Fairlie Healthcare Limited

Fairlie House

Inspection report

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Date of inspection visit:
12 February 2016

Date of publication:
08 April 2016

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

This inspection took place on 12 February 2016 and was unannounced.

Fairlie House offers accommodation and care to 53 people with complex care needs. At the time of the inspection there were 43 people using the service.

There was a registered manager in place. 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 were protected against the risk of harm and abuse. Staff demonstrated knowledge of safeguarding and had received training in order to accurately identify the different types of abuse and how to report their concerns.

People were protected against identified risks. The service had risk assessments in place that gave staff guidance on how to protect people when faced with known risks.

The service had adequate numbers of staff at all times to ensure people's needs were met.

People received their medicines safely. The service demonstrated good practice in the administration, storage, disposal and auditing of people's medicine. The service had clear guidelines for staff to follow to ensure people's medicines were managed safely.

People's consent was obtained prior to care being delivered. Staff were aware of the importance of obtaining people's consent and how to ensure consent was given. People were not deprived of their liberty unlawfully. The service had in place systems to ensure people's capacity was assessed in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to have sufficient amounts to eat and drink. The service promoted healthy eating and had in place personalised plans to support people who required specific nutritional requirements.

People were supported and encouraged to maintain good health. The service assisted people to access both in-house and community based health care professionals to monitor and maintain people's health. The service liaised with health care professionals seeking guidance where appropriate.

People were encouraged to express their views and participate in making decisions about their care and treatment. The service supported people and their relatives to give feedback on the service they received.

People's privacy and dignity was respected at all times. Staff were aware of the importance of maintaining

people's privacy and dignity and the impact of not doing so.
People received care and treatment that was person centred and tailored to their individual needs from staff that had undertaken the necessary training to support them effectively.

People were encouraged to raise concerns and complaints. The service had a policy for people to access if they wished to raise a complaint. At the time of the inspection the service were implementing a new 'pictorial' complaints form, for people that would find written text difficult.

The registered manager carried out audits of the service to ensure the environment and people were kept safe at all times. Areas identified as a risk were documented and action taken to minimise the risk to people in a timely manner.

The registered manager promoted an inclusive and respectful environment, ensuring people were encouraged to have their views shared.

The registered manager actively encouraged feedback of the service provision to improve the quality of care provided. Quality assurance questionnaires were sent to people, relatives and health care professionals annually. Information received was then recorded and concerns were acted upon.

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 were protected against the risk of harm and abuse, by staff that were able to identify the different types of abuse and raise their concerns appropriately.

The service had risk assessments in place that identified known risks and gave staff guidelines on how to minimise the impact on people.

People were supported by adequate numbers of staff on shift to ensure their needs were met.

People were protected against the risk of poor medicine management. The service demonstrated good practice in safe medicines management.

Is the service effective?

Good

The service was effective. People received care and support from staff that had undertaken relevant training, supervisions and appraisals to effectively meet their needs.

People's consent to care and treatment was sought prior to care being delivered.

People received sufficient amounts of food and drink to ensure their nutritional needs were being met.

People were supported to maintain their health as required. The service sought guidance and support from health care professionals to ensure their health needs were met.

Is the service caring?

Good

The service was caring. People were encouraged to maintain positive relationships by staff that were kind and compassionate.

People were supported to express their views and be actively involved in decisions about their care and treatment. Staff were respectful of people's decisions.

People had their privacy and dignity maintained. Staff were aware of the importance of respecting people's privacy.

Is the service responsive?

Good

The service was responsive. People had care plans that were person centred and detailed their care needs. People's preferences, likes and dislikes, diagnosis and history were recorded.

People were supported to raise concerns and complaints with the service.

Is the service well-led?

Good

The service was well-led. The registered manager had actively encouraged an open and inclusive service to ensure that people were treated as equals.

The registered manager sought feedback of the service through quality assurance questionnaires. Feedback was then analysed an action plan implemented to address concerns raised.

Fairlie House

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 inspection took place on 19 January 2016 and was unannounced. Two inspectors and a nurse specialist advisor carried out the inspection. A specialist advisor is someone who specialises in a particular areas.

Prior to the inspection we looked at the information we held about the service. We looked at the statutory notifications the service sent us, safeguarding's and previous inspection reports. We also looked at the provider information return [PIR] the service had sent us, this is a document services complete to inform us of information about the service.

During the inspection we spoke with six people, two relatives, three staff, one registered nurse, one physiotherapist, consultant and the registered manager. We looked at 9 staff records, 11 care plans, five medicine administration recordings sheets [MARS] and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. People and their relatives felt that staff were able to effectively meet people's needs at all times.

