Fairburn Vale Health Care Limited

Fairburn Vale

Inspection report

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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

Fairburn Vale is a purpose-built facility offering specialist nursing care for 20 adults with acquired brain injuries, and accommodation for people with complex physical, mental or behavioural needs. Accommodation is provided over two floors accessible by a lift and there is a communal garden area. There were 19 people living in Fairburn Vale on the day we inspected.

At the last inspection in March 2015, the service was rated Good. At this inspection we found the service remained Good.

People were safe as staffing levels were appropriate to meet people's needs in a prompt and organised manner. Staff knew how to report any concerns and how to recognise signs of abuse. Medication was stored, administered and recorded correctly and risks were managed to minimise the likelihood of harm.

Staff had received regular supervision and training to ensure they were fully equipped to perform their roles competently. They supported people in line with their support needs in regards to nutrition and hydration, and also in accessing external health and social care support where required.

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

Staff displayed kindness, sensitivity and empathy in their interactions with people ensuring all their needs were met, both physical and emotional. People were involved as much as they were able in all decisions regarding their support needs and encouraged to participate in the life of the home.

Activities focused on individual needs and there was a programme to implement a wider range of pastimes and events. Complaints were handled with sensitivity and understanding, and all concerns addressed in depth.

The home was well managed with clear leadership and an organised staff team whose focus was ensuring all people living at Fairburn Vale had the best quality of life possible.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Fairburn Vale

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 checked 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 was a comprehensive inspection.

This inspection took place on 22 August 2017and was unannounced. The inspection team consisted of two adult social care inspectors and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience we used had knowledge of services providing support for people with complex physical and mental health needs.

Prior to the inspection we requested a Provider Information Return (PIR) which was returned. This 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 checked information held by the local authority safeguarding and commissioning teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

We spoke with four people using the service and observed people in communal areas who were unable to communicate verbally. In addition we spoke with 12 staff including five care workers, two nurses, the physiotherapist, the cook, the activity co-ordinator, the operations manager and the registered manager.

We looked at three care records including risk assessments, three staff records including all training records, minutes of resident and staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.

Good

Is the service safe?

Our findings

One person told us, "I might be poorly but they look after me good. The staff are good and I feel safe." Another person said, "I feel very safe."

Staff understood safeguarding procedures and knew they should report any concerns to the management team. They were confident any concerns would be acted on promptly. Information around safeguarding people from abuse was displayed in the home. Analysis of significant events was robust and ensured the likelihood of repeat occurrences was lessened.

Staff had recently taken part in a fire drill and we saw records which confirmed this. People had personal emergency evacuation plans which provided guidance around the support they required in the event of an emergency evacuation.

We looked at people's individual care records and saw risk was assessed and managed. People had assessments which identified the level of risk and measures in place to minimise the risk of harm. For example, one person was assessed as 'high risk' of developing pressure sores and their support plan provided guidance around the repositioning regime. Complex moving and handling needs were recorded in depth including photographs to aid staff, providing specific guidance on which equipment to use and how. Frequent checks were in place for slings, wheelchairs and pressure relief equipment. Daily notes and discussions with staff confirmed the guidance was followed.

One care worker told us, "'People are very safe because of the high levels of staffing." Staff told us some people had individual staffing which was allocated each day. We saw in the office there was a record which identified when people received one to one staffing support. Staffing rotas evidenced all shifts were covered including the use of agency nursing staff at night but these were from the same agency and known to people in the service.

We checked staff files and found that all necessary recruitment checks were in place. Identity checks had taken place and references obtained for people. Disclosure and Barring Service (DBS) checks were also carried out for all staff. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups

The provider had effective systems in place to manage people's medicines. We checked the medication administration records (MARs) and stock balance of medicines for three people. MARs were well completed and stock balances were correct. People had guidance to make sure their individual needs were met when they were prescribed 'as required' medicines. They used topical medication administration records (TMARs) or body maps when people were prescribed creams and lotions.

