Care Quality Commission

Fairfield Healthcare Limited

Fairfield Nursing Home

Inspection report

10 Quarry Road East
Heswall, Wirral
CH61 6XD
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Date of inspection visit: 8th and 12th October 2015
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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

Overall summary

We carried out an unannounced comprehensive inspection of Fairfield Nursing Home on 8th and 12th October 2015**.** Fairfield Nursing Home provides residential and nursing care for up to 29 people with varying needs. These include specialist nursing support, respite care, end of life care and general assistance with everyday living for people with dementia.

The home is situated in a quiet residential area of Heswall on the Wirral offering single accommodation of a good standard. Each floor has a communal bathroom. On the ground floor there is a communal lounge, dining area and are awaiting planning permission for conservatory adaptions and improvements.

The home required 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a registered manager in post, who registered with the Care Quality Commission in May 2015.

People who lived at the home were happy there and held the staff in high regard. They said they were well looked after. People told us they felt safe at the home and had no worries or concerns. From our observations it was clear that staff cared for the people they looked after and knew them well. The staff we observed and spoke with clearly understood the needs of the people they were supporting and were skilled and trained to provide support to them.

People had access to sufficient quantities of nutritious food and drink throughout the day and were given suitable menu choices at each mealtime. All medication records were legibly

and properly completed. All staff giving out medication had been medication trained.

We reviewed ten care plans, these provided sufficient information on people's needs and risks and provided guidance to staff on how to meet them. Regular reviews of care plans took place to monitor any changes to the support people required.

We saw that the home had ensured people's mental health needs had been assessed and had employed elements of good practice in accordance with the Mental Capacity Act 2005 (MCA). We also saw that that 8 staff out of 37 had attended Mental Capacity training, this was mainly senior staff.

Some of the communal areas in the home were being re-modelled and planning permission had been requested for improvements to the conservatory that was tired and shabby. There is a small outside garden with seating facilities which also housed bird tables and bird feeding stations, for the people to enjoy.

We spoke to ten people who use the service, seven relatives and friends and seven staff. The staff we spoke to included nursing, care and ancillary staff.

People and relatives we spoke with said they would know how to make a complaint. No-one we spoke with had any complaints.

The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults.

We found that good recruitment practices were in place which included the completion of pre-employment checks prior to a new member of staff working at the service. Staff received regular training to enable them to work safely and effectively.

People and staff told us that the home was well led and the staff told us that they felt well supported in their roles. We saw that the manager was a visible presence in and about the home and it was obvious that they knew the people who lived in the home extremely well and that the staff were well supported to carry out their responsibilities.

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.

Good

Staff had been recruited safely. Appropriate recruitment, disciplinary and other employment policies were in place.

Medication storage and administration was correctly carried out.

We saw that people's individual risks were identified and appropriate care plans were in place.

We saw appropriate personal emergency evacuation plans were in place.

The home was clean and had infection control procedures in place.

Is the service effective?

The service was effective.

Good

Staff were appropriately inducted and received on-going training. Staff were regularly supervised and appraised in their job role.

Senior staff understood and applied the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. The manager had made the appropriate referrals to the Local Authority.

People were given enough to eat and drink and a choice of suitable nutritious foods to meet their dietary needs

Is the service caring?

The service was caring.

Good

People we spoke with held staff in high regard.

We observed staff to be caring, respectful and approachable. People were able to laugh and joke with staff and people appeared comfortable with staff.

Staff made every effort to ensure people's privacy and dignity were respected when care was delivered.

Is the service responsive?

The service was responsive.

Good

We looked at ten care plans and each person had a care plan that meet their individual needs and risks.

A range of social activities was provided and the activities co-ordinator took time to build positive relationships with people

The complaints procedure was openly displayed and records showed that complaints were dealt with appropriately and promptly.

We saw people had prompt access to other healthcare professionals when required.

Summary of findings

Is the service well-led?

The service was well-led.

Good

The service had a manager who was registered with the Care Quality Commission.

The manager was clearly visible and staff said communication was open and encouraged.

There was a good standard of record keeping.

Fairfield Nursing 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.

