

Mr D & Mrs S Mayariya

# Fairfield Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 17 September 2015. At which a breach of legal requirements was found. This was because the provider did not have systems in place to monitor and assess the quality and safety of service provided. The provider did not have a registered manager at this service. We served a warning notice in relation to this.

After the comprehensive inspection, we met with the provider and they wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook a focused unannounced inspection on 5 January 2016 to check that they had followed their plan and improvements had been made. At this inspection we found some improvements had been made, however further improvements were required in order for the provider to be fully compliant with this regulation.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Fairfield Care Home' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Fairfield Care Home is registered for a maximum of 21 people offering accommodation for people who require nursing or personal care. At the time of our inspection there were 16 people living at the service.

A requirement of the service's registration is that they have 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was no registered manager in post and there had not been since April 2013. The previous manager had left in August 2015 after six months in the role. A new manager had been in post since September 2015. At this inspection they told us that they had submitted an application in October 2015, however, this had been returned as it was incorrectly completed. No further application had been submitted as the provider and manager were awaiting for some further background checks to be completed for the application and told us this was near completion. The manager told us they were fully intending to resubmit their application to us.

At this inspection we found that some improvements had been made, however the provider continued to be in breach of this regulation. At times the quality and safety of care people received remained unsatisfactory.

The provider had displayed their last inspection ratings as is the legal requirement to do this, however on the day of our visit, these were not legible. The manager was aware of the notifications they were required to send us, however we had not received all of these.

Learning and development opportunities remained limited for staff. The manager had made some changes

to improve this and further plans were in place.

Protocols for medicines given 'as required,' were now in place, however these required some further updating.

Care records and risk assessments had been reviewed, however did not always contain relevant information to support people. There was not always enough staff available to support people at times they required.

The manager and staff had some understanding of the principles of the Mental Capacity Act 2005 (MCA). Mental capacity assessments had been completed however were not personalised. Some people at the service were being deprived of their liberty and the appropriate applications had not been made.

Some quality monitoring audits had been undertaken. There were no audits in the area of infection control and we saw some areas of concern in relation to this during our visit.

People and staff told us they could raise concerns with the management team who were approachable. Staff felt more supported in their roles and there were now some opportunities to discuss any issues or concerns they may have. Staff meetings were now being held monthly.

People had some opportunities to be involved in the running of the service and offer their views and opinions. However, there were no formal meetings taking place for people or their relatives. People knew how to complain and no further complaints had been made since our last visit.

Fire drills had now been carried out. Accidents and incidents were recorded and analysed. Emergency plans were now in available.

Some improvements had been made to the premises since our last visit and more were planned.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service well-led?

We found that some action had been taken to improve how the service was led, however further improvements were required.

There had been not been a registered manager in post at the service since April 2013. The last inspection rating was displayed, but this was not legible. We had not received some notifications which enable us to monitor the service. Some arrangements to monitor the quality and safety of the service were in place, however further improvements were required in areas such as medicines, infection control, staff supervisions and care recording. Staff training was still not being completed for all staff. The manager had made some improvements around mental capacity and DoLS, however some people were being deprived of their liberty, without the correct authorisations having been sought. People and staff now had some opportunities to put forward their suggestions about the service and told us the management team were approachable.□

**Requires Improvement** ●

# Fairfield 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.

We undertook an unannounced focused inspection of Fairfield Care Home on 5 January 2016. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 17 September 2015 had been made. We inspected the service against one of the five questions we ask about services: is the service well-led. This is because the service was not meeting legal requirements in relation to that question. The inspection team comprised of two inspectors.

We reviewed the information we held about the service. We looked at information received from relatives and visitors, we spoke to the local authority commissioning team and reviewed the statutory notifications the manager had sent us. A statutory notification is information about an important event which the provider is required to send us by law. These may be any changes which relate to the service and can include safeguarding referrals, notifications of deaths and serious injuries.

We spoke with six people who lived at the service, five relatives or friends, and one professional. We also spoke with three care staff, the cook, the provider and the manager. We looked at four care records, three medicine records and the quality assurance checks made by the manager. We observed the way staff supported people at the service.

