Fairways Residential Home

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Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 2 and 3 September 2015 and was unannounced.

Fairways Residential Home provides care and support for up to 28 older people. There were 23 people living at the service at the time of our inspection. People cared for were all older people; some of whom were living with dementia and some who could show behaviours which may challenge others. People were living with a range of care needs, including diabetes and Parkinson's. Many people needed support with all of their personal care, and some with eating, drinking and mobility needs. Other people were more independent and needed less support from staff. No one was receiving end of life care when we inspected.

Fairways Residential Home is a large domestic-style house. People's bedrooms were provided over two floors, with a passenger lift in-between. There were sitting/dining rooms on the ground floor and a quiet lounge on the first floor. There was an enclosed patio/garden area to the rear. Fairways was situated in a residential street in Littlestone; close to the sea front.

The service had a registered manager in post at the time of our visit. A registered manager is a person who has

Summary of findings

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.

The service had not always adequately mitigated risks to people's health and well-being. People's likelihood of developing skin wounds and needing nutritional support had not been properly assessed to identify when people required closer monitoring. Problems with skin breakdowns and poor nutrition are often found amongst older people. Although people had generally been referred to the district nurse or dietician when necessary, there were some occasions when this had not happened appropriately. This meant that some people did not receive prompt reviews by external professionals.

The service was found to be clean and tidy overall but some areas were not hygienic; which could place people at risk of the spread of infection. This risk had not been fully recognised or addressed. Other environmental and physical risks to people had been properly assessed and mitigated appropriately.

Medicines had not been audited effectively and we found that some practice during the inspection was unsafe, because medicines were not kept secure. Following the inspection the registered manager told us that she had changed this practice to keep medicines safe all the time. Staff had been trained to give medicines and other areas of administration practice were safe.

Proper assessments about people's capacity to make decisions for themselves had not been made and staff had limited understanding of the requirements of the Mental Capacity Act. The service could not therefore evidence that it was always acting in line with people's rights and wishes.

There were enough trained staff deployed to meet people's needs and appropriate pre-employment checks had been made. Staff knew how to report any suspected abuse and people felt safe because they could speak openly to staff with any concerns.

People enjoyed plentiful, nutritious meals and special foods had been sourced for people who had favourites. Staff supported people who needed assistance with their meals and picture menus were in use to help people choose meals.

Staff had received a raft of mandatory training and had attended courses about specific conditions which affected people using the service. This helped them to care appropriately for people with those conditions.

People were treated with kindness and their privacy and dignity was respected. They were involved with everyday decisions about their care; and their independence was promoted wherever possible.

Care plans presented a detailed picture of people's life histories, their needs and preferences and staff knew people well. Each person had been assigned a keyworker who regularly reviewed their needs and support.

A variety of meaningful activities were on offer and people were encouraged to pursue hobbies and interests. People were given choices and opportunities to voice their opinions about the service. Changes had been made in response to complaints or concerns to improve the quality of the service provided.

There was inconsistent oversight of the safety and quality of the service. Audits had not always taken place to identify any shortfalls; or audit tools were inadequate. Other audits had been properly used to highlight trends and prompt action plans to be put in place.

There was a calm, happy atmosphere within the service and staff described a good, open culture. Staff understood their responsibilities to report any concerns about care provided and felt supported by the registered manager.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 not consistently safe.

The systems for management of medicines were not consistently safe.

Risks had not always been appropriately mitigated to ensure people's health and safety.

There were enough staff on duty and pre-employment checks had been carried out.

Staff knew how to report suspected abuse and incidents and accidents had been properly investigated.

Requires improvement

Is the service effective?
The service was not always effective.

People's rights had not always been protected by proper use of the Mental Capacity Act.

The risk of poor nutrition had not been adequately assessed.as a result, some people had not been referred for professional advice and support.

People told us that they enjoyed the meals provided by the service.

Staff had received training and supervision to help them in their roles.

Requires improvement

Is the service caring?
The service was caring.

Staff listened to people and spent time talking with them in a gentle and compassionate way.

People were treated with respect and their dignity was considered.

Staff allowed people to be independent when they were able.

Good

Is the service responsive?
The service was responsive.

Staff knew people's needs and how they liked to receive care.

Activities on offer were varied and people were supported to pursue hobbies and interests.