This inspection took place on 8th and 12th October 2015 and was unannounced. The inspection was carried out by one Adult Social Care inspector, a specialist advisor who was a healthcare professional with experience in the nursing care of older people, and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we asked for information from the local authority quality assurance team and we checked the website of Healthwatch Wirral for any additional information about the home. We reviewed the information we already held about the service and any feedback we had received.

During the inspection we spoke to eighteen people at length. This included ten of the people living there , seven relatives and friends. We talked with seven staff on duty over the two days including the activities co-ordinator, care staff and cooks. We also talked with the registered manager, the deputy manager and the administrator.

We observed care and support for the majority of people who lived at the home. The staff we observed and spoke with clearly understood the needs of the people they were supporting and were skilled and trained to provide support to them.

We reviewed a range of documentation including ten care plans, medication records, records for six staff members, staff training records for the organisation, policies and procedures, auditing records, health and safety records and other records relating to how the home is managed.

We asked for additional information regarding the homes fire risk assessment to be sent to us after the inspection and this was done as soon as the information was made available.

Good

Is the service safe?

Our findings

We spoke with people who lived at the home and asked if they felt safe. One person told us, “Oh yes safe here. It’s a safe area and I’m safe with the staff,” and another person told us “Feel safe, we’re looked after well.” We also spoke to a relative of another person and we were told “She’s safe and cared for.” People told the expert by experience they were confident their possessions were safe.

We looked at the records relating to any safeguarding incidents and we saw that the manager maintained a clear audit trail of any safeguarding incidents, what action had been taken to support the person and the notifications made to CQC.

Records showed that thirty three out of thirty seven members of staff had completed training about safeguarding adults. We asked a staff member what they would do if they witnessed something they thought was abusive; they stated that they “would go straight to the manager”. We were also told by a nurse that “a patient had been discharged from hospital and I had noticed that the letter to the GP and Nursing home were different which I felt could have been an issue” .This concerned the staff member and so they felt comfortable discussing it with the manager who raised it as a safeguarding issue. This showed us staff were able to identify and report safeguarding incidents appropriately. The specialist advisor spoke to a member of staff, they discussed safeguarding vulnerable adults she said “I have no problems raising safeguarding issues with the senior nurses.”

We also looked at the records for accidents and incidents, we saw that actions had been taken following each, for example G.P. referrals following falls

We saw the premises were safe. We looked at a variety of safety certificates that demonstrated that utilities and services, including gas, electrics and small appliances had been tested and maintained. We saw that the fire alarm system had been checked weekly and there was a fire evacuation plan that had been revisited and updated. Personal Emergency Evacuation Plans (PEEPS) had been completed for all of the people who lived in the home and were readily available in a file in case they were required. We saw that there were staff who had trained as fire wardens for the home.

We identified that the homes fire risk assessment had not been carried out. This was brought to the managers attention and immediately actioned. The relevant documentation was made available to us as soon as the risk assessment was carried out after the inspection.

We viewed six staff recruitment files and found that all the appropriate recruitment processes and checks had been made. For example, all files contained two references, proof of identification and had appropriate criminal records checks on each person. We saw each member of staff had undertaken a comprehensive induction. We also saw that the nursing staff had the appropriate checks carried out with the Nursing Midwifery Council.

We observed the drug rounds at 12.00hrs and 1400hrs. The medication round appeared safe, the drugs were given and people were observed taking them. Medications were safe, the treatment room was locked and the nurse in charge for each area had a key There was one drug trolley on each floor. This meant that people were receiving their medications in a timely manner. There were appropriate measures in place to ensure the safety of the controlled drug cupboard. Controlled medications were checked by both the day and night staff. We were told by the manager and the staff that all the nursing staff are aware of how to raise any concerns regarding the safe use of medications with the Senior Nurse/Manager and would not have a problem challenging a GP or any prescriber if they felt something was prescribed incorrectly or written in the Medication Administration Records incorrectly. All the medication was in date and appropriately labelled. This meant that people had received their medications as prescribed by the doctor. One person told us that they receive medication regularly and “They’ve explained to me what they’re for. I get pain relief if I need it.” A family member told us “He gets his medication as prescribed and needed”.

