Strathmore Care

Fairview House

Inspection report

14 Fairview Drive
Westcliff On Sea
Essex
SS0 0NY

Tel: 01702437555
Website: www.strathmorecare.com

Date of inspection visit:
14 March 2017
16 March 2017
27 March 2017
29 March 2017
30 March 2017

Date of publication:
02 May 2017

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Fairview House provides accommodation and personal care for up to 55 older people and older people living with dementia. At the time of inspection there were 50 people residing at Fairview House.

We carried out an unannounced comprehensive inspection of this service on the 26, 27, 31 October 2016 and 2 November 2016. Breaches of legal requirements were found across all areas of the service. We told the provider that they must meet specific legal requirements by 23 December 2016. We asked the provider to send us an action plan which outlined the actions they would take to make the necessary improvements. In response, the provider sent us their action plan detailing their actions needed to meet regulatory requirements and to achieve compliance with the fundamental standards.

We carried out an unannounced comprehensive inspection of this service on 14, 16, 27 and 30 March 2017 to confirm that they now met those legal requirements.

As part of our inspection we met with the provider and the Local Authority to facilitate discussions regarding concerns raised during the first days of the inspection. The concerns were surrounding the environment, how staff were deployed effectively around the environment, staffing levels and their consistency, lack of staff to provide meaningful activities, as well as the importance of staff and management retention. The provider was open to listening to our concerns and gave strong assurances that with the support of the new manager in post that service delivery will be improved to good in all areas.

Although the action plan provided to us by the provider was robust in response to the last inspection, it had not been effectively actioned in all areas since the last inspection. Immediate concerns had been rectified to ensure people were safe however other areas of improvement had not been actioned as the provider had prioritised the recruitment of an effective home manager and care supervisor to implement the improvements required at Fairview House. During this inspection the provider had assured us that action would be taken accordingly to respond to concerns that had been raised prior to the appointment of the home manager and care supervisor. We were assured that the provider and new management would work collaboratively to drive improvements.

Relatives and staff spoke of the improvements made since the last inspection in October 2016. Reports made specific reference to the improved supportive management at Fairview House. The staff morale and positive, open and inclusive culture had increased within the service. People, relatives and staff consistently reported that the management team were doing their utmost to make the required improvements to the service. People and staff also told us and we saw that the management team were visible and approachable.

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 requirements in the Health and Social Care Act 2008 and associated regulations about the service is run. At the time of the

inspection the home had not had a registered manager in post since June 2015. A care supervisor had been recruited in December 2016 and appointed to oversee Fairview House. There was a new home manager in post since the last inspection who had been appointed in January 2017.

Areas of improvement had been identified from the quality assurance report produced by the provider in December 2016. The newly appointed home manager confidently spoke of the improvements required and demonstrated new systems they had put in place to audit and monitor the service moving forward.

Staffing levels at the service had not been maintained above equated minimum levels since the last inspection. The environment appeared to have an obvious negative impact on the effectiveness of the deployment of staff across the service. The provider, at our meeting with them, advised that staffing levels and tools to determine staffing levels would be reviewed and the impact of the environment would be considered. Shortly after our last day of inspection the home manager confirmed that all dependency levels for people had been reviewed and that staffing levels were correct and that they continued to review the deployment of staff to ensure good care delivery at all times.

The home manager confirmed that they were working on ensuring suitable arrangements were implemented for all staff to receive regular formal supervision and an annual appraisal of their overall performance. However the atmosphere and morale of staff had much improved since our last inspection. Staff felt supported and optimistic about the new manager and their vision for the service. Staff told us and records confirmed that a range of training opportunities were available and provided to them.

The manager was already making changes to people's lives and activities and they were aware that further improvements were needed in the way the service and staff supported people to lead meaningful lives and to participate in social activities of their choice and ability, particularly for people living with dementia or who had complex care needs. Care and support provided by staff for people using the service was, at times, task and routine led and not as person centred as it should be.

People were supported to have enough to eat and drink, however increased supervision was required for some people at mealtimes. People were supported to maintain good health and have access to healthcare services as and when required.

Relatives and people confirmed they were not involved in the review and development of care plans. Improvements were required to ensure that people's care plan and risk assessment documentation was accurate and up-to-date. The provider had intentions to implement electronic care plan systems, however the date of implementation is not yet known.