People were given opportunities to air their views and the service acted upon them where possible.

Good

Is the service well-led?
The service was not consistently well-led.

Requires improvement

Summary of findings

Audits were not always carried out to identify shortfalls in the safety or quality of the service.

Staff said there was a good atmosphere and open culture in the service and that the registered manager was supportive.

Staff were aware of their responsibilities to share any concerns about the service.

Fairways Residential 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 2 and 3 September 2015 and was unannounced. The inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the service including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We reviewed the provider information return (PIR) and used this information when planning and undertaking the inspection. 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. The provider also sent us some information immediately after the inspection.

We met and spoke with eight people who lived at Fairways Residential Home and observed their care, including the lunchtime meal, medicines administration and activities. We spoke with five people's relatives. As some people had difficulties in verbal communication, 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 inspected the environment, including the laundry, bathrooms and some people's bedrooms. We spoke with seven of the care workers, the cook, the handyman, the registered manager and the provider.

We 'pathway tracked' six of the people living at the home. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home where possible and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care. We also looked at care records for two other people.

During the inspection we reviewed other records. These included staff training and supervision records, staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

Requires improvement

Is the service safe?

Our findings

People told us that they felt safe because they were able to speak to staff about anything that concerned them. One person said that they had pain quite often but that "They always make sure I get my pain killers". Relatives commented that they could "Go home knowing Mum is safe and well-cared for" and that "There are always enough staff about to keep residents safe and answer their buzzers".

Medicines were not consistently stored securely. A basket used during the medicine rounds was sometimes left unattended in the kitchen, which meant there was a risk that it could be accessed by people or visitors. Staff said that they felt the medicines were secure enough in the kitchen, but the door was unlocked and there were periods when there were no staff there. The registered manager contacted us after the inspection to say that the basket was no longer in use and that the trolley would be used in all medicine rounds.

Liquid medicines and eye drops had not been dated when they were first opened. Eye drops were meant to be disposed of after a month but it was not possible to tell whether they had been in use beyond that because there was no opening date written on the bottle.

Records of when medicines and creams had been administered had not been consistently completed. Some signatures were missing from medicines administration records, so it was not possible in retrospect to tell whether people had received their medicines or creams as they had been prescribed to them. Creams application charts were not sufficiently detailed to show that people had received all of their creams when they should. These had columns marked 'am' and 'pm' for staff to sign after administration. However, where people had creams prescribed for application four times each day, there was no way of telling if this had happened. The registered manager said that the layout of cream charts would be changed to ensure that they were an accurate record.

Some people had been prescribed medicines to take as and when needed. However there was no information for staff about why these had been prescribed and the circumstances in which they should be offered. One person had medicine to help if they became agitated. Staff said that this person had been aggressive towards them earlier that day. The medicine to ease their agitation had not been given to them by late morning and the registered manager stated that this should have happened sooner. Staff did however routinely offer pain relief to people who had been prescribed it.

The unsafe storage and incomplete recording of medicines administration is a breach of Regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the service was generally clean and tidy there were some areas which required attention to improve hygiene. Several commode chairs had unclean seats and frames. Some padded chairs had seams which were ingrained with dirt and grime and one had rips in the outer seat covering which left the inner foam exposed. The registered manager said that commodes were deep cleaned every weekend but staff involved in this cleaning said that it was only the pans that were cleaned and not the seats or frames. Night staff had highlighted that commodes had 'dried on faeces' on them a week before our inspection but this had not been addressed.

One communal toilet had no wash hand basin. People would need to touch the door handle and sometimes the light switch after using the toilet; without having washed their hands. The nearest facilities were the sinks in people's own bedrooms.

Open waste bins were in use in all the bathrooms and toilets; which meant that used paper towels were not properly contained. The registered manager said that people might have difficulty operating pedal-operated bins but this had not been tested nor the open bins risk assessed.

Older people can be more susceptible to infection and although cleaning schedules and audits were in place; these had not identified the potential risks found during the inspection.

The lack of appropriate standards of hygiene are a breach of Regulation 15 (1)(a)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

No risk assessments were in place regarding people's skin condition and actions to be taken to prevent pressure areas occurring. Older people can be prone to skin breakdowns and pressure areas due to thinning of the skin and being less mobile. Staff had generally referred people to the

Requires improvement

Is the service safe?

district nurse when any skin soreness was noticed. However one person had a small pressure wound that had not been picked up by staff or referred to the district nurse by them. This had been noticed when the person had been admitted to hospital. They received appropriate wound care from the district nurse after they returned to the service.

