

P & C Residential Services Limited

The Fairways

Inspection report

Branthwaite Road
Workington
Cumbria
CA14 4SS

Tel: 01900671111

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04 May 2016

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Ratings

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| Overall rating for this service | Good ● |
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| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

This was an unannounced inspection which took place on 4 May 2016. This was the first inspection of this service which was registered in August 2014.

The Fairways is a twenty-six bedded, single storey home for older adults and people living with dementia. Care is provided in integrated groups and the home does not have a dementia care unit. It is situated in a rural setting near to Workington. The home has a large car park and secure garden areas. There is a limited bus service to the home. The accommodation is in single, ensuite rooms. The home had suitable shared areas for living and dining.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived in the home told us they felt safe and well cared for. Good arrangements were in place to protect people from harm and abuse. Accidents and incidents were suitably managed.

The premises was safe and secure. Good infection control was in place.

The home was well staffed with a team of workers who had been recruited appropriately. Good levels of induction, training and supervision were in place. The home had a disciplinary policy in place.

Medicines were suitably managed and staff had appropriate training to support people.

The registered manager was aware of her responsibilities under the mental Capacity Act. Where any person was being deprived of their liberty a Deprivation of Liberty authority was sought.

We saw evidence to show that people were routinely asked for consent and that no one was in the home unless they wanted to be there. Restraint was not used in the service.

The catering was of a very high standard. Good nutritional planning was in place.

The home had been refurbished to a very high standard. The environment was clean, odour free, well decorated and suitably furnished.

We met a caring, conscientious and respectful team of staff who had the needs of people as their focus.

Independence was encouraged and supported.

End of life care was managed well with the support of the community nursing teams.

Assessment and care planning were detailed and up to date. Staff understood and followed these plans.

Varied and meaningful activities and entertainments were on offer in the home.

Complaints were suitably managed.

We judged that the management team in this home was open and transparent. There were extremely high standards in all areas. Staff were aware of these standards and were encouraged to reflect on their practice on a daily basis.

A simple, yet effective, quality monitoring system was in place. This fed into a quality assurance system that had already brought about change and improvement in response to need and preference.

Health and social care professionals were positive about the care and services delivered. We had evidence to show that the staff team worked well with other professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There was enough staff, with the appropriate skills and qualifications, to provide people with the support they required. New staff were recruited in a safe way to ensure they were suitable to work in the home.

Staff were knowledgeable about how to identify and report abuse.

Medicines were administered safely and all the records were up to date.

Is the service effective?

Good ●

The service was effective.

People told us that the staff were well trained and gave good levels of support.

The registered manager and the staff understood their responsibilities under the Mental Capacity Act 2005.

People received good levels of nutrition and hydration.

Is the service caring?

Good ●

The service was caring.

People were treated with respect and in a kind and caring way.

The staff knew people well and respected their choices and decisions.

People were encouraged to be as independent as possible.

End of life care was well managed.

Is the service responsive?

Good ●

The service was responsive.

Suitable assessments of need were in place and care plans were detailed, up to date and regularly reviewed.

People in the home enjoyed a wide range of activities which they had requested.

Complaints were dealt with swiftly and effectively.

Is the service well-led?

Good ●

The service was well-led.

The leadership of the home was open and transparent.

Reflective practice was used every day so that staff performance was always of a high standard.

Quality monitoring was in place and this influenced future planning.

The Fairways

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 4 May 2016 and was unannounced. The inspection was conducted by two adult social care inspectors.

Before the inspection we gathered and reviewed information about the service. A Provider Information Return (PIR) was sent to the registered manager for completion. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was returned in a timely fashion and contained detailed information. We had been sent a copy of the annual quality assurance audit with the accompanying plan for 2015 to 2016. We also spoke with health and social care professionals both before and after the site visit.

We met with all of the twenty six people who lived in the home and we spoke to twelve of them in some depth. We also reviewed ten care files and read six care plans. We checked on all the medicines kept in the home.

We met four visitors and spoke with them at some length.

We met with both providers, the registered manager, her deputy and the registered manager from the company's other home. We spoke with the cook and with two housekeeping staff and with five members of the care staff.

