

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 ●

# Summary of findings

## Overall summary

This comprehensive inspection took place on 28 and 29 July 2018 and was unannounced. We last inspected this service in February 2017 where it was rated 'Requires Improvement' overall and 'Requires Improvement' in the Safe, Effective and Well-led key questions. Following the previous inspection in February 2017 we identified two breaches of regulation, corresponding to regulation 11, need for consent, and regulation 9, person centred care. During this inspection in July 2018 we found that sufficient action had been taken to improve on these areas and the service was no longer in breach.

Fairways Residential Care Home (referred to in this report as Fairways) is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Fairways accommodates up to 70 people in one adapted building. At the time of our inspection there were 45 people living in the home.

The service had 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. A new manager was going to be starting at the home the week following our inspection and the operations manager was in charge of day to day management on the days of our inspection.

Following our previous inspection in February 2017 Fairways had employed a new operations director and had made a number of improvements. Therefore, the rating at Fairways improved to 'Good' in all areas and 'Good' overall.

People and relatives praised the staff and management of Fairways. People were held in high regard, had a good quality of life, had freedom to make choices and were supported to be independent. Staff treated people with respect and kindness and we received comments during our inspection which included; "The carers are really nice people, it must be a tough job, but they are very caring, very helpful", "This is the third home my wife has been in, and the best of them all" and "(Name of relative) and I are very impressed with the patience and professionalism of all the staff. Dad is made to feel special and receives personal attention."

People who lived in Fairways were protected from risks relating to their health, mobility, medicines, nutrition and possible abuse. Staff had assessed individual risks to people and had taken action to seek guidance and minimise identified risks. Staff knew how to recognise possible signs of abuse. Where accidents and incidents had taken place, these had been reviewed and action had been taken to reduce the risks of reoccurrence. Staff supported people to take their medicines safely and staffs' knowledge relating to the administration of medicines were regularly checked. Staff told us they felt comfortable raising concerns.

Action had been taken to ensure staff understood the Mental Capacity Act 2005, the principles of the Act and how to apply these. We found people were involved in all aspects of their care and their consent had been sought prior to any care being delivered. Where people had been unable to make a particular decision at a particular time, their capacity had been assessed and best interests decisions had taken place and been recorded. Where people were being deprived of their liberty for their own safety the registered manager had made Deprivation of Liberty Safeguard (DoLS) applications to the local authority.

Recruitment procedures were in place to help ensure only people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work. Staff knew how to recognise possible signs of abuse in order to protect people. Staffing numbers at the home were sufficient to meet people's needs. Staff had the competencies and information they required in order to meet people's needs. Staff received sufficient training as well as regular supervision and appraisal.

People, relatives, staff and healthcare professionals were asked for their feedback and suggestions in order to improve the service. People were provided with enough food and fluids to meet their needs. Care was taken to ensure people enjoyed their food and it met their personal preferences.

People had access to activities which met their needs. The home hired activities coordinators who were continuously looking for ways to improve people's lives through activities and engagement. During our inspection we saw people being encouraged to join in activities and enjoying themselves.

Further information is in the detailed findings below

## 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 protected from the risk of harm and abuse and staff understood their role in keeping people safe.

Risks to people had been identified and plans had been put in place to minimise these.

Staffing numbers ensured people's needs were met safely.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people.

### Is the service effective?

Good 

The service was effective.

People's rights were respected under the Mental Capacity Act 2005.

People's consent was sought prior to care being provided.

Staff felt supported and told us they received sufficient training to carry out their role. Staff understood people's needs and how to best meet them.

People had access to enough to eat and drink in a way that met their preferences.

### Is the service caring?

Good 

The service was caring.

Staff demonstrated respect for people's dignity and privacy.

We observed some positive interactions between people and staff.

People spoke very highly of the staff at the home and the care they provided.

Staff knew people well and knew how best to communicate with them.

### Is the service responsive?

Good ●

The service was responsive.

People's needs had been identified and were regularly reviewed. Action was taken to respond to changing needs.

Care was person centred and people were included in the running of the service.

