

Mr & Mrs T Pantling

Fairfield Country Rest 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?

Outstanding



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

The inspection took place on 2 and 3 July 2015 and was unannounced. This service was also inspected on 28 October 2014 but, due to unforeseen circumstances, we were unable to complete a report for that inspection.

Fairfield Country Rest Home provides care for up to 32 older people who may require nursing or personal care. At the time of the inspection 29 people were using the service. The service had a registered manager in post. 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.

People and staff were relaxed throughout our inspection. The home was clean and there was a very calm, friendly and homely atmosphere. A relative said, "The ambience is one of warmth and caring". People told us they were happy living in the home. Comments included, "You'll find no problem here, I enjoy it, it's very nice here", and "You won't beat it". People spoke highly about the care

Summary of findings

and support they received, one person said, "They're very good to me and they look after me very well. Staff have time to chat if I want them to, we pull each other's legs. They're very friendly and very good."

Relatives and friends were always made to feel welcome and people were supported to maintain relationships with those who mattered to them. One relative told us they were kept informed of their relatives changing health care. The home also offered relatives a high level of post grief care. The registered manager explained, relatives "become friends.... It's nice they feel they can still come along". A relative told us, "The home is already becoming like an extended family to me. I simply cannot find any faults."

Staff put people at the heart of their work; they exhibited a kind and compassionate attitude towards people. Strong relationships had been developed with people. One staff member told us "They are like a family really". Staff were highly motivated and practice was person focused and not task led. Relatives told us "You can see how amazing the staff here are, how caring they are and treat people as people", "They do care about people in their care...they're there for the care." Staff had an in-depth appreciation of how to respect people's individual needs around their privacy and dignity and gave us examples of how they did this.

Staff described the management as supportive and approachable. They told us the registered manager was, "Very understanding, very caring. They are focused on the residents." Staff also talked positively about their jobs. Comments included: "It's like a family home...it's just like home", "I am happy working here" and "I do love it". The providers told us the home was 'family run' and they were very hands on in the day to day running of it.

Staff received a comprehensive induction programme. There were sufficient staff to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively. Staff understood their role

with regards to the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards. Applications were made and advice was sought to help safeguard people and respect their human rights.

All staff had undertaken training on safeguarding vulnerable adults from abuse, they could describe how to report any concerns and what action they would take to protect people from harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

Medicines administration records were all in place and had all been correctly completed. People were supported to maintain good health through regular access to healthcare professionals, such as GPs, speech and language therapists and district nurses.

People's risks were managed well and monitored. People were encouraged to live full and active lives and were supported to be as independent as possible. Activities were meaningful and reflected people's interests and individual hobbies. A relative told us "There is always something going on".

The service prided itself on its high quality end of life care for people and on the support they provided to relatives during this time. The registered manager also placed great importance on carrying out people's final wishes.

There were effective quality assurance systems in place. Incidents were appropriately recorded and analysed. Changes were made as a result of any incidents and concerns raised. This helped drive improvements and ensure positive progress was made in the delivery of care and support provided by the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

People's medicines were managed safely. Medicine was stored and disposed of correctly and accurate records were kept.

People were protected by staff who used effective infection control measures, received appropriate training and had access to relevant policies and procedures.

Good



Is the service effective?

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

People were supported by staff that were well trained and received a comprehensive induction plus regular training & supervision.

People's human rights were protected. Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were encouraged to maintain their independence when eating and drinking and could decide what they had to eat, when and where.

Good



Is the service caring?

The service was caring. People and those that were important to them spoke very highly of the care they received from staff, describing it as being like a family.

The registered manager acted as a role model for staff in their compassionate interactions with people and the respectful way she spoke about them.

People were supported by staff who were keenly aware of their wellbeing and who were motivated to act on any concerns.

People were not only encouraged to maintain their independence but were actively supported to increase their independence through individualised activities.

People had their privacy and dignity and at every level of support that they received from eating to personal care.

The registered manager was passionate about providing high quality end of life care. This included involving people and their families and friends in planning, carrying out people's wishes and maintaining relationships with the bereaved.

Outstanding



Is the service responsive?

The service was responsive. Staff knew how people wanted to be supported.