Whilst medication practices and procedures were generally safe, some improvements were still required. Immediate action had been taken to work with Southend Clinical Commissioning Group to achieve best practice management of medicines. We saw action plans were in place and being completed by the home manager and care supervisor. An electronic medicines management system was also being implemented in May 2017 to increase the robustness of medicines management.

The home manager had a good knowledge of the Deprivation of Liberty Safeguards [DoLS] and the key requirements of the Mental Capacity Act [2005]. They had made improvements to ensure particular decisions which had been made in people's best interests were recorded and evidence of Lasting Power of Attorney [LPA] arrangements were sought.

People were protected from abuse and avoidable harm and people living at the service confirmed they were

kept safe. Safe recruitment practices were in place and being followed. The complaints procedures had been managed and improved since the last inspection.

Staff knew the care needs of the people they supported and people told us that staff were kind and caring. People and those acting on their behalf told us that they were generally happy with the care and support provided by staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risk assessment information required improvement as some information was absent within care records. The home manager had actioned these improvements.

Although people's comments about staff levels were variable, the deployment of staff and/or staffing levels was observed to be ineffective to consistently meet people's needs. However, the provider actioned the reassessment of tools used to determine correct staffing levels and the home manager assured that the environment would be considered regularly when equating and deploying staff effectively.

Improvements were being applied in relation to medicines management with support and collaboration from Southend Clinical Commissioning Group.

Suitable arrangements were in place to protect people from abuse and avoidable harm. Safe recruitment practices were in place.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff felt supported and arrangements were in place to improve regular formal supervision and appraisals.

Staff's awareness of people's dietary requirements had improved however mealtimes were chaotic and not everyone was supported effectively throughout mealtimes.

The environment did not allow staff to monitor people effectively and posed risks. Developments to the environment were required to promote people's independence.

Staff understood the importance of offering people choice and supported people to make decisions.

Is the service caring?

Good

The service was caring.

Progression was being made to promote inclusion from individuals regarding their own care, support and treatment.

People told us they were treated with care and kindness and received appropriate care and support.

Staff respected people's dignity and privacy.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Improvements were required to ensure that all people living at the service received meaningful activities to meet their needs.

Some people's care plans were not as fully reflective or accurate of people's care needs as they should be.

Appropriate arrangements are in place for people to give their views and to raise concerns or complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Improvements were noted at this inspection, specifically with regard to the leadership and positive culture being developed. However increased positive provider oversight was required and retention of management was identified to be crucial for the improvement of Fairview House

Fairview 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 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.

Before our inspection we reviewed information we held about the service including safeguarding alerts and other statutory notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

This inspection took place on 14, 16, 29 and 30 March 2017 and was unannounced. On the 14 March 2017, two inspectors were accompanied by a member of the Care Quality Commission's medicines team. Their role was to specifically look at how information within medication administration records and care records for people living at the service supported the safe handling of their medicines and to observe staff administration practices. An 'expert by experience' was also part of our inspection team on the 14 March 2017. An 'expert-by-experience' is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise related to caring for older people and people living with dementia. On the 16 March 2017, two inspectors were accompanied by a specialist advisor of dementia. Their role was to specifically look at how the environment and the staff supported people living with dementia. On 29 March 2017 a meeting was held with the provider and on 30 March 2017 one inspector carried out the inspection.

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. Several people were unable to communicate with us verbally to tell us about the quality of the service provided and how they were cared for by staff. Therefore on 27 March 2017 we spoke with relatives of people who use the service as part of our ongoing inspection.

We spoke with seven people who used the service, 13 relatives, 10 members of staff, two district nurses, two social workers, an advocate, the care supervisor, the home manager, the provider and three members of their senior management team.

We reviewed in total 10 people's care plans and care records. We looked at the service's staff support records for four members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Requires Improvement

Is the service safe?

Our findings

At our last inspection to the service in October 2016, we found that risks to people and staff were not appropriately managed or mitigated so as to ensure safety and wellbeing of all. Staffing levels were not adequate during inspection and management of medicines was not always safe. The provider sent us action plans in response to a letter requesting urgent action. The Commission requested a further meeting with the provider on the 9 November 2016 to gain assurances that findings from the inspection were continuing to being addressed. At this inspection although progress had been made, further improvements were still required.

At the last inspection the provider did answer our concerns over inadequate staffing levels and provided documentation to evidence how levels were determined based upon the dependency needs of people. However, we were not assured that the environment of the service or special assistance such as, challenging behaviour or moving and handling was taken into account adequately.