People were provided with sufficient activities and stimulation to meet their individual needs.

People were encouraged to make complaints should they have any and these were listened to and acted upon.

### Is the service well-led?

Good ●

The service was well led.

The operations director promoted a person centred culture. Staff were committed to delivering person centred care and the operations director ensured this was consistently maintained.

There was a strong emphasis on continual improvement and best practice which benefited people and staff.

There were systems in place to assess and monitor the safety and quality of the care provided.

People spoke highly of the operations director and the leadership team.

People were asked for their views and these were acted on to improve the service.

# 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 was 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 28 and 29 July 2018 and was unannounced. One adult social care inspector, one specialist advisor and one expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using services or caring for a person who uses services. In this case the expert by experience had experience in caring for a person living with dementia. Prior to the inspection, we reviewed the information we had about the home, including notifications of events the service is required by law to send us.

During the inspection we spoke with 22 people who lived in the home and we conducted a SOFI (Short Observational Framework for Inspection). SOFI is a specific way of observing care to help us understand the experience of people who are unable to talk with us.

We spoke with the operations director, seven members of staff and eight visiting friends and relatives. We also received feedback from two external healthcare professionals who have dealings with Fairways. We looked at the ways in which medicines were recorded, stored and administered to people. We also looked at the way meals were prepared and served and reviewed in detail the care provided to six people, looking at their care files and other records. We reviewed the recruitment files for three staff members and other records relating to the operation of the service, such as risk assessments, complaints, accidents and incidents, policies and procedures.

# Is the service safe?

## Our findings

Following our previous inspection in February 2017 this key question had been rated as 'Requires Improvement'. This was due to heavy furniture not always being secured in people's bedrooms, which could cause risks to people, and body maps not always being completed to tell staff where to apply topical creams for people. During this inspection in July 2018 we found action had been taken to rectify these areas and no further concerns were identified.

People who lived in Fairways told us they felt safe. Comments included; ""I'm content here, I feel safe and I know most people", "I am very happy here and yes, I do feel safe and well looked after" and "I have been here for 2 years, it suits me, I feel very safe, and it's my home." Friends and relatives told us they were confident their loved ones were well cared for and safe. Their comments included; "We (the family) feel she is safe and well cared for in here." During our inspection we spent time observing people's interactions with staff. We saw people spending time with staff, reaching out to them, smiling, chatting and looking comfortable in their presence. This indicated to us that people felt safe in staff's company.

Staff numbers were sufficient to ensure people were safe from risks and meet their needs. During our inspection we saw staff supporting people at their own pace in a relaxed way. Staff responded to call bells promptly and we saw staff spending time with people one on one. Staffing numbers and deployment changed depending on people's needs. Prior to our inspection the home had experienced some issues with staffing numbers and had been relying on agency staff. The operations director told us they always used the same agencies and usually had consistent agency staff supporting people. They also told us they were in the process of recruiting and had a number of new recruits being inducted at the time of our inspection. The home had seven members of care staff working during the mornings, six in the afternoons and four waking care staff at night. The home also had heads of care, senior carers, activities staff, cleaning and laundry staff.

Recruitment practices at the service ensured that, as far as possible, only suitable staff were employed. Staff files showed the relevant checks had been completed. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories, this protected people from the risks associated with employing unsuitable staff.

People were protected by staff who knew how to recognise signs of potential abuse. Staff confirmed they knew how to identify and report any concerns. Staff had received training in how to recognise signs of harm or abuse and knew where to access the information if they needed it. Safeguarding information and relevant contact numbers were displayed within the home for them to use.

People who lived in Fairways had a variety of needs relating to their mobility, their skin integrity, health conditions, their mental health, their nutrition and hydration. People's needs and abilities had been assessed prior to moving into the home and risk assessments had been put in place to guide staff on how to protect people. The potential risks to each person's health, safety and welfare had been identified and staff had used specialist guidance to ensure these risks were minimised. For example, where people had risks relating to their eating or drinking, specialist advice had been sought from speech and language therapists.

Plans and risk assessments had been created and staff had been provided with clear guidance to follow to protect people from those risks.