Good



Summary of findings

People's needs were assessed before they moved into Fairfield and regularly thereafter. Care plans reflected people's support needs and were also reviewed regularly.

People's activities were meaningful and were planned in line with their interests.

Staff understood the importance of companionship and social contact and encouraged people to interact with others.

People were able to raise concerns or complaints through a variety of methods. Complaints were acted on and the complainant informed of the outcome.

Is the service well-led?

The service was well-led. The registered manager and providers had a clear ethos that they supported staff to put into practice.

Staff were motivated and inspired to develop and provide quality care.

Communication was encouraged. People and staff were encouraged to make suggestions and raise concerns at any time and friends relatives received important information in timely manner.

Good



Fairfield Country Rest 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.

The unannounced inspection took place on 2 and 3 July 2015 and was undertaken by two inspectors.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We also reviewed information we had received from health care professionals, the local authority safeguarding team and people who had raised concerns about the service.

During the inspection we spoke with six people who lived at Fairfield Country Rest Home, five friends and relatives, the registered manager and providers and nine members of staff. We also contacted eight social care professional after the inspection. We looked around the premises and observed how staff interacted with people throughout the two days. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at five records related to people's individual care needs and five people's records related to the administration of their medicines. We viewed five staff recruitment and training files and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

People were kept safe by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. The registered manager had increased staffing levels in response to call bells being rung more often. They told us, "We don't use agency staff. My staff are very loyal and cover...we have a very low turnover of staff" and "I've got good staff". They told us that recently someone's support needs had increased and this had been met by the staff team. People were kept safe at night time as pressure mats, (which alert staff to people moving about) were in place and staff checked on people throughout the night. These checks monitored people's welfare. The registered manager explained there was always an extra person who slept on site in case there was an emergency in the night.

People were protected from abuse by staff who had a good understanding of safeguarding. Staff all told us they would be confident reporting concerns and felt that these would be acted upon. Staff had access to and were familiar with policies and procedures, such as safeguarding and whistleblowing.

Medicines were managed, stored and given to people as prescribed and disposed of safely. Staff were appropriately trained. The registered manager did spot checks to make sure staff were following procedures correctly. Staff received regular formal medicines training and could explain what to do if they found a medicines error. Staff were observed to administer people's medicines in a dignified and discreet manner at lunch time. A member of staff discreetly told one person what their medicine was for, they knelt down next to the person and spoke quietly in their ear so other people did not hear. Some handwritten medicines records did not show the date on which medicine had been administered. We discussed this with the registered manager who told us these records would be updated immediately.

People were enabled to take positive risks to maintain their independence. Staff explained how they enabled and supported people to take risks. One person wanted to sit out in the sunshine with no sun screen or sun hat on, the person told the registered manager, "I have done it all my life". People had risk assessments in their personal files and staff were aware of these and how they related to the people they supported. Falls were monitored and falls risk assessments were in place. One person did not have a risk assessment in place for self administering their medicine but the registered manager took immediate action to put this in place. We noted that one person's risk assessments were signed by staff and not by the person, even though the person had mental capacity. We spoke with the registered manager about this, who told us this would be corrected.

People were supported by systems that promoted their independence whilst keeping them safe. The registered manager explained that there was an alarm on the door to the garden but it was only activated when there was bad weather so that staff could ensure people were suitably dressed before they went outside. People were able to go out into the garden whenever they chose and we saw people walking outside. The providers explained that the design of the building meant it was still possible for people who enjoyed walking, to do this round the home, when the weather was too bad to go outside.

Staff had undertaken infection control training and had access to infection control policies and procedures. The registered manager told us there had recently been a sickness and diarrhoea outbreak in the home. They explained that they had responded quickly to ensure everyone was safe and implemented barrier nursing procedures to reduce the likelihood of the infection spreading. Infection control measures were increased, people were served meals in their rooms and communal activities were stopped. Medical professionals, friends and family and environmental health were all informed immediately.

Is the service effective?

Our findings

People were supported by knowledgeable, skilled staff who effectively met their needs. One person told us "They're very good to me and they look after me very well....they know my likes and dislikes." A family member said, "I know that I can talk with any of the staff and they know exactly what mum has been doing."

