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Fairglen Residential Home

Inspection report

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Tel: 01752770358

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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

Summary of findings

Overall summary

The inspection took place on 12 February 2016 and was unannounced. Fairglen Residential Care Home supports the needs of up to 12 people with a learning disability. When we inspected 11 people were living at the service.

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

People and staff were relaxed throughout our inspection. There was a calm, friendly and homely atmosphere. People were supported to take part in a range of activities which reflected their interests. Staff were knowledgeable about the people they were supporting and had an in-depth appreciation of how to respect people's individual needs around their privacy and dignity. People's risks were managed well and monitored.

Staff responded quickly to people's changing needs and relatives were involved in reviewing people's needs and how they would like to be supported.
People's preferences were identified and respected. Staff put people at the heart of their work; they exhibited a kind and compassionate attitude towards people. Strong relationships had been developed and staff focused on people rather than on tasks.

People's medicines were managed safely. People were supported to maintain good health through regular access to healthcare professionals, such as GPs, social workers, learning disability nurses and occupational therapists.

All staff had undertaken training on safeguarding vulnerable adults from abuse and demonstrated a good knowledge of how to identify and report any concerns. Staff described what action they would take to protect people from harm. Staff felt confident any incidents or allegations would be fully investigated.

People were protected by safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment. Staff received a comprehensive induction programme and were trained to carry out their roles effectively.

People and those who mattered to them knew how to raise concerns and make complaints. Complaints had been recorded, investigated and the outcome fed back to the complainant. Where appropriate, regular checks were then made to ensure the complainant remained happy.

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

their human rights.

There were effective quality assurance systems in place which were used to enhance the service. People, their relatives and staff described the management as supportive and approachable.

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.

People told us they felt safe living at the service.

Staff were recruited safely.

People were protected by staff who could identify abuse and who would act to protect people.

People had risk assessments in place to mitigate risks associated with living at the service.

Is the service effective?

Good

The service was effective.

People were looked after by staff trained to meet their needs.

People's mental capacity was assessed in line with the Mental Capacity Act 2005. Staff always asked for people's consent and respected their response.

People's nutrition and hydration needs were met.

People had their health needs met.

Is the service caring?

Good

The service was caring.

People were looked after by staff who treated them with kindness and respect. People and visitors spoke highly of staff. Staff spoke about people with fondness.

People felt in control of their care and staff listened to them.

People were supported by staff who understood how to protect their dignity.

Is the service responsive?

Good

The service was responsive.

People had care plans in place to reflect their current needs. Care was centred on the person.

Activities were provided to keep people physically, cognitively and socially active.

People and their relatives knew how to complain. Complaints were investigated and the outcome communicated to the complainant.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff said the service was well-led.

There was clear evidence of the provider ensuring the quality of the service. The registered manager had audits in place to ensure the quality and safety of the service.

People and staff felt the registered manager was approachable. The registered manager had developed a culture which was open and inclusive.

People and staff said they could suggest new ideas. People were kept up to date on developments in the service and their opinion was requested.

Fairglen 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.

The unannounced inspection took place on 12 February 2016 and was undertaken by two inspectors.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which 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. We also reviewed other information we held about the service. For example, previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with eight people who lived at Fairglen. We spoke with the registered manager, deputy manager and one other member of staff on duty. We also contacted three relatives and three health and social care professionals for their feedback.

We looked around the premises and observed how staff interacted with people. We looked at records relating to each person who lived in the home, this included support plans, health records and risk assessments. We also looked at a sample of staff files and other records relating to the running of the service including, health and safety records, policies and procedures and quality audits.

Good

Is the service safe?

Our findings

People told us they felt safe and relatives confirmed this, comments included, "Yes, […] is definitely safe," and "We've always felt […] is safe there, which means we can relax." People gave us examples of how staff supported them to stay safe. Two people told us they didn't like going out in the dark so staff booked a taxi for them. This meant they could still go out but felt safe too. One person commented, "It is the only place I have felt safe."