# Is the service well-led?

## Our findings

At the time of our last inspection on 17 September 2015 the provider was not meeting the requirements of the regulation in relation to good governance. This was because the systems in place to assess, monitor and mitigate risks related to people's health, safety and welfare did not ensure that people using the service were sufficiently protected.

We served a warning notice in October 2015 and this visit was to check whether improvements had been made. Following the last inspection we met with the provider and they sent us an action plan outlining the improvements they intended to make. At this inspection we found that there had been some improvements, however there continued to be concerns in many of the areas we had identified.

There had been no registered manager in post since April 2013. The current manager had been in post since August 2015 and had submitted their registration application to us. This had been returned as it was not completed fully. This had been delayed while waiting for further background checks to be completed and we saw evidence that the provider had been following this up in December 2015, so the registered manager application could be submitted in January 2016. The manager told us they fully intended to resubmit their registration application to us.

The management team consisted of a manager and three senior care staff. There had been some recent management changes and the deputy manager had left in December 2015 after three months in the role. The manager told us they hoped to fill this vacancy and were now going to delegate further responsibilities to senior care staff.

The provider has a legal duty to display their last inspection rating. On the day of our visit we saw the ratings poster was on display, however this was illegible. Water had run down the poster and the ratings could not be clearly seen. The manager told us they had been unaware of this issue and it had been due to a water leak which was being investigated. They replaced the poster during our visit, explaining they would now purchase a frame for it, so it would be protected.

It is a legal requirement for the provider to notify us of certain changes, events and incidents at the service which enable us to monitor and assess how these are managed. The manager was aware of which notifications they were required to send to us. However, we were aware that some notifications had not been sent to us in relation to a safeguarding incident, an unexpected death and also a serious injury. We asked the manager about this and they told us they had not been aware of the safeguarding incident, however they were of the other incidents. They told us they would ensure we were notified of these now. We asked to see the notifications they had made; however the manager was unable to provide these.

The service had been inspected by us twice in 2014, and on both occasions we found concerns with infection control procedures. Whilst we did not find a breach of regulation in relation to this at this visit, checks on the cleanliness of the premises could be further improved. We saw a bin in the laundry containing used gloves which was not covered. A wet flannel was lying on the floor in a communal bathroom. The

outlet for one shower was heavily corroded, making it difficult to keep clean. These posed a risk of cross infection. We asked the manager if there was an audit around infection control and they told us, "I am not aware of one," however staff had completed infection control training in March 2015. Staff were able to tell us how they were caring for a person with an infection currently and what precautions they were taking. A laundry service had been arranged by the manager and sheets and towels were now being sent outside of the service to ensure these were cleaned to a high standard. The manager had now arranged for antibacterial gel to be available around the home for people and visitors to use to reduce the risk of infection in the home.

On the day of our visit a piece of the ceiling had fallen into the dining room. This posed a risk that further debris could fall and injure a person or someone could injure themselves stepping onto this damaged area upstairs. The provider told us that there had been a water leak and they had requested a builder look at this urgently.

One of the toilet doors, which we had identified at our previous visit, still did not lock, so people could not be assured of their privacy when using this. However, the other toilet door had now been repaired. We asked the manager about this and they told us they thought both doors had been repaired, but would arrange this now.

Staff received some training to support people with their health and social care needs. The manager told us plans were in place to improve this further with the support of a consultancy company who were providing online training. The manager told us they were doing some 'in-house' training around the management of fluids for people and safeguarding. We saw five safeguarding training questionnaires had been completed by staff. One of them had two questions completed out of a possible 26. Another dated November 2015 was completed fully. Two questionnaires had been completed by staff around fluids and nutrition in November 2015. The manager told us he had not assessed the questionnaires currently and told us, "This is on my list of things to do." Staff had recently completed 'dementia friend's training' to gain a better understanding of how to support people living with dementia.

Some staff had still not received all of their training. For example, one staff member had worked at the home since April 2015 and had not had any infection control or dementia care training. Another staff member employed since October 2015 had received induction training but no other training since. However, this staff member had completed several training courses in their previous role and had supplied their certificates evidencing this to the manager, but we found no evidence of how the manager had assessed their competencies.

