

# Methodist Homes Fairthorn

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Fairthorn is a domiciliary care agency registered to provide personal care for older people living at the Fairthorn extra care scheme. Fairthorn comprises of 29 two bedroomed apartments. The service has a lift and wheelchair access. There is a garden and car park.

At the time of the inspection the service was supporting eight people living at Fairthorn. One person had just started using the service. We spoke with four people by telephone and visited one person in their apartment to obtain their views of the support provided.

The manager was given short notice of our inspection. We did this because the manager is sometimes out of the office and we needed to be sure that they would be available.

There was a manager at the service who was not registered with CQC. They had started working at the service at the beginning of September 2016. 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 and associated Regulations about how the service is run. The manager informed us they would be applying to become registered.

The service was last inspected on 4 September 2014 and was meeting the requirements of the regulations we checked at that time. This was the first rated inspection of the service.

Although people told us they felt 'safe', we found that people were not safeguarded from the risk of harm. During the inspection we found that two safeguarding concerns had not been reported to the local authority.

People spoken with did not express any concerns about the staffing levels at the service and told us any calls for support were answered promptly during the day or night. However, people were concerned about the number of staff changes that had occurred across the service.

Some people were very satisfied with the quality of care they had received whilst other people told us the care they had received from some agency staff and less experienced staff was not of the same standard.

People had risk assessments in place. We found that they could be more personalised and less generic.

People were supported with their health and dietary needs where this was part of their plan of care.

Systems were in place to manage people's medicines. However, we noted there had been some medication errors. We saw evidence that the new manager had reviewed the processes in place and taken action to reduce the risk of medication errors continuing to occur.

Staff made very positive comments about the new manager and told us they were very supportive.

Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people.

Staff received ongoing training and supervision.

Staff told us they enjoyed caring for people using the service. Staff were able to describe people's individual needs, likes and dislikes.

The registered provider had a complaints process in place to enable them to respond to people and/or their representative's concerns, investigate them and take action to address their concerns.

There were regular resident meetings held at the service. This told us the service actively sought out the views of people to continuously improve the service.

People told us they were getting to know the new manager.

We found the handover of information to the new manager was not sufficient. This was reflected in the views of some people using the service.

Accidents and untoward occurrences were monitored by the registered provider to ensure any trends were identified.

We found one breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment.

You can see what action we told the registered 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 safe?

The service was not safe in some areas.

Although people told us they felt 'safe', we found that people were not safeguarded from the risk of harm. During the inspection we found that two safeguarding concerns had not been reported to the local authority.

People had individual risk assessments in place. We found that they could be more personalised and less generic.

Recruitment procedures were in place and appropriate checks were undertaken before staff started work.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support where this was part of their care plan or if an emergency occurred.

Staff had received appropriate supervision and appraisal as is necessary to enable them to carry out the duties they were employed to perform.

Staff received training to maintain and update their skills.

**Good** ●

### Is the service caring?

The service was caring.

People made positive comments about the staff and people told us they were treated with dignity and respect.

Staff enjoyed working at the service. They knew people well and were able to describe people's individual likes and dislikes.

**Good** ●

### Is the service responsive?

The service was responsive.

**Good** ●

People's individual needs had been assessed. We saw examples where people had requested changes to their care plan delivery and this had been responded to.

The service promoted people's wellbeing by providing daytime activities.

There was a robust complaints process in place at the service.

### **Is the service well-led?**

The service was not well-led in some areas.

During the inspection we saw the handover of information to the new manager was insufficient. This reflected the feedback received from some of the people using the service.

Our findings during the inspection showed that the registered provider had failed to ensure that the procedures and protocols to safeguard people from the risk of harm were followed.

The registered provider actively sought out the views of people to continuously improve the service.

**Requires Improvement** ●

# Fairthorn

## 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 checked 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 27 October 2016. The manager was given short notice of our inspection. We did this because the manager is sometimes out of the office and we needed to be sure that they would be available.