We found medicines were stored securely in a locked treatment room with regular temperature checks in place to ensure safe storage and access was restricted to authorised staff. There were appropriate arrangements in place for the management of controlled drugs which were correctly stored. Staff regularly

carried out balance checks of controlled drugs.

Staff responsible for administering medicines told us they had completed medication training and their competency had been assessed. We saw records of these competency checks. People also had regular planned medication reviews.

Good

Is the service effective?

Our findings

Staff told us they were well supported by colleagues and management. They said they received appropriate training and regular supervision and we saw evidence of this. We also saw evidence of a detailed induction which was followed by regular probation reviews and observations of practice ensuring learning had been implemented and actioned.

One member of staff who had commenced within the last six months said, "Training has been excellent. Supervision was frequent when I first started and has reduced as I've settled in." Courses included person-centred care, infection control, nutrition, health and safety, mental capacity and moving and handling. Staff also had the opportunity to review their own performance in an annual appraisal.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with said they had completed MCA and DoLS training. Staff we spoke with had good knowledge around how to support people who did not have capacity to make some decisions. Capacity assessments had been completed where people were unable to consent to care and appropriate parties involved in the best interests decision-making process including evidencing a person's previous wishes. DoLS were in place where people relied on staff for all their support needs and these were regularly reviewed to ensure all conditions were met.

Food options were varied and people were supported to choose aided by a pictorial menu in the dining room. The chef explained people could also request alternative meals if they did not want meals from the menu and these were provided. People also had access to kitchen facilities where they could make light snacks and we observed one person making their own drink. There were in-depth risk management plans in place for people at risk of choking which were reviewed on a regular basis, resulting in changed support plans if required.

We saw some people had attended a 'food forum' in June 2017 where discussions included menus, weight loss/gain, protected meal times and presentation of meals. Mealtimes had been observed and the findings were that people had experienced a quiet environment and enjoyed the meals served.

People's care records showed health and social care professionals had been involved in their care. One person had complained of pain and it was evident from their records that this was communicated to other professionals and the person was attending a pain management clinic. The service had a physiotherapy room and everyone was offered physiotherapy sessions throughout the week. A physiotherapist and physiotherapist assistants were based at the unit and supported people with their individual programmes. We also saw regular health screening checks were in place for people such as breast care.

The home was fully accessible for people living in the home. The décor was clean and fresh, aided by

contemporary artwork to assist in making the environment homely. All rooms were personalised.

Good

Is the service caring?

Our findings

One person told us, "Staff are good." Another person said, "I like all of them." A further person shared, "Staff are fantastic."

Staff we spoke with told us they were proud to work at the service. One member of staff said, "The standard of care is fantastic." Staff displayed positive relationships between each other and shared relevant communication well, ensuring people's needs were met promptly and safely. We observed one person sit in the 'wrong' chair which was explained to the person as the back was too low. They were patiently supported to move by two staff and their comfort monitored.

We observed many positive interactions between staff and people living in the home. Staff shared smiles with people and we heard friendly conversations between people. There was much laughter and joviality in the home, and staff were very attentive. One person was keen to get their breakfast but the care worker they spoke with was busy supporting someone else. They explained this very gently and promptly found another care worker to assist. We saw examples of good care being delivered during the inspection. Staff were kind and knew people they were supporting well.

People's cultural needs were considered including specialist hairdressing services and support with their spiritual needs such as listening to audio recordings of holy books. We asked one person if staff had chosen their jewellery and were told emphatically, "No! I chose it and the staff help me put it on."

Care records contained information about people's likes, preferences and background. One person's support plan stated they liked their hair either blonde or red. We saw their hair was red; they told us they were happy with the colour. Where people were unable to give their opinion, their preferences had been recorded based on their previous views and family input, ensuring as much as possible was adhering to how the person would have liked to dress or have their hair.

Staff told us people's privacy and dignity was respected. They gave examples of how they did this, for example, being prepared so they did not have to leave the person during personal care support. At a resident and relative meeting in March 2017 feedback confirmed people's privacy and dignity was respected.