During the inspection we observed that some people's walking aids were removed from them by staff when they sat in the lounge. We were told by staff that this was for safety reasons in case anyone tripped over them. This meant people were restricted, as they could not walk safely without them and it posed a risk of falls if they tried to walk. We discussed this with the manager who told us staff would not remove these from people in future.

Care plans had been reviewed recently by the deputy manager who had now left their employment at the service. This review had not identified the concerns we found during our visit. Some monthly evaluations of people's health and welfare had been completed. These contained information about people's histories, preferences and routines so they could be supported in ways they preferred. Individual care plans were written in areas such as communication, sight and mental capacity. We saw some of the care records text was in red, however the manager was unaware of the significance of this. Risk assessments forms had a small box for staff to record their comments in. This meant any recording by staff was difficult to read and

could be misinterpreted. Care plans were not dated, so we were unsure of whether the information contained was current. We discussed this with the manager who said the forms would be improved and the care records would be dated.

One person's care record said they were, 'At risk of weight loss,' and they were to be weighed weekly to monitor this. Their last recorded weight was 24 November 2015 when they weighed 46.1kg. No other weights were recorded. We asked a staff member about this and they told us the person had been weighed on 21 December 2015, when they weighed 45.2kg. This had been recorded in the staff communication book and was not on the person's care record. This person was not being weighed weekly and their weight was not being recorded on their care record. This meant they were at risk of their weight not being monitored by staff as required, therefore further weight loss may not be identified.

Another care record contained information about one person who had a skin infection and how staff were to support them. We could not find any recent records about this. Staff told us this information was no longer applicable and was an old document. This information could be misleading for staff as the care record had not been updated when the person's needs had changed.

On the same care record were details of some behaviours the person could show, but not how they were to be managed by staff. For example, it said on occasions the person could 'barricade' themselves in their room. There were no details of how staff were to manage this to ensure the person was kept safe. We asked the manager about this, however, they told us they were unaware of this issue.

Records indicated that any incidents around 'difficult' behaviour for this person should be recorded on a chart. The chart detailed four incidents. All of the incidents stated there were no 'triggers' but did not detail what the person had been doing before the incident or what was going on around them to help identify any trends. Information was recorded to show what behaviours were displayed for one incident. However, for other incidents there was little information. For example, 'Person is very aggressive to staff' with no further details. It was not possible to establish how the behaviour presented or how staff managed the incident. We could not be sure that staff were managing behaviours consistently and safely at all times.

People were supported to access health professionals when this was required, however we found this was not always followed up. In November 2015 it was recorded that one family had requested a review for their family member with a specialist health care professional. Records indicated that the person had been visited and the outcome was, 'Medications might have to be changed as they are short term and have outlived their effect,' however it was not clear who was to follow this up and we saw nothing further was recorded. The GP visited the home when required and each week a 'virtual ward' nurse visited some people. This was a specialist nurse who supported people with complex health conditions.

There was not always enough staff available to support people when they required. One relative told us, "There are less staff now, they are not happy, there has been a complete change around." One staff member told us, "(Staff levels) are okay, it's difficult to do activities." Another staff member told us, "Never seen so many people leave. Short last week and the week before." Five senior care staff were employed and 10 care staff. There were two vacancies currently for a night and day time senior care worker. On the day of our visit, the manager told us there were four staff on duty, one senior and three care staff. We found this did not reflect the actual number of staff on duty and at lunchtime we were told that a staff member was absent due to an appointment, but the manager had been unaware of this. Two staff worked at night and the manager told us they would like another staff member, "Some people can require assistance of two, so it could be 10 or 15 minutes wait to get to someone else." The manager provided 'on call' support to the staff team outside of their working hours.

The manager told us a 'dependency tool' was not used. This would enable them to assess the level of staffing required based on people's needs. They told us they would like to arrange to use such a tool in the future. Agency staff were not used frequently and the manager told us, "Two were used last month to cover sickness." An apprentice administrator had been appointed to assist the manager with office tasks and general support.