The inspection was led by an adult social care inspector. On the 24 October 2016 an expert by experience spoke with people using the service by telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The service was last inspected on 4 September 2014 and was meeting the requirements of the regulations we checked at that time.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury.

We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

During the inspection we spoke with the manager, the administrator, two care staff and the chaplain. We spoke with four people by telephone and visited one person in their apartment. We observed staff interacting with people in the communal areas of the service. We also spent time looking at records, which included three people's care records, people's medication administration records, three staff records and other records relating to the management of the service, such as quality assurance. Following the inspection we examined information provided by the area manager.

## Is the service safe?

### Our findings

People spoken with did not express any worries or concerns about their safety. People told us staff wore a uniform and badge. Their comments included: "They [staff] are always punctual, I don't feel rushed and we can do the things we need to do. I feel safe with them here, its fine" and "I feel completely safe with the staff, and they have very strict rules. They [staff] can only come in when I am here, and they always knock on the door. They are very fussy with that sort of thing."

The service had a copy of the local safeguarding protocols but we saw that they were not the latest version. Service's follow these protocols to safeguard people from harm. The manager told us they would obtain a copy of the updated version. During the inspection we found that two safeguarding concerns had not been reported to the local authority. Staff had recorded concerns in one person's incident record within their care plan in April 2016, but we found no evidence that this information had been reported to the local authority. We saw staff had completed a body map for another person in October 2016, but we found no evidence to show that staff had completed an incident form or that it had been reported to the manager. We spoke with the manager who told us that the concerns had not been reported to them. This showed that procedures and protocols had not been followed to safeguard people when they had been placed at risk of potential harm.

These findings evidenced a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment.

We looked at the systems in place to manage people's monies. We spoke with the administrator who had started working at the service in August 2016. We reviewed two people's monies accounts and saw there was a system in place to record expenditures and deposits. The administrator told us they sent a letter or email to the person or their representative each month with details of any expenditure. The administrator told us they checked the balance of each person's personal monies regularly, but we noted that this was not recorded, signed or dated as per the registered provider policies. We also saw staff did not record when they withdrew monies from a person's monies account, for example, to complete their shopping. The current practice was for staff to take an amount of monies and then return with the receipt and change. The registered provider's 'help for residents' policy stated 'a safer option would be to hold a float in petty cash to do the shopping, which would then be reimbursed when payment is received from the resident'. We spoke with the administrator who told us they had not been given a copy of the policy as part of their induction. We spoke with the manager who told us they would review the current systems in place ensure the safest options were being used to reduce the risk of financial abuse.

People spoken with did not express any concerns about the staffing levels at the service and told us any calls for support were answered promptly during the day or night. However, people told us there had been a lot of changes regarding staff at the service and the service had been using agency staff. People's comments included: "They've had quite a change in staff recently, a new manager, a new admin person, a new chief carer, and so whilst they get the new staff, we have agency too. Some agency are very good, some are not," "It's when you constantly have to be telling new staff where things are, or how it should be done. That's not

so good. I'm not sure why it's been so unsettled, perhaps the staff don't feel valued" and "Overall it is good, but there have been too many staff changes, and that's very unsettling and irritating, as I have to tell them [staff] everything all over again."

Staff working at the service told us they were aware that staff changes could be upsetting so they provided people with reassurance whenever they could. The new manager told us that most of the new appointments had been completed and they were recruiting additional care staff to reduce the service's reliance on agency staff. We saw that when there was an unexpected staff absence or planned leave the manager had obtained staff cover. For example, on the day of the inspection two staff were on annual leave so two agency staff had been scheduled to work.

We examined staff recruitment records for three staff members. We saw that a range of records were retained for staff which included the following: application, references including one from the applicant's most recent employer, employment contract and Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) provides information to employers about whether the police have any criminal information about potential staff to identify they may not be suitable staff to work with vulnerable adults. This helps employers make safer recruitment decisions. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people.