People were supported by staff who received suitable training and support. Staff confirmed they had training, supervision and appraisals. Training included dementia care, end of life support, infection control and moving and handling. The registered manager had been pro-active in training the kitchen staff in respect of new legislation which came into force about allergies. They told us "The chefs were qualified before it came into play". They also said, "if staff want more training, all they need to do is ask". Staff supervision focused on different topics each session, for example, continence, manual handling, and equality and diversity. The providers also carried out staff supervisions and appraisals which helped them keep up to date with individual staff performance.

There were effective systems in place to communicate important information to the staff team. Changes in people's health care needs were documented and communicated at handovers. There was a document in place called, 'care, problem and action book'. Problems were identified, and action taken. For example, a person had a wart on their finger and it was causing concern, as a result, this had been referred to an external professional.

The registered manager told us that new staff were assessed so their induction could be tailored to their individual level of knowledge and experience. Any gaps in their knowledge were identified and covered using the new Care Certificate. The Care Certificate is regarded as best practice for the induction of new social care workers; it sets out learning outcomes, competences and expected standards of care. The induction was also used to introduce new staff to the ethos of the service. A new member of staff told us they had felt well supported during their induction. They had shadowed staff and felt that although the induction had finished, the team were still being "supportive in an informal way."

People when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the

Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager had a good knowledge of their responsibilities under the legislation. We saw documentation that demonstrated applications had been made for people to the supervisory body and the service was awaiting authorisation. Staff understood their responsibilities under safeguarding, MCA and DoLS.

Staff asked for consent before providing personal care or administering medicines. We heard staff asking, "Do you mind taking your medication?". They listened when people told them that it wasn't a suitable time, "Is it ok if I do your eye drops now? No? Ok, I'll come back after your dessert." One staff member told us that if a person refused their medicine, another member of staff would ask a bit later and this was usually successful.

People were given the opportunity to decide what they had to eat, when and where. The registered manager told us, "Even with their dementia people can still make decisions for themselves...what they would like to eat and drink". There were two or three options for lunch and people could choose what they wanted to have. One person told us, "The food is excellent, there are usually alternatives and I could always ask for something else. When I first came, they asked me what I like and dislike." One person told us, "I have been out this morning and only wanted a sausage sandwich when I got home, so that's what they made me." Another person told us, "I'm getting a more varied diet here". We observed many people eating meals in their rooms as they enjoyed watching Wimbledon. A breakfast lady was employed to make sure people could have their breakfast when they chose.

People were encouraged to maintain their independence when eating and drinking. The registered manager told us, "We try to keep their independence up as much as they can". She told us there was one table in the dining room where people received extra support with eating. We observed that this was done discreetly and that people were still encouraged to do as much as they could for themselves. We heard staff asking people before they gave

Is the service effective?

any support, "Would you like me to cut your fish up for you?", "Is that ok for you? Give it a go and if you get stuck, let me know if you want any help." Staff were observed encouraging people to eat well and praised them when they had finished. The registered manager told us about someone who had not been able to eat or drink independently when they came to live at Fairfield but the staff had supported them step by step to increase their skills and now they ate without any support at all.

The chef was aware of people's dietary requirements and was updated by the registered manager of any changes. This was recorded on an information sheet in the kitchen and was reviewed by the registered manager. There were speech and language best practice guidelines in a frame in the dining room for staff to refer to when supporting people to eat. This helped staff keep people safe when eating. People were referred to external health professionals such as the SALT (Speech and Language Team) as required.

The registered manager responded to people's feedback about food and acted to improve the menu. A visitor told us she realised her friend, who is blind, was choosing food according to what was easiest to eat rather than what they wanted to eat. She raised her concern with the registered manager and staff now made sure the person was supported to eat the food of their choice. The registered manager explained that food was not only discussed at residents' meetings but regularly through informal chats. The provider told us that they sometimes tried new meals to see if residents liked them, sometimes altering the meal slightly as a result of feedback. For example, they told us people hadn't liked pizza bases but had enjoyed the pizza toppings, so they were now made with a different bread base.



Is the service caring?