We could not be sure people received their medicines when they needed them. We looked at three protocols for medicine taken 'as required' known as PRN and found these had been completed, but not correctly. For example, records did not describe the signs staff should observe for to show when someone required their medicine. Instead, we found all PRN protocols stated, 'The decision is made by the GP'. We asked a staff member about one person and how they knew when their medicine was required, they told us, "[Person] starts to walk around, they get tearful and upset and start looking for their relative." Staff knew what signs to observe for but this was not documented, so there was a risk people may not always receive their PRN medicines consistently because information was not available to staff to refer to. We discussed this with the manager who told us these protocols would be updated. On the day of our visit a pharmacist was completing an audit of medicine. The pharmacist told us that PRN recording could be improved and, "The protocols are a bit generic."

There was no system for the management of medicine in the form of creams. One person had body charts in their room that indicated where creams should be applied, however we were told by staff these were not correct and the frequency of application was not detailed. One body chart said a cream should be applied on the person's chest but the medicine administration record stated it was for the groin area. Staff advised there was a different cream for their chest, however no record could be found for this cream. This conflicting information could lead to the inappropriate and inconsistent application of creams.

Mental capacity assessments had been completed by staff but these were not personalised to people's needs. The assessment was a 'tick box' form where staff had written in the person's name in each section. There was a statement on the form that suggested staff could make decisions on behalf of people, but it was not clear what decisions. We raised this with the manager as decisions made on behalf of people should always be made in their best interests and may need the involvement of health and social care professionals, families and any other relevant parties. The manager told us they would review the wording on the form and was aware of this.

We asked the manager about Deprivation of Liberty Safeguards (DoLS), as no one at the service had a DoLS authorised by the local authority. They told us, "It is on my list of things to do, I have the forms." They told us they felt confident in assessing who required a referral and were aware they needed to apply for some people at the home. We saw one person who was being deprived of their liberty by trying to leave the home frequently and being stopped by staff. This person did not have a DoLS in place as is the legal requirement when a person's liberty is being restricted. The manager told us they would apply for this urgently and we received a copy of the application the day after our visit.

Staff supervision had not been established. One staff member told us, "I was told I would have supervision before Christmas, this did not happen." Another staff member told us, "I have supervision with seniors. I've had one with (previous manager) and was given piece of paper with questions filled in, then had a meeting." Some staff one to one 'supervisions' had been completed, however the manager told us this still required improvement. Staff had not had any appraisal meetings and the manager planned to arrange these to take place by over the next few months.

There were no group meetings involving people who lived at the service and the manager told us they were

going to being arranging these for people and relatives. One person told us, "We have had no meetings recently." One relative told us, "When the manager first came they said they wanted to see us, no meetings have been arranged. I have had one questionnaire since coming here."

This was a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

We spoke with people about the running of the home. Overall, people were positive about the service and the provider's management team. One person told us, "We have lost so many staff in the past, one carer is very good to me particularly and the staff are nice." Another person told us, "The manager is very good, I have no worries about the management." One relative told us, "There have been a lot of problems in the past, [manager] is doing a lot." Another relative told us, "The manager is very approachable, we have no issues." Comments from other people included, "The home is much more improved," and "It's run quite well."

People had mixed views about whether people were supported to pursue their hobbies and interests and activities provided at the home. One relative told us, 'I don't see activities at all.' However we were aware there had been some activities over Christmas with a pantomime and a person playing the flute. However, other people were positive and felt the manager had improved the activities.

People were supported to be independent. One person who smoked was given a 'walkie talkie' so they could communicate with staff when smoking outside, should they require assistance. This person told us they had to wait for staff to assist them into the garden at times as they required support using their wheelchair to access the garden. We saw this person waited for 45 minutes to be assisted by staff. The manager told us they had been looking at ways they could support the person to access the garden more independently.

Staff were observed respecting people's privacy during our visit and spoke discreetly when in communal areas discussing people's care.

People had some opportunities to be involved in the running of the service and offer their suggestions to improve the service they received. We saw 'resident's questionnaires' had been completed in November 2015 and there were two responses. The manager said there were more but they were unable to find these to show them to us. Comments on those looked at included, 'There have been more activities since the new manager has been here.' 'I would like to know who is coming and going (referring to the changes of staff).' One person told us, "Yes we have had various surveys, I would not make any great changes, I am happy with it here."