The management of the home used a dependency tool to assess staffing and we saw evidence that this had been regularly reviewed. The manager told us the home did not have to use a large number of agency and bank staff as there was a low turnover of staff and sickness levels were not high. We looked at staffing rotas for a month prior to the inspection and the rota currently in use. We observed that there were sufficient staff on duty, the call bells were answered promptly and staff were always visible.

Good

Is the service safe?

We observed the call buzzer was in reach of all people we saw in their rooms. People stated staff usually responded quickly. One person told us staff "respond quickly and perfectly" and another told us staff "respond reasonably well, longer sometimes than others but generally very good."

We saw that risks to people's safety and well-being had been identified and plans put in place to minimise risk. The risk assessments had been reviewed monthly. Risk assessments had been completed with regard to moving and handling, falls and nutrition. On admission there were risk assessment documents that had been completed by the nurse admitting the person to the nursing home, such as a Waterlow pressure ulcer risk assessment. We saw care plans for pressure area care with body maps completed and referred to.

Staff wore appropriate personal protective clothing when assisting with personal care to assist with infection control. Infection control audits were completed fully and deep clean processes were clearly logged. We saw the daily cleaning rotas for the kitchen and for night workers for the

month of September 2015. These showed weekly and daily routines, we saw evidence of a floor and carpet cleaning system, kitchen cleaning and laundry safety. The home was clean with no offensive odours.

We looked at the external grounds of the care home and saw there was a small smoking area that was clear and tidy. We did identify that the provisions for the safe disposal of cigarettes wasn't sufficient. This was addressed by the management team on the day of inspection and staff had been made aware by the second day of inspection.

Good

Is the service effective?

Our findings

We asked several people about their quality of life, they confirmed the staff were skilled and experienced enough to ensure they had a good quality of life. One person told us "Staff are sensitive to my needs and respect my privacy", another told us "Didn't want to get up today so they let me stay in bed".

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the management team. 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. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

It was clear that the management team and senior staff had a full and detailed understanding of the MCA and its application. We looked at care files and saw that the majority had an audit trail of capacity assessments, best interest meetings and DoLS applications where required.

We also saw that people who were able to were signing consent to their care plans and had been involved in discussions regarding their care. We saw that appropriate processes had been followed for people who did not have the capacity to consent to some decisions regarding their care.

We looked around the home and saw that people had been able to personalise their bedrooms. We saw a small outside garden with seating facilities which also houses bird tables and bird feeding stations for the clients to enjoy. These were also well placed for those people who had downstairs bedrooms.

We saw that people's nutritional needs had been assessed and their dietary needs were known by the cook on duty who also had a working knowledge of those people who preferred traditional foods and those who had dietary needs, an example of this was a person who had celiac disease. We saw that each person had a diet card that was kept in the kitchen, this showed us that the food prepared was suitable for the individual. We also saw that there was a four weekly menu in place in the home although the cook informed us that the menus are adaptable to meet people's needs. One person told us "Food very nice. There's choice, it's up to me and there's enough". We also spoke to relatives; one informed us that **"**Food pretty good. Mostly homemade including cakes and puddings. Choice of alternatives too", and another said **"**Food's good his weight has stabilised. He can have his meals in his room or go downstairs". We looked at the menus available and saw the food to be nutritious and varied and we observed drinks being offered to people throughout the day.

Some people were able to choose to have their meals in their room or in the dining room. Many chose their room as it was quieter. The expert by experience sat in the dining room at lunchtime and observed the atmosphere to be friendly and relaxed. Music was playing, this was early 1950s music. One lady was happily singing along. The expert also observed a member of staff coming and going with a number meals on a trolley to serve to people in their rooms. This showed that individuals choices were respected.

We looked at six staff files that showed all had attended and passed induction within the first three months of employment. We also saw that all staff, including ancillary staff attend all training required by the provider,, this included safeguarding, moving and handling, first aid, fire training, infection control and fire safety. Seven staff had achieved their Diploma level 3 in Health and Social Care. Others had achieved other qualifications, an example of this being Catering level 2 and Activities level 2. Staff had also attended distance learning courses on End Of Life Care and Dementia. One staff member told us that "Oh yes we always have to do the training". This meant that people who used the service received care from staff that were skilled and competent to support them. Staff were able to develop and acquire new skills and be kept up to date with best practice.