Our findings

People felt well cared for, they spoke highly of the staff and the quality of the care they received. People commented "It seems to be a pleasure for the staff", "I find the staff excellent...I think I'm in one of the best homes, if not the best!". Friends and family told us, "All Fairfield's staff are caring and the residents clearly love them. It is the little caring touches that we have witnessed, that matter, for example putting an arm around a resident to encourage them to drink, or having ice cream cones outside on a sunny day.", and "the care is absolutely, indisputably, brilliant, I would say that it is good to excellent", "Overall, I consider the general standard of care to have been excellent"; "I know that mum is well cared for and loved". Staff were compassionate and told us "I love it, I love caring for people and hope I can make a difference to somebody".

We observed staff treating people with kindness and as individuals in all interactions. We heard staff saying "You've had your bath this morning and you're looking beautiful!"; "You don't have to go any quicker, slow and steady wins the race". Staff listened to people. We observed a staff member being called back into the room as they were leaving, because a person wanted to talk to them first. Care notes reflected the home's caring ethos; one person's notes said, "[...] is having 1:1 as much as possible this morning because she is very unsettled". Watching Wimbledon was very important for some people and the registered manager explained how staff worked around this, for example, the cleaner had been heard to say "I'll Hoover later". We also observed a staff member keep one person informed of the tennis score, whilst they participated in yoga.

The registered manager led by example by prioritising people's needs. They excused themselves from talking to us saying, "Excuse me, let me go and tell my gentleman that the ambulance is late as he gets a bit anxious". We observed one person coming in and sitting in the registered manager's chair. The registered manager kindly asked them if they would mind sitting in the dining room, where their friend was, and commented, "[...] comes and sits in the office most days for a chat". Whilst telling us about people the registered manager commented, "She is a lovely lady...I keep saying that about everyone here but they all are". The registered manager showed us a list of people who lived in the home which detailed the names

people preferred to be addressed by. She commented, "I don't do room numbers, I do names". A staff member commented, "[The registered manager] really cares for the residents". A relative told us that "the manager is second to none - a skilful operator who can manage their staff and residents with tact, persuasion and compassion."

People's long term needs were also met in a caring way. The registered manager told us of a person whose dog had passed away not long after moving into the home. The staff and registered manager became concerned that their wellbeing had declined. They asked the person if they would like another dog and supported them to search for a dog that would be suited to living in the home. The person confirmed they were happy now they had another dog and were able to walk it in the gardens several times a day. This individually tailored care had improved the person's well-being.

People were supported by staff who respected their dignity and privacy. The registered manager told us, "We try not to hoist people at night but support their needs in bed so we don't disturb them." We observed staff gently waking people at lunchtime and discreetly asking if they would like to go to the toilet first. Staff waited outside the toilet until the person needed further support and chatted with them throughout. One person told us staff encouraged them to be as independent as possible when washing and waited outside the bathroom until they were needed. One member of staff felt strongly about dignity and explained that their actions were driven by thinking of how they would feel in the person's shoes.

People were encouraged to maintain independence as far as possible. The registered manager explained that people were encouraged to come to the dining room at meal times in order to keep mobile. One person explained that before they came to stay at Fairfield they struggled to walk from the bed to the bathroom, and was using a wheel chair. The person explained with the support of the staff and yoga classes, they were now walking better and independently. Another person was observed walking into the dining room with a walking frame and a staff member pushing a wheelchair behind, enabling them to walk as far as they felt able. When the person felt tired they told staff and sat in the wheelchair. People's independence was also maintained by people attending a weekly hand and eye co-ordination activity.



Is the service caring?

People told us they were able to maintain relationships with those who mattered to them. One person told us that whenever their wife came to visit staff always brought a cup of tea. They also told us that their wife had come to eat with them on Christmas day. The registered manager told us that the conservatory was always available to people who wanted to hold a family gathering. A relative told us that when another family member came to visit from a long distance, the registered manager suggested they eat together in the conservatory. Another relative showed us pictures of a birthday party that had been held for their father. The registered manager told us that Skype was available for people to use and we observed people being told they had a phone call from a family member.

People were involved in making decisions about their care and treatment and given explanations about any changes. A relative confirmed that whenever their father was receiving new medicine or treatment he could always explain what it was as the registered manager had explained it in a way that he understood. When people were being supported to move, we observed staff giving people clear, simple instructions so the person knew what was happening. The registered manager told us that friends and family members were always invited to residents' meetings to act as advocates, if needed.