People were protected from risks relating to the management of medicines. Most of the people who lived in Fairways needed support from staff to take their medicines. Where people were able to manage their medicines themselves they were supported to do this. Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctor. Staff and management carried out regular medicine audits and checked the records daily. This was to ensure people had received their medicines and any potential errors were picked up without delay. Staff had received training in medicines management and had their competencies checked regularly.

The home was clean and pleasant. Good infection control practices were in use and there were specific infection control measures used in the kitchen, the laundry room and in the delivery of people's personal care. Records showed staff had received training in infection control. The premises and equipment were well maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. The home had fire extinguishers, fire protection equipment and clearly signposted fire exits to assist people in the event of a fire. Each person had a completed personal emergency evacuation plan which detailed how they needed to be supported in the event of an emergency evacuation from the building.



# Is the service effective?

## Our findings

Following our previous inspection in February 2017 this key question had been rated as 'Requires Improvement'. Two breaches of regulation had been identified with regards to the application of the Mental Capacity Act 2005 (MCA) and insufficient action being taken where people had lost weight. These breaches corresponded to regulations 9 and 11. Following our inspection an action plan was put in place and action was taken to review each person's care, including looking at the MCA and weights. Additional staff training had also been put in place. At this inspection in July 2018 we found sufficient action had been taken and the home was no longer in breach.

People spoke highly of the care they received at Fairways. Some comments made to us included; "I'm very happy here", "Yes we're very happy all round, no complaints" and "I'm quite happy and safe here. I've been here quite a while and I've got a very nice room." Friends and relatives made comments including; "This is the third home my wife has been in, and the best of them all."

People were supported by staff who knew them well and had the skills to meet their needs. Staff had undertaken training in areas which included the Mental Capacity Act 2005, safeguarding adults, medicine management, health and safety, infection control, food hygiene, first aid and fire safety. Staff training needs were regularly reviewed. Staff confirmed they received adequate amounts of training to carry out their roles and told us they could always ask for more if they wanted. The operations director was in the process of reviewing the home's training and supervision systems. They had identified they wanted to complete more face to face training for the staff and had organised a number of sessions for staff. The week of our inspection staff had attended a day's training on the MCA and the Deprivation of Liberty Safeguards (DoLS). They had also attended an advanced dementia course and were in the process of delivering the learning from this to the wider staff team.

Staff were receiving regular supervisions and appraisals. Since starting at the home the operations director had completed a large number of appraisals and supervisions. They were also working on ensuring supervision was completed every six weeks for staff. During supervisions staff had the opportunity to sit down in a one to one session with their line manager to talk about their job role and discuss any issues they may have. These sessions were also used as an opportunity for the manager to check staff's knowledge and identify any gaps and training needs.

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. We checked whether the home was working within the principles of the MCA.

The operations director and staff had undertaken training in the MCA and displayed an understanding of its principles. Where people had been identified as not having the capacity to make a specific decision at a specific time, staff had followed the principles of the MCA. They had discussed the decision needing to be

made with relevant parties and had made decisions in the best interests of the person. These had been recorded when applicable. For example, one person had bed rails fitted on their bed in order to prevent them from falling out of bed and injuring themselves. This had been identified as the least restrictive option to ensure the person was safe whilst also respecting their rights where they were unable to make a decision for themselves.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made where applicable and where these had been authorised they were being followed.

People were supported to have enough to eat and drink in ways which met their needs and preferences. People and relatives spoke highly of the food. Comments from people included, "The food is nice here" and "The food is good here. We get a small glass of white wine when it's fish and chips. Nice!" We observed the lunchtime meal during our inspection and saw people were supported to eat either in their bedrooms, the dining room or the living room, depending on their choice. Meal times were a social occasion with lots of chatting and laughing. Where people needed support with eating this was given by staff in a relaxed and caring way. Where people had specific needs relating to their food, such as a different texture due to swallowing difficulties, we found this had been identified and catered for. The cook and staff were clear on what type of food people liked and the texture they required to keep them safe. There was a strong emphasis on the importance of people eating and drinking well. The home had recently introduced snack boxes to increase people's calorie intake throughout the day. Where people were watching their weight we saw low calorie snacks such as fruit and yoghurts were provided.