Safety was discussed with people regularly, especially during residents meetings and care plan reviews. The registered manager told us they discussed different scenarios with people to encourage them to think how they could stay safe in each situation. Staff confirmed, "We always tell people, who to contact and what to say if they don't feel safe." People were reminded about 'safe places' to go, if they felt unsafe when out alone. These were shops or businesses who displayed a 'safe places' logo. If asked for help, people working in them would call the designated person on the person's safe places contact card or the Police. Everyone was encouraged to carry a card with their address and phone number on in case they needed help to contact staff when they were out. People were supported to understand how to keep safe at home too. People were included in practicing what to do in a fire and had personal evacuation plans in place.

People were supported by staff who understood and managed risks effectively. Risks were recorded in detail in people's care plans including specific steps to take to keep people safe. For example, one person had had a stroke and was now less steady on their feet. Their environment had been risk assessed to ensure it was as safe as possible. They had been supported to rearrange their bedroom so they were less likely to trip on anything; and specialist advice had been sought with regards to making sure the person was safe when in bed.

People were protected by staff who had an awareness and understanding of signs of possible abuse. Comments included, "We would definitely recognise if something was wrong because we know people so well. We are always asking people if they are happy and if anything is bothering them," and "You get to know people and their ways so I'd recognise if there was a problem." A relative confirmed, "The staff are always nice and there isn't a big change over of staff. The consistency is really important for the people living there." Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly telling us, "I'd report anything to the registered manager and they would report it to the right people. All staff would take it seriously." Staff had up to date safeguarding training and knew who to contact externally should they feel their concerns had not been dealt with appropriately.

People were supported by staff who were recruited safely. Recruitment practices were in place and checks were undertaken to help ensure the right staff were employed to keep people safe. Records showed these checks had been applied for and obtained prior to commencing their employment with the service. Medicines were managed, stored, given to people as prescribed and disposed of safely. People's medicines administration records (MARs) included a picture of them, which reduced the likelihood of error. Medicines were locked away as appropriate and room temperatures had been logged and fell within the guidelines that ensured the quality of the medicines was maintained. Where assessed as safe, people kept their own

medicines. One person confirmed, "Staff help me with my medicines but they are locked in my drawer in my bedroom and I have the key."

Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Staff meetings were used to discuss any new medicines people had been prescribed. This meant staff knew what it was for and understood how and when to administer it. Staff were aware of people's individual needs regarding their medicines. For example, one person was finding it difficult to swallow their medicines; it was not available in a different form so the registered manager had researched how they could help. They had found a gel designed to help people swallow tablets and had contacted relevant professionals to request this for the person.

We observed staff support someone to take their medicines, they gained consent and explained what the medicines were for; they then stayed with the person until they were sure they had taken it. The registered manager told us they carried out spot checks when staff were administering medicines. These checks had not been recorded but the registered manager told us they would start doing this. Medicines audits were carried out once per year by a pharmacist to ensure the service was working within best practice guidelines; and all actions from the latest audit had been completed.

Staff were knowledgeable about people who had behaviour that may challenge others. They were able to describe what things caused people anxiety and how they would reassure them saying, "You talk to them, give them space and a few minutes to calm down. Walk away if necessary or you could make it worse." This information was recorded in people's care plans with direction about how to discuss incidents with people afterwards in a sensitive, discreet manner; along with forms to record any related incidents.

Incidents were recorded, and the registered manager described in the PIR how they maintained an audit trail of accidents which was reviewed on a monthly basis so learning could take place. Actions to help prevent further similar incidents were then implemented. Social care professionals confirmed records of falls were detailed and accurate, and had provided useful information for healthcare professionals.

Good

Is the service effective?

Our findings

People were supported by knowledgeable, skilled staff who effectively met their needs. One person told us, "The staff understand us." Staff spoke positively about their work saying, "It's very fulfilling and enjoyable," and "It's amazing what you can achieve. You see the residents happy and you feel you've achieved something."

New members of staff completed an induction programme, which incorporated the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life to promote consistency amongst staff and high quality care. During the induction staff spent time completing training, getting to know people, shadowing experienced staff and learning about the services policies and procedures.