We looked at six staff files. These had details of recruitment, induction, training and supervision. We also saw a copy of the record of training and of the proposed training plan.

We saw a wide range of quality assurance documents. We looked at documents related to food and fire safety, infection control and maintenance of the building.

Is the service safe?

Our findings

Everyone we spoke to told us that this was a good service and said that they were confident people were safe living in The Fairways. Visitors we spoke to said they had never seen or heard anything that caused them concerns about the safety or treatment of people who lived in the home. One person said to us, "I feel very safe living here. I never have any worries and I know these girls [staff] are always looking out for me".

A relative who was visiting on the day of our inspection said to us, "I have never had any concerns about my relative's safety. She is always relaxed when the staff are around and that is how I know. She is in very good hands here and I wouldn't want her living anywhere else".

We asked people if they thought there was sufficient staff on duty to support them. They said, "Oh yes there is always enough staff around and they nearly always have time to chat with us". We saw throughout the day that there was sufficient staff on duty to meet the assessed needs of the people they supported.

Staff told us they had completed training in safeguarding vulnerable adults and our discussions with them showed evidence they had a good knowledge of the different forms of abuse. They also knew the signs to look for. One staff member said, "I would know by people's body language and behaviour if there was something troubling them and I would report it immediately".

Not all the people who lived in The Fairways were able to communicate effectively or make all their wishes known. We observed lots of warm and friendly interaction between the staff and the people they were supporting. Staff communicated through body language and facial expression and it was obvious they knew the people they cared for very well. We saw that all the people who lived in the home were relaxed with the staff who were supporting them.

We saw that appropriate recruitment procedures were in place and were being followed in practice to help ensure staff were suitable for their roles. This process included making sure that new staff had all the required employment background checks, security checks and references taken up before they were offered a position in the organisation.

All new starters completed a full induction programme and were subject to a six month probationary period. The registered manager told us that this period could be extended by a couple of months if this was deemed applicable.

We saw that the home had a disciplinary procedure in place. The registered manager confirmed that disciplinary action had been taken in the past where this had been necessary. She was confident that should this be required again she would not hesitate to put the policy into practice.

We saw that risk assessments were in place covering all aspects of daily living within the home. These were reviewed each month with the support plans unless there was a change to a person's needs, when they were reviewed and updated immediately. We saw that these plans had tools to monitor mental health needs and directions for staff to support people whose behaviour may challenge the service. This demonstrated all

aspects of people's needs were recognised, understood and met in the most appropriate way.

As part of our inspection we observed how medicines were handled and found people were, where possible, asked for consent. We looked at the records and found these were all in order and up to date. We saw that medicines were ordered, stored, administered and disposed of appropriately. The supervisor on duty during our inspection confirmed that currently there were no drugs that were liable to misuse prescribed for any person living in the home.

We discussed evacuation arrangements in case of fire or any other emergency and found there was an up to date fire risk assessment in place. All the fire safety equipment was serviced as part of an annual service level agreement.

The home had a policy on infection control. On the day of our visit the home was extremely clean and orderly. Staff had ready access to personal protective equipment and chemicals. There had been no major outbreaks of any infectious disease. Domestic staff had completed training up to level two that was appropriate to their role in the staff team.

Is the service effective?

Our findings

People told us, "The staff are very good...well trained." One person said, "The owners and the manager really know their stuff." People were positive about their environment, the food provided and the general atmosphere of the home. One person said, "I have a lovely big room, which is always clean. I have friends and things to do. I am well cared for and the food is excellent."

We spoke with people in the home and with the staff on duty. We had evidence from speaking to them and from discussions with senior staff to show that staff were suitably trained to allow them to give people good levels of care and support. We were sent records of training and the proposed new training plan. We noted that all new staff completed a comprehensive induction and then completed the provider's mandatory training. This included moving and handling, health and safety, infection control and safeguarding. We spoke with staff at all levels and we learned that all members of the care, catering and housekeeping teams completed this training.