A recent group supervision for kitchen staff had been undertaken by the operations director. They had shared information with staff about the importance of adding protein into people's diets in order to promote wound healing. They also discussed the use of the snack boxes and checked staff knowledge and understanding. This demonstrated the registered manager worked hard to ensure staff worked to a high standard to care for people, their nutrition and hydration.

People were supported to attend medical appointments when necessary. Medical advice and treatment was sought promptly. Records of medical appointments contained evidence of treatment and advice.

Steps had been taken to make Fairways comfortable and decorated in a way that encouraged people's independence and met the needs of people living with dementia. Although some further improvements could be made in relation to signage being more distinctive, the design and decoration of the premises promoted people's wellbeing and their wishes were considered. Efforts had been made to enable people with dementia to be less likely to get confused or disorientated. There was some signage available to help people find their way around.

## Is the service caring?

### Our findings

The service continued to be good in this key question.

We received some positive feedback from everyone we spoke with about the caring nature of staff at Fairways. People made comments including; "The carers care", "The carers are really nice people, it must be a tough job, but they are very caring, very helpful" and "The carers are nice." We saw some recent compliments which had been received by the home. One of these stated: "(Name of relative) and I are very impressed with the patience and professionalism of all the staff. Dad is made to feel special and receives personal attention."

People were involved in all aspects of their care and support. Staff encouraged people to make choices in as many areas as possible. During our inspection we saw people making choices with regards to their food, their drinks and the activities they participated in.

People were encouraged to remain as independent as possible with regards to everyday skills and freedom of movement. Where people were able they were encouraged to go out into town and take part in groups and activities outside the home. People commented; "I like my freedom. I like to go out for a walk each day after lunch, I sign in and out. I like to go down to the gardens (Boscombe) and walk down to the sea" and "I'm very happy here, I like to wander about, no-one minds." People's care plans highlighted what they were able to do for themselves and how staff should support and encourage them to maintain these for as long as possible. For example, where people were able to take part in their own personal care, staff were instructed on how to support this.

During our inspection, staff demonstrated they cared deeply about people's wellbeing and their self-esteem. Staff spoke to us in ways which demonstrated their respect and care for the people they supported. People were encouraged to take part in activities which increased their wellbeing and self-esteem.

People were involved in all aspects of their care and support. Staff encouraged people to make choices in as many areas as possible. People confirmed they were given choices, with comments including; "I can do whatever I want."

The atmosphere in the home was warm and welcoming. During our inspection we saw and heard people chatting pleasantly with staff and sharing jokes with them. We saw people sharing names of endearment and physical affection with staff. All the interactions we observed were positive and encouraged people to feel comfortable and cared for.

Where people had religious or spiritual needs these were supported. For example, on the second day of our inspection one person was visited by their vicar. Staff welcomed this visitor and ensured the person had a quiet place to speak with them privately. Following the visit the person was smiling and happy.

The operations director felt people's privacy and respect was paramount and these views were shared by

staff. During our inspection we observed staff ensuring they were out of earshot of others before talking about people's individual needs. This demonstrated respect for their privacy. People and relatives confirmed staff were always respectful.

## Is the service responsive?

### Our findings

The service continued to be good in this key question.

People and staff told us they were confident people living in Fairways were receiving a good standard of care. Comments included; "I am happy that she's getting good care" and "The carers are nice, they take care of me."

People who lived in the home had a variety of needs and required varying levels of care and support. With some people being more independent and others requiring significant input from staff. Staff knew people well and could tell us about people's specific needs, their histories, interests and the support they required.

People's needs had been assessed and from these, care plans had been created for each person. People and their relatives had been involved in the creation and the reviews of these. Each person's care plan was regularly reviewed and updated to reflect their changing needs. When people's needs changed action was taken to ensure the care provided was up to date and met their new needs. For example, one person had recently experienced a fall. Staff had taken immediate action to deal with the situation. They had also referred the person to their GP, to the physiotherapist and had updated the person's risk assessments and care plan to reflect the advice given.