On-going training was then planned to support staff's continued learning and was updated when required. This included training that was specific to the needs of people living at Fairglen, for example, dementia training. Staff told us, "We learn things on courses that help us improve our practice," and "Some of the courses have been very interesting and allow us to make people's lives better; and that's what it's all about." They also told us people took part in training if they wanted to, especially training DVDs, for example fire safety. The registered manager encouraged staff to discuss recent training during their one to one meetings to identify if there was any learning that could be shared in order to improve the quality of the service.

Staff felt supported through regular one to one meetings with the registered manager. Staff told us they discussed people's care plans, their achievements and changes in needs as well as any ideas or concerns staff had. The registered manager told us they also used one to ones to check staff's knowledge of different policies and procedures and fill in any gaps in staff's knowledge.

People were involved in decisions about what they would like to eat and drink and encouraged to eat a healthy diet. People told us, "They ask what we want on the menu," "They cook us nice meals," and "I have something different if I don't like what there is." A recent staff meeting had been used to communicate a concern raised by people, that meals did not always taste nice. Staff were reminded to follow the menu plans and recipes provided to ensure they were enjoyed by everyone. Staff were also undertaking training on nutrition and told us, "We encourage people to eat more fruit, vegetables and salad. Staff need to be a good example by eating healthily too." A relative told us the encouragement their family member had received to eat more healthily had been very successful commenting, "They're in the best shape they've been in for years." One person diagnosed with diabetes told us, "Staff help me eat healthily and I see the nurse about it too." They had ideas for healthy meals in their room which they discussed with staff. Staff told us, "They sometimes fancy something else. We don't stop them but we ask them to tell us, then if they did feel ill, we would know why."

People's records highlighted where risks with eating and drinking had been identified. For example, one person's record showed staff had sought advice and liaised with a speech and language therapist (SLT) when staff identified their needs had changed and they may be at risk of choking. Recommendations had

been discussed with the person concerned, recorded in their care plan and risk assessment, and followed in practice. If the person decided not to follow the recommendations, staff explained the risk and gave advice about how to be as safe as possible, but respected the person's decision.

People were supported to see health and social care professionals when they needed to, such as GPs, social workers and learning disability nurses. People confirmed "If we're poorly, they call the GP and help us with any medicines." People's health needs were regularly reviewed by their GP to ensure they were supported to be as healthy as possible; and people were supported to attend health screenings recommended for their age and health.

People had Health Action Plan's (HAP) in place to ensure they received the correct support with their healthcare. A Health Action Plan is a personal plan about what someone needs to do to stay healthy and describes any help they might need. People's HAP's were detailed and in an easy read format for people when appropriate. They listed health appointments and their outcomes, such as blood pressure checks and dental appointments; and detailed what people needed to do to keep themselves healthy for example, pictorial information about how to check for testicular cancer. They also included the person's preferences, for example what brand of toothpaste they liked and when and where they liked to brush their teeth.

People when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). The 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. 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a good knowledge of their responsibilities under the legislation. Applications had been made for people to ensure their right to not being unduly restricted were assessed. Relatives told us they had been invited to attend a review meeting to discuss the renewal of the DoLS application for their family member, saying "We've always been involved in all decisions."

Staff understood the main principles of the MCA and understood how to support people who lacked capacity to make everyday decisions. One staff member told us, "We have to sit down and explain in a simple way. We provide advice and support and always consider their preferences when offering advice." Some people were supported to make decisions using pictures of the different options available. Care plans contained information about when decisions needed to be made in people's best interests on their behalf.

Good

Is the service caring?

Our findings

People felt well cared for, comments included, "Staff are nice. They do look after us." Relatives confirmed, "We couldn't be happier with the place, the care is over and above. [….] couldn't be in a more loving environment," "There is always laughter there. In our opinion, it's utopia for […..]" and "It's the happiest [….] has been".
People were observed to be comfortable in the company of staff with appropriate humour heard between staff and people. A staff member told us, "They do make me laugh!" Staff enjoyed supporting people telling us, "The people here are lovely," and "It's lovely, the staff, management and residents. They're like my family."