People in the home received good end of life care, when needed, and their friends and relatives were supported as far as possible. The registered manager told us they "deliver excellent palliative care" and that "the partnership between us and the district nurses is second to none". The

registered manager was passionate about ensuring people "die with dignity". They told us this was one of their proudest achievements. They would always be involved in all staff handovers when someone was receiving end of life care to ensure that care was co-ordinated effectively and all staff remained up to date with the person's needs. The registered manager was very respectful when talking about people who had died, "I am so sorry you couldn't meet her, she was the most amazing lady...she was one of the most interesting people you could meet". One relative had written to the home saying, "My wife joins me in expressing our profound thanks for the care - and indeed the love and affection - that everyone has shown to [...]".

The registered manager also spoke of the importance of talking about and planning for end of life care with people and families, ensuring relevant paperwork was in place. This enabled them to co-ordinate care with professionals and take the pressure off the family. We saw letters that had been sent to friends and relatives, politely asking them to let their wishes be known.

The registered manager told us, "post grief care" was offered to relatives. They explained relatives "become friends, they still visit and are welcome". A relative told us, "In [...]s final few days much compassion was shown - and much kindness to us, the next of kin". The relative also told us that they had been able to plant a tree in the garden in memory of their father which they came to water; and that the registered manager had invited them to continue visiting to sing with people on music afternoons.

Is the service responsive?

Our findings

Care records contained information about people's health and social care needs and were easy to read. They showed people had access to health care professionals, GPs, opticians and district nurses. Some care notes detailed how people's needs were met: "[...] has dentures but all efforts to get them in and for her to keep them in doesn't work, they just get distressed. Spoken over with other parties and family. We now give pureed food, this she likes so we have no concern." One person's care plan was not reflective of their care and support needs, however, their care records showed they were being appropriately supported. The registered manager started to make changes and improve this during the inspection. People's care plans did not always show the involvement of the person in planning their care needs or detail the person's history. This would support more personalised care. The registered manager told us they would address this.

Individual preferences were taken into account to provide personalised, meaningful activities. The activities for the week were displayed in the reception; they included, a beautician, singers, organ playing, yoga, arts and crafts and bingo. There was also a hairdressing salon and visits from a podiatrist and a masseur. The registered manager told us people had taken part in a 'music for dementia' project, learning dances with local school children and then making bunting and holding a tea dance. There had also been a group of musicians who visited to play various instruments for people and encouraged them to play too. The registered manager marked different days in the calendar by organising activities. They organised a sweepstake for the Grand National and encouraged people to put their medals on for Armistice day. People's religious needs were met by the service. The Bishop had been to visit; Holy Communion was held once per month and people were visited by a Catholic Priest if they wanted to be.

The registered manager told us they were holding a garden party at the weekend where people would be taking part in a yoga display and belly dancing. They told us people were looking forward to it and staff working the night before would be helping people decide which clothes to wear ready for the garden party. The registered manager told us, "We use the garden party to get friends and family together... it is an exciting time for us".

The registered manager explained they organised reminiscence social activities and had ordered 'old fashioned' chocolates on one occasion for people to try. They showed us the new 'Here and Now' scrapbooks they were developing with people to support individualised care. These included family trees and photos of important people in their lives. They told us that in the future, they will also include people's interests, activities they enjoyed doing and more photos of their lives.

People were able to choose how they spent their time. One person enjoyed spending time quietly without other people around. They told us "I don't always take part in the activities." Another person told us they had taken on the responsibility of delivering people's newspapers to their rooms every morning. We observed people knitting, chatting and reading as well as watching the television or listening to the radio. The providers were keen to explain that the lounge "offered different areas for people, so they were not all sat in a circle watching television". The registered manager told us they encouraged people with similar interests to spend time together for companionship. A relative explained their father was shy when he moved in, but was encouraged to eat with other people. He'd told them, at Christmas he'd joined in singing with the Christmas entertainment and enjoyed himself a lot, saying, "Sometimes, I just burst out laughing!"