We spent some time with the manager who had responsibility for training and staff development. We learned from her that the senior support workers were developing their own development portfolios. Each of these workers had a support plan in place which would allow them to develop within their roles. The providers, the registered manager and the lead person for training told us that they planned to roll out this portfolio based development for all staff.

Staff were aware of these plans and talked about their own individual development. Supervision notes reflected this and showed that each member of staff had their training needs assessed and that plans were in place to support people in individual development. The home had been operational for a little under two years and some staff had worked for only a few months. Plans were in place for appraisals for staff who had worked for at least a year. We had evidence from talking with the team and from supervision notes to show that staff practice was observed, discussions held about best practice and that staff understood the standards expected of them.

The registered manager was fully aware of her responsibilities under the Mental Capacity Act 2005. We saw records that showed that, where people lacked capacity, best interest reviews were held. The team were aware that sometimes some people might be deprived of their liberty and Deprivation of Liberty Authorities had been put in place. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We read a number of care files and each one of the files had a signature in place where people give consent for the content of their care plans. The registered manager was careful to ensure that details of lasting power of attorney were confirmed. People in the home had been consulted about their needs and wishes and we saw suitable documents in place related to Do Not Attempt Cardiopulmonary Resuscitation.

We were invited by people in the home and by the staff team to join in with the lunchtime meal. Both inspectors were part of this sociable mealtime. People ate well, had at least two choices and told us that they enjoyed all the food provided for them. The lunchtime meal was well presented and people were given discreet support where necessary.

We checked on the kitchen. This service had been awarded a five star rating by the local authority. The kitchen was clean and orderly. Food hygiene standards were very high and there was a wide range of food available for meals and snacks. Fresh fruit was available at all times and people were given drinks throughout the day. Simple, yet effective, nutritional plans were in place. Catering and care staff were aware of how to fortify meals for people who were underweight. Healthy eating was encouraged and people told us they were well because they ate well.

The Fairways had previously been a private hospital and then a nursing home. The providers had opened the most recently added part of the building to provide 26 bedded unit. Each person had a single, ensuite bedroom. There were suitable shower and bathrooms in the unit. People had the choice of a number of lounge and dining areas.

The home had been refurbished in all areas. New carpets, furniture and fittings had been purchased. People were happy with their environment. The home met the needs of people with mobility issues. There was a new call bell system which also allowed for more specific types of assisted technology. The home was warm and comfortable with no unpleasant odours. We were impressed with the decor, furnishings and orderliness of the house. The environment was homely and people told us they liked the environment. Care and housekeeping staff were very proud of the way they cared for this environment. We judged that the premises were of an extremely high standard.

Is the service caring?

Our findings

Everyone we spoke to told us that people were very well cared for in The Fairways. People who lived in the home told us that all of the staff were very caring. They said they were happy living in the home and valued the support they received. One person told us, "The staff here are lovely and give me help when I want it. They do encourage me to do lots for myself. It is good to know they are there though".

We spoke to a visitor who was in the home visiting a relative. He said to us, "My relative came here from hospital and I am so glad she did. She had lived somewhere else before but she is so happy now. I think the care here is the best there is anywhere".

The atmosphere in the home was one of openness. Humour and affection was used appropriately. We were party to some 'in-jokes' and group humour which was obviously part of daily life in the home. Staff were sensitive and gentle with frail people and showed patience and understanding of people living with complex needs. It was obvious that staff knew people well and because of that people responded well to the care and support provided.

We saw during our visit that people were treated with dignity and their privacy was maintained at all times. Staff knocked on people's doors before entering and all personal care was delivered in private.

Care plans and daily records were written in a respectful way. Care plans gave details of people's strengths and guided staff in how to encourage and support independence.

People told us they were involved in the running of the home. Regular meetings were held for people who used this service and their relatives. Minutes of these meetings were available on the notice board for people and their relatives and friends to read. All the people we spoke to told us, "Whatever we want we only have to ask for and it is there almost immediately".

All the people who lived in the home had friends or relatives who could support them to make decisions and to express their views. The registered manager told us she was aware of the services of the Independent Mental Capacity Advocacy via the Deciding Rights service and would access this if it was ever necessary.