During this inspection the ground, first and second floors were being used to accommodate people. There were also communal gardens, three main communal lounges and a large dining area people chose to use. As in the last inspection we saw challenges with regard to the deployment of staff in relation to the layout of the building. The layout of the communal areas did not allow staff clear visibility of all areas even though they were in the same vicinity. For example, we observed that one person had fallen out of their chair in a communal area while four members of staff, in close proximity, were unable to see the incident due to their positioning in the dining area. During our meeting with the provider they assured us and demonstrated that the environment had been taken into account when determining staffing levels. They confirmed that they would evaluate all dependency levels for people again and ensure the effective deployment of staff. The person that fell was not injured.

We had received anonymous concerns before the inspection that staffing levels frequently dropped below what had been considered by the provider to be minimal staffing levels. We looked at rotas between the dates of 30 January 2017 and 19 February 2017 which revealed out of 63 shifts, 30 had dropped below what was considered to be minimal staffing levels. On the first day of inspection the morning shift was fully staffed however the afternoon shift dropped below what was considered to be minimal staffing levels. One care worker told us, "If someone becomes distressed or needs some form of one to one attention to keep them safe, we [staff] can find ourselves torn between trying to give that person the attention they need while at the same time ensuring that other people stay safe, it is stressful." Nevertheless, on the days of inspection we saw that people who pulled their call bells were responded to in good time. Additionally, the provider and home manager responded to concerns we raised in February 2017 and staffing levels had improved at Fairview House. We were told by the home manager, care supervisor and staff that agency staff were rarely used. The care supervisor told us that they had daily oversight of staffing levels across the provider's sister services and were able to cross share staff where required, which provided consistency and familiarity for people and staff. The provider also stressed during inspection that the use of agency staff would be promoted and used to maintain staffing levels when required.

People and relatives views about staffing levels were variable. One relative told us, "There's always someone around if you need them [staff]." Another relative told us, "Staff are good but they are often short staffed, it's my biggest bugbear, sometimes [person's name] has to wait 20 minutes to go to the toilet as they need to be hoisted." We saw three people throughout the inspection started to get undressed in communal areas, staff supported people to the toilet in response. On one occasion a relative intervened due to lack of staff available to assist. The home manager had identified concerns regarding staffing levels which we saw from staff meeting minutes, had been discussed with the workforce. Staff had expressed that they felt more staff were needed during day and night shifts. One care worker said, 'Two more staff during the day would allow for two staff members to assist in the main lounges all day and provide assistance to each other to help residents that require two staff instead of the resident waiting for another carer to come to the lounges.' The home manager and care supervisor told us that the process to recruit additional staff was underway.

As part of the inspection, we held a meeting with the provider on the 29 March 2017 to discuss continuity of staffing levels and the dependency tools used to establish minimum staffing levels. The meeting concluded that people's individual dependency needs would be reviewed by the care supervisor, home manager, a manager of a sister service and the provider to ensure that dependency levels were accurately reflective of people's individual needs. In turn the accurate dependency levels would effectively equate sufficient staffing levels. The home manager assured us how going forward dependency levels and associated staffing levels would be monitored closely and altered in response to people's changing needs.

In unison the provider told us that in addition to the review of dependency and subsequent increase of staffing levels, if required, there were no embargos in place regarding the use of agency staff and promoted the utilisation of agency staff when required. The provider and home manager also agreed that ancillary staff would be used creatively within Fairview House to support people and other staff members when needed.

The outcome of the provider meeting was positive and the provider and management of Fairview House understood that the layout of the environment and people's dependency levels required further consideration when determining staffing levels. We judged however that more time was required to demonstrate the improvement and sustainability of the appropriate arrangements being put in place to ensure sufficient numbers of staff to keep people safe and respond to their changing needs and circumstances.

Shortly after our last day of inspection the home manager confirmed that all dependency levels for people had been reviewed and that staffing levels were correct and that they continued to review the deployment of staff to ensure good care delivery at all times.

Risk assessments in people's care records were variable. For example we saw moving and handling assessments were in place which documented the size and type of sling which was suitable for the individual. However we saw three people's care records were incomplete and risk assessments lacked detail on how people were to be supported to minimise or prevent risks. For example one person's pre assessment documentation detailed that they had moved to Fairview House due to deterioration and lack of adequate nutrition. Staff we spoke with had good knowledge of the person, what risks there may be to their health and we saw staff meeting their requirements. We spoke with the person's relative who was extremely happy with the service being provided by staff and told us, "We really thought we were going to lose [person's name], but they [staff] have made a real difference. She's eating well now." However improvements were needed to how their support of the person was recorded. The home manager told us that they had identified the requirement to improve risk assessment documentation and had begun the process of reviewing and updating individual risk assessments with senior care workers.