We looked at the management of complaints as we had identified previously the provider did not always respond formally to complaints received. The manager told us, "No complaints have been made." One person told us, "If we have any problems, we discuss it, the manager would deal with any complaints." A relative told us, "I have been to the owner, they listen and do things." However, another relative told us, "I've complained a lot in the past, (a response) did not always come back." There were no complaints recorded since our previous inspection. We were aware of a complaint previously by a relative about laundry and we saw this was recorded. The provider's complaints procedure had been re-written and was now displayed in people's rooms so they were aware of how to complain if they wished to.

Staff were positive in their comments about the management team. They told us they could approach the

manager or senior staff with any concerns and queries and were confident these would be listened to. For example, on the day of the inspection they reported concerns to senior staff that they thought one person was unwell, and the senior staff member called the doctor.

The staff team had the opportunity to put forward their suggestions about the running of the service. Staff told us there had been some staff meetings held. One staff member told us, "There has been staff and senior meetings." Staff meetings were now being held and we saw minutes of these dated October 2015 where five staff had attended. Discussion was around sickness reporting, the 'handover' meeting and the role of the keyworker. Another meeting had been held in November 2015, ten staff had attended and issues such as confidentiality were discussed. A senior staff meeting had also taken place in November 2015.

The cook had left the service recently and a new cook had commenced employment at the home. They told us, "I love my job, everything I have asked for, I have got," and they told us they felt supported by the manager and provider. This staff member was being supported to do further qualifications around catering and health and safety. They told us they were now purchasing fresh meat for people from a local butcher. One person told us, "I prefer the food now." The new cook said they were able to offer food that met people's preferences and they had purchased specific food for one person to meet their cultural needs.

We found some improvements had been made to ensure people were safe. We were aware a staff member had recently raised a safeguarding concern to the manager in line with the provider's policy. This had been investigated by the local authority. The manager had updated the whistleblowing policy in October 2015 and staff had signed to say they had read and understood this.

Fire drills were now scheduled and being completed. Records showed us that drills had taken place in October 2015 and December 2015. The manager told us, "There has been no full evacuation drill, but drills which were planned and one unplanned have taken place." They told us the first evacuation was not completed correctly and further staff training was required. However, the second drill had been completed correctly by staff. The provider had ordered a fire training DVD to update and refresh staff knowledge.

Accident and incidents were now being reviewed the manager and we saw there was some analysis of these. Personal emergency evacuation plans were now in place for people detailing their care and mobility needs in the event of an emergency such as a fire.

We asked the manager what their priorities were and they told us some improvements of the premises were taking place with two bedrooms being refurbished. The conservatory and manager's office had been decorated. Security lighting had been improved in the back garden. The manager told us they planned to involve people and their family members in any decisions about improvements to the home also.

The manager told us they felt supported by the provider. They told us, "The changes I can make, like with food, needed to happen." The manager told us they were committed to the continual improvement of the service and the care people received. They said they had been unaware of some of the past issues relating to the service, as detailed in our warning notice.

Pharmacy audits were being carried out monthly, by a visiting pharmacist, at the request of the provider and manager and they had previously visited the home in early December 2015. They told us, "I have seen a big change since the new manager came in, there is an improvement and it is going in the right direction." They told us ideally the home would be improved if there was a medication room, however they were aware that this may not be possible due to space constraints.

During our visit, the manager told us the local authority had visited in November 2015. They had identified some concerns around staffing, training, supervisions and safeguarding. The manager sent us a copy of the action plan in relation to this and showed us the plans they had to address each issue such as training now being scheduled for each staff member by the end of February 2016.

Following our last visit, a consultancy company had been commissioned by the provider to support the manager with staffing issues and health and safety advice. The manager showed us an action plan from them with recommendations for improvements in areas such as risk assessments and servicing of some equipment. They were also supporting the manager around staff training.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Regulation 17 (1) (2) (a) (b) (c)  Systems and processes to monitor and improve the quality and safety of services provided, and to manage risks related to the health, safety and welfare of people, were not effective. This included records not always being sufficiently detailed and accurate to support safe and appropriate care.