There was also evidence of a robust supervision system in place for the staff group. Supervisions had been carried out at regular intervals throughout the past year. We did see that some appraisals needed updating. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs.

We asked the available nursing staff about clinical supervision we were told that they have clinical supervision with the Manager or Deputy manager every six weeks and

Good

Is the service effective?

identified a chart on the office wall relating to this with the dates of planned clinical supervision on it. This provides registered nurses with the opportunity to discuss their clinical practice and learn from each other.

We observed the manager discussing the home's décor with a relative of one of the people who lived at the home. Preferences on colour schemes were discussed and an opinion of the relative was asked for.

Good

Is the service caring?

Our findings

One person told us staff "respect me and what I want to do". Another person told us, "They come and ask if I'm alright and if they can help". We were also told that staff are "Kind and caring most, but one or two say I'll be with you in a minute but it's a long minute". We also spoke to relatives, one of whom told us "Staff are very kind, very good. They're exceptional and very patient."

It was clear from our observations that the majority of staff knew people well and were able to communicate with them and meet their needs in a way the person preferred. We saw staff joking and laughing with people and involving them in conversations. We also saw staff addressing people in the manner they preferred.

We observed the staff ensured the privacy and dignity of the people who used the service. One person told us "They respect me and are sensitive in personal care. Ask are you alright, do you need any help. I'm as independent as I can be". We observed that the code for the entrance to the home was used by people who use the service, this enabled people to be more independent in their home.

We noted that people were not rushed and staff supported people with patience. Whether the care involved was supporting the person to mobilise or to eat a meal, they were not hurried by staff and were supported to go at their own pace. For example we saw one person was anxious and a little tearful and did not want to eat but staff encouraged and reassured the person this meant the person successfully ate. Another person was eating very slowly. Staff checked regularly to see if she needed help but didn't pressurise her. This meant the persons independence was supported and maintained.

We saw that the home devised and distributed a quarterly Fairfield Nursing Home News Letter, Autumn 2015. This informed people of upcoming events, activities and any news regarding the home.

We observed that confidential information was kept secure either in the nurse's office, the main office or the cupboards.

We saw evidence in peoples care plans of their choices at the end of life, such as whether they wished to die in the home or hospital. There was an individualised end of life care plan in the case notes for people who were in the last days of life. There is a liaison with one of the nurses who has current end of life care knowledge and skills. This supports them in disseminating knowledge and skills to other team members.

The daughter of a person requiring nursing care spoke with us on the telephone. She told us "The care here is excellent, the food is well presented, even the pureed diet comes as three individual portions on the plate, and the staff assist (My relative) with her food and everything, as she needs full care," she also said "staff here give 101% in everything they do."

Good

Is the service responsive?

Our findings

We spoke to eighteen people at length. This included ten people who use the service, seven relatives/friends. People who spoke with the expert by experience were satisfied with the way care was provided, could not fault the approach of the staff, and felt listened to. They told the expert by experience that they would certainly be able to express concerns about the service if they had any. One person told us "I'd certainly tell them and manager if need be", and another person said "If there was a problem I'd talk to the manager, she's alright."

We looked at the complaints procedure and saw that it was clear and comprehensive and we saw that there was a complaints audit carried out and clearly actioned. The people the expert by experience spoke to stated that they did not have any complaints about the service they received or the home environment and everyone said they would feel comfortable making a complaint if necessary.

We looked at eleven individual care files that were in place for people living at the home. Care files contained an assessment of the person's needs. A series of assessments had been carried out and reviewed monthly to monitor the person's health and welfare. This included assessments of their risk of falls, moving and handling needs, nutritional needs and personal care needs. Where an assessment identified the person needed support a written care plan was in place providing guidance to staff on the support required. Regular monthly reviews of care plans had been carried out. This helps to identity any information that requires updating or additional support the person may need, an example of this was that pain management plans were in place, one plan identified a person's use of facial cues in communication when experiencing pain.

We requested information regarding tissue viability we were advised by the registered nurse on duty that there was a link nurse in the home for tissue viability who was not on duty on the first day of inspection but was on the second. We spoke to the tissue viability nurse who informed us of the seminars and training attended and how this is cascaded to the staff group. We saw care plans for pressure area care with body maps that were completed and referred to.