Staff spoken with told us they had undertaken safeguarding training and told us they would report any concerns to a senior member of staff. Staff were also able to describe the registered provider's whistle blowing procedures. Whistle blowing is one way in which a worker can report concerns, by telling their manager or someone they trust.

We looked at the care records of people who used the service. People had risk assessments in place. The purpose of a risk assessment is to look at the risk and put measures in place to reduce the risks to the person and that this is reviewed regularly. We saw the risk assessment in place could be more personalised and less generic. We shared this information with the manager so appropriate action could be taken to review these assessments.

Some people using the service were supported with managing their medicines. We saw there had been some medication errors at the service. For example, a staff member not signing the person's medication administration record to confirm the person had been given their medication. We saw evidence that the new manager had reviewed the processes in place and taken action to reduce the risk of medication errors continuing to occur.

Whilst not observing the administration of medicines we looked at the medication administration records (MAR) for people using the service. We saw the medication administration records (MAR) sheet was complete and contained no gaps in signatures for the administration of oral medicines. However, we saw the information and guidance available for staff for applying creams or ointments could be improved to help staff know what the cream or ointment was for, where to apply and how much to apply.

People spoken with did not have any concerns regarding infection control. One person said, "They [staff] are very careful about wearing gloves, we have gloves galore! Always washing their hands, but that's good of course."

## Is the service effective?

### Our findings

Most people were satisfied with the quality of care they had received. Some people were fully satisfied with the quality of care they had received, whilst other people told us the care they received from some agency staff and less experienced staff was not of the same standard. People's comments included: "They [staff] help me with most things, with washing, taking me for a bath downstairs, getting dressed, applying any creams I need," "I would definitely recommend them [service] to any of my friends who were thinking about coming here, as they are mostly very good. I do have confidence in them. They know what they are doing, I think they are all well trained," "They [staff] get me up in the morning, bring me a cup of tea, I take my meds, and then I like it at night as they come at 9.15pm, which is a good time for me" and "They [staff] stay as long as they need to, to do what needs done really. I would say they arrive more or less on time," and "Overall, with staff that know the ropes, the quality of care is good. If it's new staff, well it is not so good."

People were supported with their dietary needs, where this was part of their plan of care.

People were also supported to maintain good health, have access to healthcare services and receive ongoing healthcare support where this was part of their care plan or if an emergency occurred.

The registered provider used a training software package to monitor the training completed by staff. Staff were assigned dates for when they needed to complete their training. The training provided covered a range of areas including the following: moving and handling, infection control, health and safety and safeguarding. The software also enabled the manager to look at a staff member's individual training record. The new manager told us they had reviewed the training of each staff member to ensure it was up to date and that their induction training was fully completed.

We found staff received supervision. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. We also saw examples where the new manager had addressed staff performance where this needed to improve, for example medication errors.

Staff spoken with confirmed they received supervision sessions. Some staff spoken with told us they had not felt supported by the previous manager, but that had changed since the new manager had started in post. All the staff spoken with made very positive comments about the new manager. One staff member said, "It is like a breath of fresh air, I cannot praise the [new manager] enough."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests.

People spoken with told us they were fully involved in their care planning and that staff sought their consent prior to supporting them with their personal care.

## Is the service caring?

### Our findings

In the reception area of the service there was a range of information available for people and/or their representatives. This included details of activities available in the community such as lunch clubs. There was also information about different organisations, for example Age Concern and details of advocacy services. There was a section on spirituality, wellbeing and religion. This included details of the Fairthorn fellowship group and the chaplain.

People told us they were treated with dignity and respect and made positive comments about the staff. Their comments included: "I like them [staff], they're very good, and very helpful," "They [staff] take my glass of water up to my bedside for me, I like that little bit of company at night, it's a comfort to know they are coming in," "Absolutely treated with dignity and respect," "If everything is going to plan, the usual carers are punctual and they are reliable and they are kind and caring too" and "We are treated nicely by the majority, they are respectful I believe and it's a friendly atmosphere." One person told us that staff used their christian name but that staff always checked they were happy with that.