Similarly, no assessments had been made about preventing any risk to people from not eating enough or losing weight; to ensure that they received support from dieticians if necessary.

The lack of assessments to mitigate these risks to people is a breach of Regulation 12(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessments had however been made about people's risk of falls. These set out the reasons why people were at risk, for example because they walked with a stick or frame or took medicines which might affect their balance. The assessments gave staff clear guidance about how to prevent people from falling wherever possible. Risk assessments about people with diabetes gave staff information about recognising when someone's blood sugar levels were low or high and what should be done about it.

Controlled drugs were stored securely and records had been properly completed. Temperatures of the medicines room and fridge had been recorded daily to ensure that medicines were stored in an appropriately cool environment. Staff had received training in how to administer medicines. They checked the doses and waited to see that people had swallowed their medicines before signing off medicines charts.

Staff had received training about infection control and knew that the registered manager took the lead on this. Gloves and aprons were used appropriately by staff and they knew how to access the relevant policy and guidance about good hygiene. Contaminated items such as used continence pads were bagged by staff and transferred to clinical waste bins to limit the risk of the spread of infection.

There were enough trained staff on shift to meet people's needs. During the inspection we observed that people's calls for assistance were answered promptly. One person told us "They always come to me quickly" and a relative said "There are sufficient staff from my point of view-we never have to wait for anything". The registered manager and the provider explained that staffing levels were based on people's care needs and considered, for example whether people needed the support of two staff. The registered manager stated that there were always senior staff on shift to offer guidance and assistance to more junior care staff and rotas showed that this was the case. Appropriate pre-employment checks had been carried out by the service to ensure that staff employed were suitable for the job.

Staff were able to describe the forms that abuse may take and were confident in how to report it. People told us that they trusted staff and one person said "I can speak to them if I'm worrying". Staff explained how they treated people as individuals so that they did not discriminate in anyway and knew people's religious preferences; which were met by visiting clergy. Accidents and incidents had been recorded and investigated and action plans put in place to prevent reoccurrences.

Environmental risks had been addressed and service records were held for electrical, gas and boiler safety, and night time security checks were recorded daily by staff. Equipment including the lift had been regularly serviced and a maintenance person was employed to carry out running repairs around the premises.

Individual fire evacuation plans were held for people and regular fire drills had been logged. Staff had received fire safety training and knew the process and route to follow in the event of an emergency. The service had arrangements with another local care home so that people could be evacuated and cared for there if necessary.

Requires improvement

Is the service effective?

Our findings

People said that staff knew them well. One person commented that "They know what they're doing and it shows". A relative told us that they had "Every confidence" in the staff and that they were always kept informed about events that affected their loved one.

We checked to see whether people's rights had been protected by assessments under the Mental Capacity Act (MCA). The Mental Capacity Act is to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. Some people's care files recorded that they lacked the capacity to make difficult decisions, but there were no records to show how this assessment had been reached. The registered manager said that she knew people very well and which decisions they could manage.

There were no care plans about people's capacity; to give staff guidance about making best interest decisions on behalf of people when they could not decide for themselves. Although staff had received training about mental capacity their knowledge of the Act's requirements was limited.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

No assessments had been made about whether people had the capacity to consent to remaining in the service; and no authorisations had been sought to deprive people of their liberty. The registered manager said that she did not feel that anyone was being deprived of their liberty but staff said that people who lacked capacity would be prevented from leaving the service alone; in their best interests.

Staff routinely sought people's verbal consent when they were supporting them by saying for example; "Is it Ok if I help you to the toilet". However, there were no records to show that people had given formal consent to care, to photographs or for the use of bed rails to stop them falling out of bed. This meant that the service could not consistently demonstrate that it was acting in accordance with people's wishes; or in their best interests.

The failure to consistently obtain people's consent to care and treatment is a breach of Regulation 11(1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People told us that they "Really loved" the meals provided. One relative commented that "The food here is magnificent" and another that a specially-enjoyed drink had been sourced by the service for their loved one.