People's care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. Step by step guidance was provided for staff where needed which helped ensure staff fully understood people's needs and ensured people were supported in a consistent manner. This was particularly important for the people who had communication difficulties.

People's communication needs were met. The home was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Each person's initial assessment identified their communication needs, while determining if the service could meet their needs. Each person's support plan contained details of how they communicated and how staff should communicate with them. Staff demonstrated they knew how best to communicate with people.

The operations director explained how they listened to people's choices and had regular meetings with people receiving support. These meetings enabled people to voice their wishes and discuss activities they would like to undertake. We reviewed the most recent meeting minutes and saw people had been asked to share their views and opinions.

People had access to activities which met their social care needs. Staff spent time looking for ways to develop meaningful activities for people and develop and maintain their skills. On the day of our inspection we saw people take part in arts and crafts, reading books and magazines, watching television, listening to

the radio, taking part in quizzes and games. People made comments including; "There's always something going on here, singers, comedians" and "There's always something going on here, a man and a guitar were up here last week singing and playing." People were supported to leave the home on organised trips out, in groups, alone or with staff support. One person said; "I do like to get out, we went to Boscombe pier recently for a trip, I do like to see the sea." The operations director was in the process of further developing the activities people had access to and using people's histories and preferences to create more person-centred choices of entertainment.

A complaints policy was in place at the home. People had access to the complaints procedure and were encouraged to make complaints should they wish to. People confirmed they felt comfortable to raise complaints and where they had made some, these had been listened to.

Staff had received training in how to provide high quality end of life care to people in a respectful and compassionate way.

## Is the service well-led?

### Our findings

Following our previous inspection in February 2017 this key question had been rated as 'Requires Improvement'. This was due to the systems for monitoring the service in place had not identified the concerns we found during our inspection. At this inspection in July 2018 we found that action had been taken to review the quality assurance processes and systems and we no longer had any concerns.

The leadership of Fairways consisted of the operations director, a deputy manager, three heads of care and senior carers. A new manager was starting work at the home the week following our inspection. People spoke highly of the operations director and the deputies. People, relatives and staff spoke highly of the operations director. A recent staff survey had been completed and some of the comments included; "Good communication with (name of operations director)" and "Since (name of operations director) has been in post things have definitely improved. She is proactive and has created a happier and more positive working environment." Staff told us they felt supported and enjoyed working at Fairways. One comment stated; "Since joining Fairways I am very happy and we all work as a team."

The operations director was always looking to improve and regularly sought feedback from staff, relatives and people who used the service. They sent out yearly surveys, held regular meetings where people were encouraged to share their views and visited people individually to discuss any wants, needs or feedback they may have.

In order to improve on the quality of care being provided at Fairways, the operations director had approached other homes rated as 'outstanding' in order to gain some ideas and share knowledge. They had also sought new training for staff from experienced professionals and was continually looking for new ideas to implement to improve on the service. They were in the process of organising team leading training for the heads of care and the senior carers in order to improve on the delivery of leadership in Fairways.

The culture of the service was caring and focused on ensuring people received person-centred care. Staff told us they were supervised and any poor practice was picked up and discussed. The operations director told us they ensured their ethos and values relating to providing people with person centred care which promoted independence was demonstrated by the deputy managers and by the wider staff team.

People benefited from a good standard of care because Fairways had systems in place to assess, monitor and improve the quality and safety of care in the home. A programme of audits and checks were in place to monitor the safety of the premises, care plans, safeguarding, staffing and accidents and incidents. Regular spot checks were carried out and where these measures identified issues, action plans were created and action was taken to improve. Prior to our inspection one of the heads of care had conducted a check on the response time for call bells. They had pulled a bell, timed how long it took staff to attend and then conducted a group supervision with staff to ensure they understood what was expected of them and how to improve.

The operations director was aware of their responsibilities in ensuring the Care Quality Commission (CQC)

and other agencies were made aware of incidents, which affected the safety and welfare of people who used the service.