We discussed, with the registered manager and the providers, how the service supported people who were nearing the end of their life. The registered manager confirmed that when people wished to remain at home local healthcare providers were consulted appropriately and plans were put in place to involve family members where necessary. The registered manager told us that recently family members spent three days at the home and extra staff were deployed to ensure the person was able to remain in the home as this was their wish.

Is the service responsive?

Our findings

We asked people about how responsive the staff were. One person said, "I have a care plan. The manager asked me what I wanted when I first came in and the staff ask me all the time if I am happy with this plan." Other people spoke enthusiastically about parties and entertainments. Two people we had a conversation with said, "We go to all the activities and we have had some lovely parties with buffets and a drink or two. We go out and there is always something going on."

Both inspectors spent time talking with people in the home and also simply observing the daily life of the home. We were impressed with the way that people living with dementia were integrated into the group of people in the home. We learned from conversations and from observation that the staff team paid careful attention to the needs of people who may have had some problems with memory or with orientation. People were treated as individuals and any disability or impairment was not looked on as a barrier. Staff understood individual needs, strengths and preferences. We judged that this positive approach to support allowed people to make the very best of themselves no matter the difficulties they may have been living with.

We met with people who were positive, happy and relaxed. People were well dressed. The men in the home had been freshly shaved. People's hair and nails were attended to. Staff understood how important it was for people to look and feel good.

We read a range of care plans. Each person had been assessed and their strengths identified. Each person had a plan that identified what they could do for themselves, what they needed a little help with and what they need support workers to do for them. The plans also gave a short biography of each person, with their past achievements, current preferences and the description of their personality. The care plans also contained simple, task orientated guidance for staff.

Staff made careful observations of any behaviours that might challenge; they also recorded, where appropriate, things like food intake, application of ointments, bathing and personal care. These records were comprehensive and up-to-date. These were used to support the care planning process. Staff took advice from other professionals and this was also included.

When we first arrived at the home we asked the registered manager about activities. She felt that the team needed to do more with this. The home did not have an activities coordinator because the registered manager and the providers felt that activities were part of the on going care delivery and each member of staff needed to be involved in meaningful interaction and activities. By the end of the day we judged that the staff team were actually supporting people very well in this.

Staff at all levels told us that people who lived in the home made their own decisions about activities and that some people organised group activities. We saw evidence to show that the home was in the process of establishing a book club and a reading group. There were regular sessions of music and movement, staff on the day were supporting an exercise group. There was an art class and a 'knit and natter' session. People

went out to tea dances, to shop and to have meals. Community groups were encouraged to come into the home. People told us about the Christmas and Easter entertainments and the party they had held for the Queen's 90th birthday. The cook told us that there had been parties with friends and relatives invited and that the buffet had been greatly appreciated. She said that the people in the home wanted to have afternoon tea parties in the summer and that these were being arranged. We learned about ideas and plans that people in the home had and the planning that staff had already undertaken to support people to have the kind of interactions and activities they wanted. We also noted that some people enjoyed simple leisure activities like watching TV or listening to music. People in the home said that they did appreciate the really good hairdressing service and that they took advantage of the visiting beautician services. We judged that this home was giving people a meaningful life.

No one that we met in the home had any complaints. They told us that they would talk to the staff if anything was wrong. People told us that they trusted the registered manager and the providers to put right anything that they were unhappy with. They told us that the day before our visit there had been a residents meeting which the cook had attended and although there had been no complaints a number of suggestions had been taken up.

The providers had suitable policies and procedures in place to deal with complaints. There had been no major formal complaints made since the home had opened. The registered manager recorded informal complaints and the providers ensured that even minor issues were investigated and dealt with swiftly. There had been no complaints received by the Care Quality Commission or by the local authority. Staff did tell us, "Yes of course people do complain... There would be something wrong with this home if no one ever complained. We sort things out as soon as we can"

Is the service well-led?