People made positive comments about the chaplain. One person said, "The chaplain is lovely, she is so helpful, you can talk to her." The chaplain was employed by the registered provider. The chaplain told us they visited people in their apartment or went to see them when they were in hospital. They told us they reminded everybody that they were always available to chat to regardless of faith or no faith. They described how they had provided reassurance to people during the changes in staffing at the service. The chaplain told us they held a remembrance service each year in November to remember people who had died during the year and in the past.

We reviewed a copy of the Fairthorn news for October 2016. The newsletter covered a range of topics including: people who had moved in, details of people and staff birthdays, a column by the manager, a column by the chaplain, news from events and quizzes.

During the inspection we saw staff supporting people in the communal areas of the service. They were respectful, cheerful and interacted positively with people they were providing care to. Staff spoken with were able to describe people's individual needs and their likes and dislikes. They were also able to describe how they maintained people's dignity, for example, making sure they were appropriately covered.

All the staff spoken with told us they enjoyed working at the service and supporting the people living there. Staff comments included: "I come to work to see the residents, I love my job" and "I like sitting with the residents. When they are happy and smiling that makes your day."

## Is the service responsive?

### Our findings

In people's apartments there was a pull cord available in each room for people to use to call for assistance. Some people living at the service also wore a pendant to call for assistance. One person said, "We do have 24 hour cover here if we need it, there are bells and buttons for us to ring all over the place, I have one round my neck now (pendant)." The manager told us there was a member of staff on duty at night at the service if people needed to call for assistance.

People told us they were involved in their care planning and that this was regularly reviewed to meet their changing needs. Peoples comments included: "I do have a copy of my care plan and it was all put together with me and my daughter giving information and comments too. We change it when there are new things as well" and "I've been here for about 8 years, and I think I started having support about 5 years ago, then gradually it has built up as I have needed more care and as I've got older. They [service] have been very flexible like that."

The new manager told us they had been reviewing people's care plans to ensure they were accurate and reflected the person's current needs. We saw examples where people's care plans had been changed to respond to their change in needs. We saw that people's care plans covered a range of areas including the following: medical history, mental health, background and social history, communication, religious beliefs. We found there was a record of the relatives and representatives who had been involved in the planning of people's care.

Details of service's activities was displayed in the reception area. The activities included: keep fit, lunch club, brunch, fish and chips, manicure, hairdresser and pancake club. There were regular fellowship and church services held at the service. Peoples comments included: "There are activities but you're not forced to do them. We have meetings as well, there's one this week. I can say anything at the meeting" and "Downstairs there's things on to do, and where people can eat together, but you can eat in your own place too," and "There is the communal area that we can go to, but the arts and crafts are on a day when I like to go out. There are exercise classes too, but you have to pay extra for that."

People spoken with told us they would speak with staff or a relative if they wanted to complain. People's comments included: "I will always bring things up if I'm not happy; I've been here a long time now. We can have a gossip with the other residents downstairs, and sometimes they are having the same problems. That's where the communal bit is" and "I would complain locally if there was something bothering me. I would tend not to go to head office, as I feel they may be too remote. I think Methodist Homes [registered provider] are a funny organisation, perhaps a bit top heavy, too many chiefs? I'd bring it up with the care worker, then the manager."

A copy of the complaints process was also displayed in different areas of the service. We saw there was a robust process in place to respond to concerns or complaints by people who used the service, their representative or by staff. The manager showed us an example of a complaint they had received recently, the investigation and action they had taken.

## Is the service well-led?

### Our findings

People spoken with told us they were getting to know the new manager. During the inspection one person came into the manager office's to discuss the latest resident's meeting.