People were protected against risks. The service had in place risk assessments that gave staff clear guidance on how to safely support people when faced with risks. Risk assessments covered all aspects of care, for example eating and drinking, moving and handling, behaviours, medicine administration and falls risks. The risk assessments highlighted the known risk, potential consequence of the risk and what was in place to minimise the risk. The risk assessments were reviewed regularly to reflect people's changing needs. Where possible people had participated in the development of their risk assessments and had signed their care plans.

People were protected against the risk of harm and abuse. Staff were aware of their role in keeping people safe from harm. Staff had knowledge of safeguarding people and were aware about the different types of abuse and how to raise their concerns appropriately. Staff who were not directly involved in the care delivery were aware of the importance of raising their concerns for people's safety and knew how to do so in line with the provider's whistleblowing policy. Staff had received safeguarding training.

People were protected against unsafe medicine management. People told us, "I can ask for extra medicine when I need it and the staff will always get it for me". Another person told us, "Staff will always get the medicine I need". The service demonstrated good practice in relation to administration, storage, disposal and recording of medicines. Staff stored medicine in line with good practice. Medicines were kept secure in a locked cabinet in a locked room, with only authorised staff having access to the medicines. The service used a separate fridge for medicine that required storage at set temperatures, however this was not checked regularly. The provider had a repeat prescription system in place that provided a four week dossette box. Medicine was prescribed, ordered and administered in a timely fashion. The staff rota showed a safe compliment of qualified staff in order to complete the medication rounds. We checked the medicine stock that reflected the medicine administration record sheets MARS total. We carried out an observation of a medicine round and found the nurse to be confident with the systems in place and carried out the medicine administration safely and within the parameters of the professional guidance.

People were supported by sufficient numbers of staff to meet their needs. We spoke with people who told us they were aware of the staff shortages, however this did not impact on their needs being met. Two relatives told us, "The staff turnover is quite high, there isn't always a lot of consistency but this doesn't reflect staff competency. They know what they're doing and I have no concerns there." A staff member told us, "The team does struggle. We go through the rota weekly and see where the shortages might be and there are new inductions almost every month but they don't seem to stay long". We looked at the service rota and found that staff were offered overtime to cover shifts were required. We spoke with the registered manager who explained that the shortage of staff is something they were addressing and especially the shortage of qualified nurses The service was actively working on recruiting and retaining qualified nurses.

Staff had undergone the necessary checks to ensure they had necessary knowledge and skills to support people with their care needs. Records showed that staff had received a Disclosure and Barring Service (DBS) checks, two references, proof of address and photographic identification. Registered nurses had the correct documentation to practice nursing.

People were protected against an unsafe environment. The service carried out regular safety checks of the environment and equipment. We saw records relating to the safe maintenance of wheelchairs, hoists and other manual handling equipment. Records relating to fire safety management, kitchen safety and medicines were in place and up to date. Identified areas of risk or concern were acted upon in a timely manner. The service had a maintenance team in place that could respond swiftly.

Good

Is the service effective?

Our findings

One person told us, "I'm confident the staff are well trained, I feel comfortable with them". Another person told us, "I'm satisfied now. Initially I was concerned about the lack of knowledge some staff had about my condition I raised this with the manager and she came onto the unit for several days and worked closely with care staff to help them see what my needs are. They had one-to-one training from a consultant and some specialists and now I feel they're doing a good job.".

Staff received comprehensive inductions. Documents confirmed staff's successful completion of shadowing and probationary periods and a record of the verification of international qualifications gained outside of the UK. Records showed staff had passed a scenario-based interview process to work in the service. This meant people were protected from the risks associated with inappropriate or unqualified staff because the provider had a system in place to ensure staff were deployed based on skills, experience and knowledge.

People received care and support from staff that had undertaken the necessary training to meet people's needs. Staff had access to an on-going programme of specialist training to help them meet the specific and complex needs of people. This had included evidence-based treatment for disorder of consciousness, vital signs, suction technique, tracheostomy emergencies, ventilator care, administration of oxygen and cough assist techniques. All staff attended mandatory training which included fire safety, mental capacity; infection control; food hygiene; safeguarding and the Control of Substances Hazardous to Health (COSHH). We looked at the training programme for 2016 and found multiple sessions were planned to ensure staff had access to mandatory training and were allocated protected time for this.

