activities, and resident surveys. These were generally positive with some suggestions being made, such as "Any hurdles can be rectified with a conversation, we haven't needed to complain", "All staff are brilliant, very helpful" "Care is good." We spoke with the registered manager about how this information was analysed and used to drive improvement. The registered manager advised us that relevant information was passed on to the appropriate department and this would be used to develop activities and make additions to the menu for example. All positive feedback was shared with staff.

The service held resident and relative meetings throughout the year. People were not always aware of these meetings and some people were not interested in being involved and told us, "It's not my thing" and, "I just don't bother with such thing." Relatives felt the meetings were useful and told us, "We don't miss any meetings, I found some meetings to be very informative and updating" and, "[its] good to know the home is interested in what we think about the home."

Team meetings were held throughout the year to provide updates and information to staff. The records we saw demonstrated that these were used to plan ahead within the home. Staff told us they felt able to engage and make suggestions to the registered manager through supervision, team meetings and staff surveys. The service completed long service and recognition awards to recognise good practice and commitment to care. This means that staff are valued and recognised for their contributions to the running of the home. The registered manager was committed to making ongoing improvements within the service.

We saw there was a resident handbook and statement of purpose. These documents gave people who used the service the details of the facilities provided at this care home. These also explained the service's aims, values, objectives and services provided. These documents helped to ensure people knew what to expect when they used this service.

The service had recently introduced an electronic care recording system. The benefits of this were acknowledged by the registered manager and care staff. We could see that the system would allow greater oversight of people's care needs and provide a variety of options to improve governance within the home. The impact of the new system will be reviewed at the next inspection.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection on their website and in the home.