The registered manager detailed in the PIR their aim to always employ staff who were caring, compassionate and who promote dignity and respected people's rights.
Staff showed concern for people's wellbeing in a meaningful way and we observed positive interaction between staff and people. People were encouraged to feel good about themselves. For example, if someone living at Fairglen made a positive comment about another person, it was recorded and the person was told. One person's records showed another person had said, "[….] is a lovely person, very kind and makes us laugh." Staff respected people's knowledge and personalities. One staff member told us, "I've learnt a lot from the residents, about how they used to live and where."

Staff supported people throughout our time at the service with kindness, respect and in the person's own time. Staff knew the people they cared for well and a relative confirmed, "[….] receives very personalised care." They told us about individual's likes and dislikes which matched what was recorded in people's records. One person told us how staff's knowledge of them and their needs made them feel cared for after a fall. They explained, "I fell when I was out and had to go to hospital. The staff came with me because sometimes I can't understand what professionals are saying to me. The staff were there to help me."

People's privacy and dignity was maintained. We heard staff knock and ask permission before entering people's rooms. When providing personal care to people staff only assisted where necessary and left the room when they were no longer needed, allowing people their privacy.

People's independence was encouraged and staff understood the level of support each person required with each task. For example, people who required prompting to remember to do certain tasks and who needed more support to complete tasks. One person confirmed this was the case explaining, "I do as much of my cleaning as I can but staff help me too." A relative told us, "They encourage [….] to be independent but they're there to help and advice if she needs it." People were encouraged to be involved as far as possible in any tasks relating to their care or their belongings. Staff told us, "If people can't help much with their cleaning or washing, we still ask them to be present as it's their things we're cleaning." Staff were aware of how different equipment could support people's independence saying, "If the hoover is too heavy for someone there's a sweeper they can use so they're still involved." People had keys for the house and their rooms and people who were safe to do so, went out, alone or with friends or family whenever they wanted to. One person confirmed, "I go out on my own. I go into the town or to the bank."

People were consulted and involved in planning their service and their opinions were respected. For example, when new staff were recruited, they would meet with people first. The potential staff member was only offered an interview if the feedback given by people was positive.

Good

Is the service responsive?

Our findings

People told us they spent their time as they chose and attended a range of activities, depending on their individual interests. Comments included, "We go out quite often. We all have different things we do and there is a board for trips we've planned together like bowling, the cinema or the pub," and "We're going out today around the shops. We go on the bus." Some people attended exercise classes and the gym, others enjoyed going shopping and or to the library regularly. One person excitedly told us of plans to go out for a meal at a Chinese restaurant for their birthday. A staff member told us, "Choices? There are no limitations. They do what they feel is best for them. We are just here to advise. This is their home and they have the right to do what they want." A relative confirmed, "Even as [….]'s needs change, the staff still involve them in everything that's going on."

People's records contained detailed information about their health and social care needs. They were written using the person's preferred name and reflected how people wished to receive their care from staff. People told us, "We know our care plans and we talk about them with our keyworkers," and "I have a care plan and they know it's all ok with me." Care plans contained pictures to aid understanding. Staff confirmed care plans contained enough detail to enable them to provide care and support in the way people wanted; and that they were updated as and when people's needs changed. Care plan reviews took place with the person and whomever they chose to invite, for example relatives, an advocate or professionals who knew them well. The registered manager and staff also reviewed care plans at one to one meetings to ensure they met the required standards.

People were supported to plan beyond their everyday activities. They had been supported to develop person centred plans which contained detailed information about who they were and what was important to them. For example, one person wanted to learn to tell the time so staff had regularly helped and supported them to tell the time. This was recorded as steps towards their goal. There were also pictures of them learning about a country they were particularly interested in.

Staff and the registered manager knew people well and reacted promptly to any change in needs. One person was living with dementia and staff identified subtle changes in their behaviour. For example, the person liked to have the lights on a lot more and he was enabled to do this to avoid any unnecessary anxiety or confusion. Staff also recognised when the person wanted something or to go somewhere and might need extra support. For example, they had noted the person sometimes stood up but then looked confused. The person was given time to think but if they continued to look confused the staff would offer some suggestions about what they might want. These suggestions were based on their knowledge of the person and their preferred routines. This ensured the person's needs were met respectfully without causing them distress. Their relatives told us "The staff have been marvellous." Staff acknowledged they were constantly having to adapt their ways of working to ensure the person was well supported. One staff member told us, "They are now forgetting the sign language they knew so we need to get to know their body language to understand their needs."