People received support from staff that reflected on their working practices and strove for improvement. We looked at the supervision records and found that actions were taken to improve staff's practice, based on established guidelines. Supervisions were individual to staff roles and responsibilities, as well as the people they supported. For example, a supervision had been used to discuss a more robust system of observations on a person's hip during certain types of care. We saw supervisions had also been used to assess staff competencies in specific areas such as the use of cardiopulmonary resuscitation (CPR) and moving and handling techniques.

People were not deprived of their liberty unlawfully. We looked at the best interests assessment that had been completed and authorised for one person as part of an application for a Deprivation of Liberty Safeguards (DoLS) authorisation and Mental Capacity 2005 [MCA] process. We saw the application was based on established legislation guidance and had involved appropriate multidisciplinary professionals, including a social worker and psychologist.

People's consent was sought prior to care being delivered. People told us they made decisions about the care being provided. Throughout the inspection we observed staff seeking people's consent, for example staff asked people if they wanted support with their meals and drinks. Staff gave people sufficient time to a decision and where consent was not given, staff were respectful of this.

The home had two physiotherapists based there permanently and a dedicated gym. We spoke with one physiotherapist who told us the relationship between their team and the nursing staff was very positive and meant people received safe and individualised care in relation to their specific condition(s). For example, before a person came to stay in the home, a physiotherapist and a nurse would visit them in hospital or at home and talk with them about the type of care and treatment they needed. This included open discussions with their relatives and a review of their assessed clinical needs as well as liaison with the clinical commissioning group.

People were given access to sufficient amounts of nutritious food and drink throughout the day. One person told us, "The food is always good and I can tell the staff if I do not like it". We found an innovative and persistent commitment to ensuring people's needs and tastes were met from the catering team. This included sourcing gluten free and culturally-appropriate foods but also involving people in how to make improvements. For example, one person had been assessed as being at risk of choking by a Speech and Language Therapy [SALT] practitioner, but they felt self-conscious being served pureed food. The kitchen manager had subsequently researched safe and appropriate alternatives and successfully provided the person's food minced instead of pureed.

People were supported to have meals in a relaxed and welcoming environment. We observed the lunch service on the ground floor of the home. We found people could eat at a pace to suit them and care staff and catering staff demonstrated an acute understanding of the needs of people. This included offering to assist with cutting up food, help with eating and social company during lunch. We observed staff offer people drinks during lunch and the kitchen manager asked each person individually if they were enjoying their meal. We saw people were relaxed and visibly happy around staff who knew them well and shared a sense of humour. Staff were able to adapt their level of support depending on the needs of the person, such as sitting by their side or standing in front of them to maintain eye contact while helping. Adapted cutlery and tables were available and used readily for people who needed them, enabling them to maintain their independence.

Good

Is the service caring?

Our findings

People received care and support from compassionate, kind and emphatic staff. People and relatives we complimentary about the care and support received from staff. One person told us, "The staff always have time to talk and listen to me". A relative told us, "All of the staff are lovely, genuinely caring people. The physiotherapists are particularly excellent". Throughout the inspection we observed staff interacting with people in a respectful and caring manner.

People's privacy and dignity was maintained. One person told us, they felt staff understood their need for privacy and balanced this with the dignity needed to provide them with personal care. They also told us, "The dignity and respect staff show isn't just for me, it's also for visitors. I have a good friend who can only visit at unusual times of day because of their work. Staff welcome them at these times and make them feel at home. This means they're treating me with respect in turn". Another relative told us, "The communication between staff and [person's] partner is excellent; he visits every morning and is treated with a lot of respect."

People's confidentiality was respected. Throughout the inspection we observed staff sharing information about people's needs without breaching their confidentiality. For example, staff would remain at the 'nurse's station' and speak in lowered voices to share information, ensuring they were not overheard. We also observed staff speaking to people in a manner that did not divulge their personal information to others in close proximity.

People's independence was encouraged wherever possible. Staff were aware of people's abilities and encouraged those that could do things for themselves to do so. For example at lunch time, we observed staff gently encouraging people to eat independently from staff. Specially adapted cutlery was available to people who could use it, so they did not require physical support from staff to eat their meals. This meant that people's sense of accomplishment and self-esteem was encouraged and nurtured.

People were given information from staff about what was happening at all times. Staff were observed information sharing with people in a manner they preferred. Staff used varying techniques to ensure information shared was understood, for example staff were observed sharing information in sentences with limited words and another example is staff who used humour to communicate. Staff were aware of the preferred communication methods of people and followed the guidelines as set out in their care plans.

Good

Is the service responsive?