We also saw the care plans identified those at risk of social isolation and the care plans contained information about the likes and dislikes of people. 'This Is Me" documents were in place and that identified things that may worry or upset the person. We also saw that families had input into the care plans. Within the care plans there were DNAR (Do Not Attempt Resuscitation) forms which were completed by the GP, with the persons consent or their advocate/next of kin consent when it was in the person's best interest.

We spoke to a relative who told us that staff had noticed her relative was not eating so the staff started to support her relative to eat. They were encouraging her and monitoring her food and fluid intake also. The relative also informed us that when the person had a water infection this was "handled well."

We saw activities took place in the lounge. We observed staff encourage people to join in but if they did not want to their wish to stay in their rooms was respected. We saw that there was a timetable of activities and we were informed that this was flexible and people can choose what they wished to do. Activities included Bingo, quizzes and music. People particularly liked singing and reminiscence material was also used to encourage conversations. We observed the activities co-ordinator read excerpts from the daily newspaper to the group of people and this also encourage discussions. This reduced the possibility of social isolation.

The activities co-ordinator in addition to organising group activities also spent individual time with people in their rooms and individual people were enabled to access other activities, examples being the pub and shops. One person told us "I go out to the pub but would like to go more".

The activities coordinator encouraged community and local business involvement with the home and recently organised a 'bake off' judged by the mayor and prizes were contributed by local businesses. The money raised was shared between Marie Curie and the home. Future plans included a Bonfire Party, Christmas activities and an entertainer performing at the home.

We saw that people had prompt access to medical and other healthcare support as and when needed. There was evidence in care records of referrals to professional colleagues, such as community matron, specialist nurses, district nurses, dietician, chiropody, occupational therapy, and physiotherapy and activity co-ordinator optometry.

Good

Is the service responsive?

We saw throughout the day that staff and people interacted with each other in the communal areas of the home. Visitors were welcomed at all times and were free to stay for as long as they wanted and were treated in a friendly and warm manner by the staff.

Good

Is the service well-led?

Our findings

Staff we spoke to felt supported and well trained and felt that the home was well led. One person told us that she feels listened to and that "I have had personal support from the manager". The staff referred to the management team as supportive and caring in relation to themselves and people in their care.

We asked the people who used the service and their relatives what their opinions were regarding the management of the home, one person told us "She's approachable and okay", another person told us "She's approachable and would listen." We also asked peoples relatives and we were told "Nice home, always made to feel welcome", another person said "Manager very approachable. " We observed the manager discussing the home's décor with a relative of one of the people who lived at the home. Preferences on colour schemes were discussed and an opinion of the relative was asked for.

The manager and the staff had a clear understanding of the culture of the home and the manager was able to show us how they worked in partnership with other professionals to make sure people received the support they needed. We were told by staff that the manager had implemented a new plan to have a senior carer on each floor of the home and that this had improved teamwork.

We spoke to a General Practitioner (GP) by telephone; he has been attached to the Fairfield Nursing Home for six years. He told us he was "very happy with the care provided by the Nursing Home to the patients.".

In the office on display for the nursing staff, we saw current topical documentation relating to Duty of Candour, and Revalidation from the Nursing and Midwifery Council. One registered nurse told us "I love it here", and that, "the manager supports us".

We saw that the manager had reviewed the home's policies and procedures, some of these hadn't had the review dates changed but when we discussed this with the management team they were able to satisfy us and the documentation has been changed accordingly. The policies in place included health and safety, fire procedures, confidentiality, whistle blowing, medication, disciplinary procedures and recruitment. People's care files were stored securely to protect their right to confidentiality.

We saw that the registered manager actively undertook a range of audits for example accident and incident infection control, hand hygiene, care plans, complaints safeguarding and action plans had been put into place as a result of the audits undertaken. This helps to ensure that any areas of concern can be quickly noted and therefore acted upon.

We looked at a selection of records including risk assessments and care plans and all were seen to be up to date and relevant. All the records were correctly completed by staff who had signed, dated and collated the information required to ensure person centred care was being delivered.

We looked at evidence that showed the home asked for people's opinions by using a twice yearly satisfaction survey The last two were dated January 2015 and August 2015. We saw that people were able to express their views and any concerns they may have had.

This section is primarily information for the provider

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.