Our findings

People told us, "This house is well run, the catering is done properly and the cleaning and the care." One person said, "The owners are around all the time and they are very open as is our manager and the lass from the other home...lovely people...no problems." Another person said, "The manager and the owners keep a good eye on everything...it all runs so smoothly you don't notice...I have no worries about anything now." One person told us, "It isn't home but it is as near as it can be...I feel quite relaxed because everything is fine here...good manager."

The home had a suitably experienced, trained and qualified manager who was registered with the Care Quality Commission. People spoke warmly of her and told us they would go to her if they were worried or anxious. One person said, "She would know anyway if I was troubled." All the people who lived in The Fairways were fully aware of who the providers were. They spoke highly of the registered manager and the providers. They told us that they trusted these people to deal with any problems. We learned that the providers and the registered manager were in the home and readily accessible for both staff and people who lived there

Our discussions with people in the home, relatives and staff gave us a very clear picture of the vision and values of the providers. People told us that, "The residents come first." We saw this working in practice. For example the service had decided that they wanted to become 'dementia friends' but the first discussions were with the people who lived in the service. The people who lived in the home, (who were in practice the people who 'owned' the home) had become 'dementia friends'. People were encouraged to speak out and their views were, "...always listened to and they act on what I want...what we together want...because this is our home."

We had a picture of a service that was truly person centred. There were regular service user meetings, people who lived in The Fairways organised their own activities, made decisions about menus, participated in recruitment and were asked their views on staff approach and competencies. People told us that they felt valued and respected and that their wishes directed the day to day life of the home and the future planning. We saw evidence of this in records and in minutes of meetings. The providers had also asked people in the service if they wanted to participate in a research project about improving the experience of people who lived in residential homes. This project was being rolled out with willing participants who wanted to share their views and ideas in a wider forum.

We also had evidence to show that the providers were very supportive of the staff. They were, however, adamant that their values were always upheld. Staff were given clear guidance on a daily basis. The providers had a code of conduct and took swift action when staff did not meet this. The registered manager kept a watching brief on staff attitude and approach. Staff were observed in their daily practice and given suitable levels of support if they failed to deliver high quality care. People in the home told us, "They don't put up with any kind of rudeness". We saw in staff meeting minutes that the senior team did not tolerate any inappropriate behaviour or poor team work. There was a good mix of support and team discipline. Staff and people in the home told us that this made for, "a good place to live and work."

We saw in care files, quality audits, meeting minutes and other records that questioning practice was ongoing in this service. We also saw evidence in handovers and in daily reports to show that practice issues were discussed on a regular basis. Staff told us that the senior team discussed practice, "all the time...every shift." They also told us that the registered manager and the providers, "understood the needs of people and don't judge them." Another member of staff said, "We see people as people...we don't say things like 'this person has dementia'...we say this person 'can do...this person needs'." We had evidence to show that reflective practice was part of supervision and team meetings. The management team observed and discussed practice and were developing this approach through a new portfolio development with senior support workers that would be rolled out with all staff.

Throughout the day we saw evidence to show that the registered manager maintained the quality monitoring systems that the providers had set up. We saw evidence to show that the providers completed 'spot checks' of different aspects of the service. We noted that care planning, medicines management, fire and food safety were all monitored on a regular basis. Staffing issues like supervision, competence checks and recruitment were checked as part of the system. The registered manager from the provider's other home had been given the role of training manager because the quality assurance system had highlighted some needs for improving training. All of the staff had been supervised by this manager and individual and group training needs had been analysed. This was done in tandem with the registered manager for The Fairways and these two individuals were devising future training. They had also consulted with people in the service and with members of the staff team. We judged that quality assurance worked on a daily, weekly and monthly basis. A full quality audit had taken place in July 2015 and an analysis of this had been shared with all stakeholders. We had received a copy of this. The second annual audit was being worked on when we inspected.

We spoke with a professional from the local health specialist team for older people the day after the inspection. She told us that she judged the service to be "excellent...should be considered for your Outstanding rating." She told us that the staff worked well with community and specialist nurses, that all guidance was followed through and that collaborative work was done on a weekly basis. She also felt that, "People in this home get a truly person-centred care delivery because all of the systems work well and because the leadership is so good."