

Hewitt-Hill Limited

Fairland House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Fairland House is a residential care home, providing personal care and support for people over 65. The service can support up to 34 people. At the time of our inspection there were 29 people using the service.

Fairland House is an adapted building split across two floors, with access via a lift or a staircase. All rooms have en-suite bathroom and shared facilities. The service benefits from large secure gardens for people to use.

People's experience of using this service and what we found

The care environment was visibly clean, although some areas of the home were tired and required modernisation, the service had a development plan in place for improvements to the environment.

Some aspects of medicines management required improvement. These had been addressed by the time we gave feedback at the end of the inspection.

Daily records were not kept up to date and this had not been identified by quality monitoring processes.

Staff were not always clear on their role, people felt there could be more staff to support them.

New online quality monitoring systems were in place providing oversight of the service, however these require further embedding and development to ensure effective monitoring of the service.

Safeguarding procedures were in place, and staff had received training to protect people from abuse. Action had been taken to learn from incidents that had occurred to reduce the risks of reoccurrence.

People were involved in planning and reviewing their support needs. Care plans were shaped around people's preferences and support needs. This included positive risk taking.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (Published 29 February 2020)

Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct

Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Recommendations

We have made a recommendation in regard to the quality assurance monitoring systems.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.
Details are in our safe findings below.

Good 

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement 

Fairland House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by one inspector, one inspection manager and a specialist medicine inspector.

Service and service type

Fairland House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Fairland House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 20 July 2022 and ended on 02 August 2022 when final inspection feedback provided. We visited the service on 20 July 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed the information we had received about the service since the last inspection, including notifications the service is required to send us by law. We also reviewed information from the local authority. We used information gathered as part of DMA monitoring activity that took place on 20 May 2022 to help plan the inspection and inform our judgments.

During the inspection

During the inspection we spoke with eight staff, including the registered manager, deputy manager, care staff, domestic and kitchen staff. We also spoke to five people using the service and two relatives. We reviewed four care records and multiple medicine administration records (MAR). We looked at two staff files in relation to recruitment. We also reviewed other records, including policies and procedures, relating to the safety and quality of the service.

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.

After the inspection

We continued to seek clarification from the registered manager after the inspection visit to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's daily records had multiple gaps this left people at risk of not receiving the correct care, due to poor record keeping. Whilst we found no harm had occurred as a result of the shortfalls, the lack of information increased the risk of harm. This included gaps in people's oral hygiene records.
- People had individualised care plans and risk assessments. These included guidance for staff in relation to positive risk taking for specific tasks, such as using a kettle in their room and smoking on their own.
- People's care records were regularly reviewed alongside the person and their family and amended following incidents such as falls or medical appointments. People had key workers to ensure reviews were completed.

Staffing and recruitment

- We received mixed feedback from people about the staffing levels. The main concerns shared were in relation to the time people had to wait when they pressed their call button to request support from staff. One person told us, "The only issues with going downstairs it can take a while for staff to get me back to my room".
- People's dependency needs were assessed and regularly reviewed to help determine the required staffing levels needed to meet people's needs. Although the service was working to a dependency tool, people were not always supported in a timely way. We witnessed people having to wait in the dining room for staff to support them back to their room or the lounge.
- Recruitment checks were undertaken to ensure staff were suitable to work at the home. We found DBS checks in one staff member's employment history that had not been explored and recorded, but this was addressed when raised with the registered manager. DBS checks: Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines management was not always safe. Staff had received training in medicine management and had been assessed as competent to give people their medicines. We observed that safe procedures were followed when staff gave people their medicines.
- We looked at the electronic Medicine Administration Record (MAR) system and found that overall people received their oral medicines as prescribed. However, the application of people's external medicines such as creams and emollients were not always recorded in a way that identified the medicines being applied. There was also a lack of information for staff about where on people's bodies their external medicines should be applied.
- There was written guidance about medicines prescribed on a 'when required' basis (PRN), however staff

told us they were unaware of the guidance. In addition, information about how some people preferred or needed to have their medicines given to them was sometimes not available.