The provider's area manager was not present during the inspection, but they provided us with information regarding the management of the service by email. The new manager started working at the service at the beginning of September 2016. A temporary manager had been employed by the registered provider from an agency during July, August and September 2016. The service manager told us that this delay was caused by a shortage of suitable applicants. The service manager told us they regularly met with the temporary manager to monitor issues regarding care and staffing. The area manager told us the protracted handover from one manager to another had not been ideal but the registered provider wanted to ensure people using the service were provided with continuity of care.

The feedback received from people using the service told us they felt the handover had not provided enough information to the new manager. Peoples comments included: "I have met the new manager I think, there's a lot of change with the staff. I hope it settles," "At the moment though, it's a proper mess. The manager has changed, and she doesn't understand how this works really" and "I have met the new manager, I think its early days, she needs to learn how this place runs, and I'm not sure she's been told enough about it."

Staff spoken with also raised concerns regarding management of the service prior to the new manager and that they had not been supported well. All the staff spoken with commented on the positive change the new manager had made, saying the new manager was friendly, approachable and very knowledgeable. Our findings during the inspection showed that the registered provider had failed to ensure that the procedures and protocols to safeguard people from the risk of harm were followed.

During the inspection we saw that the handover of information to the new manager was insufficient. For example, we requested information regarding a safeguarding investigation. To obtain the information the area manager contacted the previous manager to ascertain whether the service had notified safeguarding or the hospital had.

The area manager informed us they completed monthly visits to the service. As the new manager was completing their induction, they were discussing all the issues within the service at their one to ones. The area manager provided us with a copy of the monthly form the new manager would be using in the future. The form included different sections for them to complete including: complaints, care issues, staff issues, training, activities and events, resident meetings, staff meetings, complaints and compliments.

The area manager told us that at one to one sessions they looked at a sample of care plans and care plan and medication audits to ensure they were in place and appropriate to the service and person who used the service. They told us they also did random checks on staff files. Each meeting included a review of the training matrix and highlighted areas where the manager needed to chase up training or put training in

place. They also reviewed progress in relation to supervision sessions for care staff to ensure they were getting regular support and input from their line manager.

We reviewed the one to one records for the current manager for September and October 2016. A range of topics had been discussed including: staffing, resident concerns and budget. We noticed that the checks the area manager told us they had completed, for example, care plan audits were not recorded.

People told us that regular resident's meetings were held at the service. One person commented: "We have resident meetings every two months, and we can raise things then as well." We reviewed the minutes of meetings held in April 2016 and October 2016. A range of topics were discussed at the meetings which included: service charge, the wellbeing charge, staffing changes, the local gala day, maintenance, safeguarding, charity fundraising for new benches, bird feeders, communal lounge reorganisation, Christmas activities, newsletter, keys, amenity fund and any other business.

People could not remember if they had not completed a questionnaire or a feedback form regarding the quality of care they received from the service.

The registered provider had completed a retirement living survey with the people living at the service in 2015. The survey covered a range of areas which included: personal care and emergency response. A letter had been sent to people living at the scheme with the results of the survey.

There was a feedback form available for people to complete with no stamp required to send to the registered provider's quality team. It contained the telephone number, email address and postal address of the customer services department, so people had the opportunity to share their experience of living at the service direct with the registered provider.

We saw evidence that the registered provider had completed an annual staff survey in 2015 which included an action plan for each of their different services to complete.

The registered provider had a system in place for the service to report accidents and incidents. For example, incidents resulting in serious or potential serious harm and the need for emergency transfer to hospital. Part of the registered provider's quality improvement team role was to monitor trends and themes at the service.

The manager showed us the process in place for reporting accidents and incidents at the service. A copy of the form was sent to the registered provider's quality improvement team and a copy retained at the service.

The new manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.

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 will check that this action is taken by the provider.

| Regulated activity | Regulation  |
|--------------------|---|
| Personal care      | Regulation 13 HSCA RA Regulations 2014<br>Safeguarding service users from abuse and improper treatment<br><br>The registered provider had not ensured that service users were protected from the risk of abuse and improper treatment in accordance with this regulation. |