Our findings

People received care and support that was person centred. At the time of the inspection the service was updating their care plans to in cooperate a new person-centred approach. Staff told us, "We take into account the needs of each individual, we know what the care plans say to make sure we are all working in the same way".
Care plans contained important information about people to aid staff in meeting their needs. For example, care plans contained people's history, information about people important to them, health care needs, diagnosis, likes and dislikes and medical information. Staff reviewed care plans regularly to reflect people's changing needs, for example changes to medicines or manual handling requirements. Where there was limited information suggesting people were involved in the development of their care plans, relatives and friends were encouraged to share their views with the service.

People had access to a programme of activities that met their physical and social needs. One person told us, "We go outside a lot in the nice weather. Staff make sure I'm safe when moving me out there and I also have use of the gym with a physiotherapist when I need it." Activities provided for people in the home included sensory exercises, one-to-one support with staff, arts and crafts, group cognition therapy, supported newspaper reading, music therapy and Wii sessions. Staff led activities enthusiastically and the home had access to external professionals who could facilitate specialist sessions, such as music therapy. A relative told us, "We've seen very good person-centred care here. Staff have looked at so many ways for [my relative] to have what they need. They take [them] into the garden in the nice weather because [they] like the flowers. A barbeque was available in the garden and catering staff told us this was well-used in the summer months, when people and their relatives were able to enjoy outdoor mealtimes.

Staff supported people to reduce risk of social isolation. People told us, "I enjoy being in my room, it is very tidy like a hotel, I know where the staff are if I need them. Staff are there when you need them but not in the way all the time." Staff were aware of the impact social isolation could have on people. Staff were respectful of people's choices to spend time alone, however would regularly check on people to ensure they weren't isolating themselves.

People were encouraged to make choices including, what time to get up, what they wanted to eat, what support they received and whether they wanted to participate in activities. Throughout the inspection we observed people making choices about the support they received, for example one staff asked a person if they wanted company or if they preferred spending time alone. The person was happy to have company and they spoke with staff about information in the newspaper.

People were encouraged to raise concerns and complaints. One person said they had previously had to make two minor complaints, both of which were resolved positively. They told us, "I know the managers, I'm happy to ask for help but the staff are all very responsive when you need them so I can just tell them if there's a problem." Another person told us, they were pleased the manager had acted so quickly when they had concerns about staff training. They said the extra training and support provided as a result had led to more appropriate care and a wider range of activities being available for them. Relatives told us they had

never needed to raise a concern but had been given a copy of the complaints procedure and understood how to use it. We looked at the complaints file and found all complaints raised were thoroughly investigated and if appropriate action taken to minimise the risk of further incidents.

Good

Is the service well-led?

Our findings

Staff spoke highly of the registered manager. One staff member told us, "[Registered manager] is a very good boss". Another staff told us, "We're listened to. Meetings are recorded and the manager follows everything up personally."

People told us the manager was available to them and felt she understood their needs clearly. One person told us, "The registered Manager is very understanding, she knows her staff well. She has a clear set of values and a vision for the service; and she shares that with us."

The registered manager operated an open door policy where people, their relatives and staff could access the manager for support and guidance. One staff member told us, "The working culture here is positive. If we need emotional support the manager is there for us". One manager told us, "I have a good team and I want to keep them. I look after them when they have a bad day and make sure they have what they need to do a good job". Throughout the inspection we observed the registered manager and all managers on the floor, supporting staff and giving guidance when required.

The registered manager had maintained and encouraged a warm and inviting atmosphere within the service, where staff felt comfortable raising their concerns. Staff told us there was an open reporting culture of accidents and they felt they were listened to when raising issues. This meant that incidents and concerns were acted upon swiftly and mitigated against further risks for people.

People received care and support from staff at Fairlie House who actively encouraged partnership working to ensure people's needs were met. Records reviewed showed staff liaised with health care professionals both in-house and in the local community for guidance and support. People were given access whenever appropriate to General Practitioners, Dentist's, psychologists, speech and language therapists and physiotherapists.

Staff carried out regular audits of the service to ensure the environment and service were managed effectively. Audits carried out covered all aspects of the service, for example we looked at audits relating to, food hygiene, care plans, fire safety, equipment maintenance and medicine safety. This meant that areas identified as potential risks were identified quickly and action taken to rectify the issues.

The registered manager carried out quality assurance questionnaires to gain feedback on the quality of care provided. We looked at the questionnaires from 2016 which had recently been sent to people, relatives and health care professionals and found people spoke highly of the service. The questionnaires asked people about all aspects of their care and support. Once completed questionnaires were returned the service then completed an analysis of the information and an action plan implemented to address any areas of concern raised.