People were supported in a personalised way. The registered manager told us about a person who got agitated before family visits. The staff now left it later before they told the person that their family was visiting. This had helped decrease their anxiety. We observed that the yoga teacher was responsive to people's individual capabilities and health/mobility difficulties. We heard one person ask about some pain they were experiencing from an old injury, the teacher replied, "I'd like to talk about it, have your lunch and I will come and see you afterwards".

Rooms were personalised. We saw emails, photos and drawings from family members displayed in people's rooms. The registered manager told us "We encourage people to bring in things... it is very much about being their space." They also pointed out pictures decorating communal areas that belonged to people.

People were supported when moving in or out of the home. The registered manager described how they had supported someone to find an alternative home when they realised their needs could no longer be met at Fairfield

Is the service responsive?

Country Rest Home. This included involving relevant health professionals to assess the person and then supporting them to find a more suitable placement. A relative told us "They've helped him settle in. They took on board his needs and did a very thorough assessment, which reassured me that they could meet his needs." We saw that people were assessed by relevant professionals when they moved into the home. Another relative told us "[The registered manager] and their staff were superb in helping us and advising us on the move which went like clockwork."

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. People knew who to contact if they needed to raise a concern or make a complaint and were confident that their concerns would be taken seriously. People who had raised concerns, had them dealt with straightaway and were informed of the outcome.

Is the service well-led?

Our findings

The registered manager and providers took an active role within the running of the home and had good knowledge of the staff and the people who lived at Fairfield Country Rest Home. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred, in line with their legal obligations.

People, visitors and staff all described the management of the home as approachable, knowledgeable and supportive. A relative told us the registered manager "is always on the ball...they deal with things immediately." The registered manager told us that when the law changed in relation to care (the introduction of the Care Act 2014), they invited a professional to attend a meeting for people and their families and friends to explain what it meant for them. A relative told us, "They inform me instantly of everything that happens,they always give me updates and will give me proper answers, even if that means getting files out to check".

Staff felt inspired to provide a quality service and told us that the registered manager's and the provider's philosophy of care filtered down into the staff team. The registered manager administered the morning medicines and was passionate about having this protected time with people, to talk and find out how they were feeling. A relative commented, "I very much like the fact that [the registered manager] sees every resident in the morning for their medication." Staff told us they felt supported and motivated by the registered manager and they could speak with the registered manager or provider at any time. The registered providers were on site throughout the inspection and told us their philosophy of care was to "look at [the home] as a hotel". They told us the 'mum's test', (thinking about whether they would be happy for their own mother to live there), was important to them when assessing the quality of the service. Staff told us, "I feel very supported...even by the owners...they do listen", "[...] is a very good manager...you couldn't work in a better home", "[The registered manager] is always on the ball...they deal with things immediately."

The staff worked in partnership with key organisations to support care provision. Social care professionals who had involvement with the home confirmed to us, communication was good. They told us the staff worked well with them, followed advice and provided good support. We were told the registered manager was "professional and helpful and quick to contact us about any concerns", and "the manager knows the home inside and out". The registered manager told us they had a good relationship with the local fire authority and had worked closely with them to devise Personal Emergency Evacuation Plans (PEEPs). The registered manager was also the chair of the local care home forum.

There was an effective quality assurance system in place to drive continuous improvement within the service. The registered manager audited the quality of the service annually by asking people, friends, relatives and professionals to complete questionnaires about the service. A friend of a person living at Fairfield told us that through the questionnaire, they had recommended staff have more time to spend with people and this had then been implemented. People confirmed to us that staff had time to sit and chat with them. The friend commented, "They're not just doing questionnaires because they have to - they have an effect." The registered manager told us of the importance of trying to get as many returned before the evaluation to get a good overall picture, "I push to get as many back as possible."

Care plans were audited monthly to ensure they were up to date. The registered manager spoke about reviewing practice and told us, "If we don't update and review the way we do things how do we know if we are doing things correctly?" On the front of the staff communication book the registered manager had put the five key questions that CQC assess services against. They had added that if staff could not answer these questions, they must act straight away: "speak to management / owners, get support, talk, ask questions, more training...". The registered manager also told us that as they lived on site they "will visit at the drop of a hat", if there was a concern or to review the quality of care being delivered by staff during the day, night and weekends.