- For people prescribed medicated skin patches, records did not show that previous patches had been located and removed for safety before new patches were applied.
- Some people managed some of their own medicines, however, for a person self-administering their own insulin, the service had not considered and recorded the risks around this.
- Oral medicines were stored securely and at correct ambient temperatures, however, for medicines requiring refrigeration, temperature checks were not completed and recorded each day.
- Regular checks of medicines were carried out, however, we noted that medicine errors and incidents were not reported or collated and overseen in a way that would have led to improvements.

The register manager had addressed concerns raised by the time we gave feedback of the inspection.

Systems and processes to safeguard people from the risk of abuse

- Staff were familiar with safeguarding practices and procedures. Staff received regular training in safeguarding and understood their role in keeping people safe.
- People told us they felt safe and well cared for living at the service. They were familiar with staff, and comfortable talking with them if they felt they needed to share any concerns. People were given staff photographs with their names on a sheet, so they knew who was supporting them. One person told us "I feel safe here, I am lucky I am waited on hand and foot...".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, some areas of the home were tired and needed refurbishment.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People's friends and relatives were able to visit them regularly. Visitors had access to Personal Protective Equipment (PPE). There were measures in place for people to keep in contact if the home was in lockdown due to a COVID-19 outbreak, including video calling, telephone and designated visiting rooms to maintain contact between the person and their family and friends.

Learning lessons when things go wrong

- Action had been taken and lessons learnt following incidents that had occurred. Recommendations and learning had been implemented to mitigate the risks of incidents reoccurring. This included supporting people following a fall, working with professionals and putting equipment in place to keep people safe.

- Analysis of accidents and incidents was completed. This was then used to put steps in place to reduce or prevent reoccurrence. This included extra well-being checks on people or equipment like sensor mats where a risk had been identified.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The new quality monitoring systems that had been introduced required further embedding in the service. The registered manager demonstrated an oversight of the service by using the new online monitoring system, however, some areas of oversight were missed while transitioning systems.
- For example, the current systems had not identified that fridge temperature where medication was stored had gaps in recording. The current systems had not identified gaps in daily records and people's daily notes, the registered manager stated the new online system will support with oversight of daily records.
- Whilst the manager took immediate action and updated their processes to mitigate the risk and improve oversight, these concerns had not been identified through their own audits and checks .
- Staff were not clear on their roles, staff told us they did not know why there were seniors and team leaders as this caused confusion around who to go to when reporting information .

We recommend the provider seek support and training, for the management team, to utilise the online monitoring system and quality assurance, to establish a stronger oversight of the service.

- People were supported by staff who were trained and motivated to carry out their role.
- Staff told us and records confirmed, staff received regular supervisions where they had the opportunity to discuss their role, performance and development.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong, Continuous learning and improving care

- The registered manager understood their responsibilities under duty of candour and notified relatives of incidents that occurred. Relatives told us they were informed of any incidents that occurred. The registered manager demonstrated a positive approach to learning and development.
- We reviewed the governance files which included daily spot checks to ensure the service was running safely and effectively, however these required embedding.
- The registered manager was open and honest, accidents and incidents were recorded and investigated. Relevant notifications were reported to safeguarding authorities and CQC when required.
- The registered manager was aware of the statutory duty of candour which aims to ensure providers are open, honest and transparent with people and others in relation to care and support.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People and their families told us they were asked to give feedback about the service and they only had praise. One relative said, "Staff always ask if we are ok, and how our [Name] care is, we only have positive feedback to give."
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service.

Working in partnership with others

- The registered manager and staff team engaged relevant health and social care professionals as required to meet the needs of people. This was evidenced within the care plans we reviewed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We observed positive interactions between the registered manager and people living at the service. People had a good rapport with the management team.
- People, relatives and staff felt that the service was well managed. One person said, "[Manager] will always pop in and say hi if they can, I have a photo of all the staff, so I know who has popped in."
- Staff told us they felt, valued and proud to work for the provider. One staff member said, "I love it here, I love the staff and the people, we are valued for the work we do".