In general, people had been appropriately referred for dietician advice if they had lost weight or were not eating well. However one person had been discharged by the dietician with instructions to continue to offer enriched meals and to contact the dietician if there were any changes. This person had lost 2.8kg in the following month; and a food profile kept by kitchen staff did not record that their meals should be enriched. Staff said that they only involved the dietician if people had lost 3kg or more but the registered manager said that senior staff should have contacted the dietician about this person. Another person had lost 5kg since November 2014 but there had been no referral for dietician input or advice. Staff had not received training about nutrition but this had been identified by the registered manager in the PIR and arrangements had been made for training to be given.

The lunchtime meals seen were plentiful and nutritious; with a variety of vegetables included. People who needed support to eat received it from staff, who took time to describe the meal to them. Drinks were given and replenished throughout the inspection days and staff understood which people might need to drink more to prevent urine infections.

Kitchen staff knew people's preferences and ordered in favourite foods especially. Picture menus were used to help people decide which meals they would like from a daily-changing choice. Staff had received training in special diets, such as for people with diabetes and knew how to enrich foods for people needing more calories.

Staff had been trained in a variety of areas including specialist training to help them support people with a

Requires improvement

Is the service effective?

particular condition. Staff explained how they had immediately put this training into practice by changing the timing of care delivery to better suit a person living with this condition.

All staff had undertaken a detailed induction programme at the start of their employment and had regular supervision meetings with the registered manager to ensure that there were no competency issues which needed to be addressed. Staff told us that they felt confident in their knowledge and that they had benefitted from training made available to them. The registered manager had identified in the PIR that staff required training in nutrition and equality, diversity and human rights; and this was being booked in at the time of the inspection.

People's healthcare needs were monitored and appointments made with opticians, chiropodists and dentists when required. GPs were contacted for advice or asked to visit when people appeared unwell. Information about changes to people's health or well-being was shared between staff in handovers and through a communication book. People living with diabetes had their blood sugar levels regularly and consistently checked, and consultations with a specialist nurse to support their associated health needs.

Good

Is the service caring?

Our findings

The people who were able to speak with us said that staff "Always take time with me and I get on with all of them" and "They really look after me". One relative told us "The carers are superb and so considerate and diligent". Another said, "I'm thrilled to bits that mother is here; the staff are angels".

Staff spoke to people with kindness and patience; taking time to listen to their responses. The staff team worked efficiently together to complete tasks while chatting to people and involving them in the process by saying for example; "Can you help me to put your apron on?" One staff member told us that they felt rewarded in their role by creating a home from home for people.

Relatives said that they could visit at any time and "We're always offered a drink and made to feel welcome".

Staff maintained a list of compliments that they had received such as "Dinner was very nice today-please tell cook" and "I could not wish for better than here". One compliment had been made by a visiting paramedic about the patience staff had shown to people.

Unusual favourite foods and drinks had been sourced and specially ordered in by the home and one person had a bone china cup and saucer for their tea because this was their preference. Some people were helped to communicate their needs by the use of message boards and through picture menus.

Staff explained how they promoted people's independence, for example by letting people wash their own faces and hands if they were able. Care plans had a section which recorded 'I can do this… and I need help with this' to assist staff to understand people's individual levels of independence.

People were involved with everyday decisions and staff asked them "Where would you like to sit today". Once seated, staff made people as comfortable as possible by bringing cushions and footstools and helping people to position themselves. One person told us "I'm very comfortable and staff are looking after me".

People's dignity was considered by staff and they asked them quietly and discretely if they needed help to visit the toilet. Staff checked that clothing had not been displaced when moving people from chairs. Staff knocked on people's bedroom doors and where possible, checked that they had permission to enter, before doing so. All of the bedrooms were single occupancy which allowed people to have private space alone if they wished to.

Care plans recorded detailed information about people's lives before they lived in the service. Staff were knowledgeable about people's families and life histories and we observed that staff used this information when reassuring people.

Good

Is the service responsive?

Our findings

One person told us: “Staff come and talk to me about my dog because they know I love them”. A relative said: “I can’t fault the care here. Staff know how Mum likes to be treated and go out of their way to do things the way she likes it”.