The registered manager told us meetings were held every two months with people to discuss their thoughts

on the service, if they had any problems and if they would like to change or plan anything. One person confirmed, "We talk about the place and if we're happy and how the staff are doing." A holiday had recently been planned as the result of one of these meetings. Minutes of meetings were typed and pictures added for people who needed them to aid understanding. The registered manager told us, "Key workers discuss the minutes with people to check they are ok with them."

The service had a policy and procedure in place for dealing with any concerns or complaints. This was displayed in the house. There was an easy read version of the policy for people who required one, along with complaints and compliments forms. People and their relatives knew who to talk to if they had a concern, telling us "We talk to [the registered manager] about it." Staff confirmed any concerns they couldn't resolve themselves would immediately be passed to the registered manager who would take them seriously. Records showed complaints were dealt with in line with the service's procedure and used as a way to improve practice and the support given to people. Feedback was then given to the complainant. Where a concern or complaint was raised by someone who lived at Fairglen, even after the matter had been resolved, the registered manager still checked regularly whether the person continued to be happy with the outcome.

Good

Is the service well-led?

Our findings

The registered manager took an active role within the running of the home and had good knowledge of the staff and people who lived there. Relatives confirmed, "The registered manager is very hands on and all the residents come first," and "The manager is very good, friendly and efficient." They demonstrated they knew the details of the care provided to people and told us they valued their relationships with people and staff saying, "I really enjoy it. I like the people and the contact we have. It's all wonderful."

Staff described the registered manager as being open and approachable and told us they felt happy asking them for advice comments included, "It's easy to talk with them about things." The registered manager was considerate of staff morale and wellbeing and actively supported staff with any concerns they had. A staff member confirmed, "If I'm even worrying about something, [the registered manager] knows and will ask if I'm ok. They'll spot it straight away." The registered manager was aware of how different aspects of staff's job role could affect them telling us, "Some staff might find one to one meetings difficult so I am open and try not to make them stressful." Their concern for staff wellbeing was also reflected in a risk assessment which identified safety measures to support staff to avoid feeling under pressure at work.

Staff had a good understanding of their roles and responsibilities and told us they felt well supported through one to one meetings, daily handovers and regular team meetings. The registered manager explained team meetings were used to discuss medication, care plans, policies and procedures and safeguarding confirming "Everyone can have their say." A recent staff meeting had been used to encourage staff to think about how the service met the five key questions which informed a CQC inspection. Any new ideas from team meetings were used to improve the service.

The provider sought feedback from people, those who mattered to them and external professionals in order to enhance the service. Questionnaires were distributed which encouraged people to be involved and raise ideas about how the service could be improved. Further information was sought regarding any negative responses received, and this was then used to improve practice. Any changes made as a result of feedback from the questionnaires were communicated to people and their relatives, where appropriate.

There was an effective quality assurance system in place to drive continuous improvement within the service. In order to ensure policies and procedures remained up to date and reflected current legislation, the registered manager used an external agency who informed them of any changes. A policy in respect of the duty of candour had been introduced and the registered manager understood their responsibilities regarding this. The duty of candour places a legal obligation on registered people to act in an open and transparent way in relation to care and treatment and to apologise when things go wrong. There was a whistleblowing procedure in place and staff understood their responsibilities to raise concerns about poor conduct. Staff told us they felt confident concerns raised with the registered manager would be addressed appropriately.

The registered manager told us they were proactive in keeping up to date with current practice. They were a member of the Dignity in Care forum which enabled them to discuss excellence within care and any changes

or updates to good practice guidelines. They then discussed these with staff and ensured they were implemented.
The service had notified the Care Quality Commission (CQC) of all significant events which had occurred, in line with their legal obligations.