We saw a local advocacy service was advertised in the home along with other support organisations which people may wish to access.

Good

Is the service responsive?

Our findings

People told us, "'I love shopping" and "The staff take me out and we go for cake and coffee." One person told us they could leave the home whenever they chose as long as support was available. They said they were happy living in the home. We observed people following their own routines and preferences, including getting up when they chose.

One person showed us how the staff had supported them to make some beautiful pictures of their family with their names to go on their bedroom wall. Another person told us how, on their weekly shopping trips, staff supported them to purchase 'bits and pieces' for themselves and their grandchildren who were welcome to visit them any time. They told us they had recently bought "a new hat, jacket and trainers." We observed another person playing a video game.

The newsletter for June 2017 indicated a range of activities had taken place including shopping trips and days out, art and craft tasks and a visit from a theatre company who put on a pantomime. Organised activities were under review in the home as a new co-ordinator was in post. They told us about people's ideas for art-themed days, trips out in the mini bus, and outside games including a remote control car. They were also considering canal boat trips, movie nights and a weekly pub quiz and a gardening club.

Support plans covered all aspects of care and had guidance to ensure people's needs were understood. People had very detailed care notes. These showed people's care needs were met. For example, one person's support plan stated they liked a bath every day and this was reflected in their daily notes. Details were specific and provided guidance for staff as to how best support people in their preferred manner. A one page summary provided an 'at a glance' summary of key needs to assist staff. People's needs were reviewed on a monthly and quarterly basis as a minimum, involving all relevant people.

One person told us, "My family comes in all the time. I would talk to them and then we would talk to the manager." We reviewed the provider's complaints record. This showed two complaints had been received in the last 12 months; action had been taken in response to both complaints.
The service had received compliments about the quality of care provided, which included the following comments, "A big thank you for all the care and support" and "Many, many thanks to all the staff for all the help and care you give to [name] and making each day for them a happy one".

Good

Is the service well-led?

Our findings

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 had opportunities to share their views through meetings and surveys. We saw from survey responses for 2016 that people who used the service, and relatives and friends had commented on the service. However, there was no analysis of the survey and learning points were not recorded. It was also unclear how the results were shared with everyone. The operations manager said a different manager was in post at the time so they could have other information although this was not located during the inspection. They said they would raise the points about analysing and feedback with the quality assurance team to ensure they were included in the next survey.

The manager said meetings for people who used the service and relatives were held twice a year. We saw one was held in March 2017 and another was planned for September 2017. We reviewed the minutes from the March meeting and saw discussions included activities, menus, and privacy and dignity. People suggested more 'themed days'; the provider had responded and themed days were held in April, May and June. In May they held an 'Indian' theme and in June a 'Hawaiian' theme.

Staff told us they enjoyed working at the service and said it was well managed. They described the manager as 'approachable'. One care worker told us "This is the best home I have ever worked in". Another care worker said "The manager has so much enthusiasm." Staff said they attended regular meetings and communication worked well. We reviewed staff meeting minutes from July 2017 which showed staff had discussed rotas, training, staff uniforms, staff allocation board, activities and infection control. We saw some initiatives from staff had been incorporated in the home such as 'resident of the day' where one person became the focal point and all aspects of their needs was considered by all staff working during the 24 hour period.

The home had a sound maintenance schedule in place which ensured key tasks were completed on regular basis including fire alarm tests, call bell performance and environmental checks including rooms and communal areas. All equipment had been checked against the Lifting Operations and Lifting Equipment Regulations (LOLER) 1998 as required.

There was also a robust quality assurance programme which considered care delivery and records, mealtime experiences, people's aspirations and goals, medication management and safeguarding incidents. Each of these audit outcomes fed into the individual home action plan which identified actions required and allocated them to specific people to complete. These actions were then regularly reviewed.

Accidents and incidents were recorded and investigated appropriately. Detailed analysis of daily notes was completed along with interviews of staff as necessary, and lessons learnt shared with staff as required. This

included reflecting on how the incident may have been avoided and any changes in practice required.