Care plans contained detailed information about people’s life histories and staff were able to engage with people when they talked about past events or things that were important to them. The registered manager had gone to great lengths to ensure that one person was able to pursue a musical hobby and show their talent at a recent garden party at the service. Another person was given the opportunity to play an instrument which had been a central part of their former life.

A variety of activities had been organised and were advertised on boards for people to see. These included; ‘An afternoon with Elvis’, balloon tennis, quizzes, reminiscence sessions, pampering and regular visits from ‘The Singing Fireman’. People said that they enjoyed the activities on offer and could “Pick and choose” which ones they attended. Volunteers came in at weekends to chat with people who had few visitors or who were at risk of social isolation. The registered manager said that this worked well because the visits were on people’s own terms.

People were given choices about, for example, what they ate and drank where they sat and what they wore. Staff described how they offered people two sets of clothing to choose from if they were less able to make their own decisions. Care plans recorded when people had stated a preference about receiving their care from male or female staff and staff said that this choice was respected.

Resident meetings were held to allow people the chance to air their views and a larger TV had been purchased as a result of feedback. A complaints procedure was on display in the lobby area of the service. Relatives told us that they knew how to complain if necessary and that the registered manager was “Very approachable”. One relative said that they had complained about clothes being misplaced from the laundry but that the response had been prompt and thorough and they were completely satisfied.

Actions had been taken by the registered manager following complaints. For example, a staff member had been assigned to check laundry items on a daily basis; and lunch plates were now warmed through after a complaint that they were too cool.

Questionnaires were regularly distributed to people and their families to seek their opinions and involvement in the running of the service. A recent return by a relative said: “Hardworking staff who help each other and treat relatives with respect”. Another suggested that people could have more exercise and the registered manager told us that she was currently considering how best this could be achieved.

Care plans showed the level of care and support that people needed and this information had been regularly reviewed to ensure that it remained relevant. People had regular meetings with their designated member of staff called a ‘keyworker’; to review their needs and preferences. Relatives told us that they and their loved ones were kept informed and involved with any changes to their care planning.

Requires improvement

Is the service well-led?

Our findings

People and relatives told us that the registered manager was "Always about" and that they could approach her with any concerns. One relative described the service as having "A homely, friendly and happy atmosphere".

There were not always effective measures in place to assess the quality of the service. No audits had been carried out to review medicines administration practices and records. This meant that missed signatures and unsafe storage went unchecked and created potential risks to people.

Information about people with pressure wounds had not been collated to provide an overview and allow the registered manager to identify any trends.

Although an infection control audit had been undertaken, it did not look at commode cleanliness or waste bins so it was not fully effective. There had been no spot-checks to ensure that standards of hygiene were acceptable which had led to some lapses in this area.

The lack of effective quality assurance systems is a breach of Regulation 17(1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Accidents and falls had however been audited and the registered manager had produced action plans for people who had experienced a number of falls.

Training needs had been monitored and it had been recorded in the PIR sent to us by the provider, that staff required training in nutrition and equality, diversity and human rights. This training was being booked at the time of the inspection.

Staff had regular meetings and they told us that they felt able to voice their views during these. They said that the registered manager was supportive, approachable and provided robust leadership. One staff member described how the registered manager had re-motivated them when needed. Other staff said how much they enjoyed working in the service and "Great teamwork with no back-biting".

Disciplinary action had however been taken when staff performance or behaviour failed to meet the required standards; and had led to one staff member being dismissed. This showed that the registered manager acted to protect the quality and safety of care provided.

Staff were aware of their responsibilities to share any concerns about the care provided at the home. They said they felt accountable for people's safety and happiness and one staff member described the vision of the service as "Doing everything in our power to make people feel like this is their home".

The registered manager had made improvements in response to feedback from people and their relatives and invested where necessary. This included the purchase of a bigger TV so that movie afternoons could be introduced. The service also had current plans to renovate an existing bathroom to create a walk-in wet room for people.

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Medicines had not been properly and safely managed. Regulation 12 (2)(g)** **Risks to people had not been assessed and mitigated. Regulation 12(2) (a)(b)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **Equipment was not clean and appropriate standards of hygiene had not been maintained. Regulation 15 (1) (a)(2)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **Consent to care and treatment had not been obtained. Regulation 11(1)(3)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Proper quality assurance systems were not in place. Regulation 17(1)(a)(b)**