Environmental risks, for example, those relating to the service's fire arrangements were in place and this included specific information relating to their individual Personal Emergency Evacuation Plans (PEEP).

People and relatives consistently told us they were happy with how medicines were administered. One relative told us, "I feel confident [person's name] is getting their medications on time and their needs are met every day." A member of the Commission's medicines team saw that people received their medicines following safe procedures and records showed that senior care workers were trained to administer medicines and their competency had been checked since the last inspection. However, some discrepancies in the management of medicines were identified. For example, we saw that when a new resident arrived, a hand written medicines administration record (MAR) was produced. These records were not always checked and signed by a second member of staff for confirmation, in line with national guidance. Also, we saw that two people were prescribed eye drops, MAR's were signed every day to say drops had been administered, but there was no date on the packs to show when they had been opened. Therefore these medicines may have been no longer safe to use.

The provider had a medicines policy but it was not being followed in practice. For example the policy stated that 10% of the MAR's should be audited each week. We saw that audits were carried out regularly but only one or two records each week, not 10%. Also the audits had not been effective in identifying problems that were identified during the inspection.

On the second day of inspection, after concerns had been raised to the home manager about medicine management, the care manager met with the Southend Clinical Commissioning Group (CCG). We saw that the care manager was working collaboratively with the CCG and local authorities to actively implement systems and processes to improve medication management imminently at Fairview House. The care supervisor also told us that implementation of an electronic medication management system had begun at a sister service and was due to be implemented at Fairview House in May 2017. The benefits would be to significantly reduce human error and provide increased oversight and effective auditing tools for management. However the home manager showed us how they were confidently making improvements to the management of medicines in the interim period, in accordance with health professionals and their knowledge of national guidance.

At this inspection we found the same good level of awareness from staff with regard to safeguarding issues as at the previous inspection. During this inspection the registered manager shared information with the CQC regarding a serious safeguarding concern that had been escalated by staff to management immediately. Appropriate authorities had been contacted in line with the service policy. The information shared with CQC indicated that risk was responded to and managed effectively. People reported to us that they felt safe living at Fairview House. Relatives also told us that they felt their relatives were safe at Fairview House. One relative told us, "I know [person's name] is still safe there, they [staff] give a good service, and yes, I feel they're safe." Another said, "[Person's name] is definitely safe there, they [staff] made sure [person's name] has everything they need." One person we spoke with was content in their bedroom and told us they felt very safe at Fairview House and how they felt all their own belongings were safe also.

There were arrangements in place to help protect people from the risk of financial abuse. Staff supported people with their finances, all receipts were kept and these were regularly audited by the home manager to ensure there were not any irregularities.

At this inspection we found that effective systems remained in place for safe staff recruitment. This recruitment procedure included processing applications and conducting employment interviews. Staff files we looked at contained adequate recruitment documentation. Relevant checks were carried out before a

new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). Staff we spoke with told us they had interviews and supplied all the relevant documents before starting work at the service. The care supervisor and home manager told us that the recruitment of staff was underway and new recruits were interviewed at Fairview House to allow management to carry out effective assessment of suitability.

Requires Improvement

Is the service effective?

Our findings

At our last inspection to the service in October 2016, we found that staff did not receive regular supervision or an appraisal of their overall performance. Although staff had received training some care workers' knowledge was not robust in order for them to apply it to their duties effectively. People's nutritional needs were not always met in a way personal to them or in a way that would ensure their safety and wellbeing. The environment required improvements to aid people's individual needs, particularly regarding dementia. At this inspection although progress had been made, further improvements were still required.

At this inspection staff consistently told us that they felt supported by the newly appointed home manager and were able to approach them with ease regarding any concerns. However, formal supervisions and appraisals had not been completed for staff and this remained outstanding from our previous inspections. One care worker told us that they had not received any formal supervision or performance feedback since their probation. The home manager advised us that they were aware regular formal supervision had not been completed prior to their joining Fairview House in January 2017 and recognised the need to prioritise formal supervisions. They told us, "I will be undertaking formal supervisions, 121 meetings and competency checks bimonthly as well addressing any concerns as they arise with staff. It has been necessary to prioritise correctly during the first few months I have been here and the people have to be put first. I have an open door policy for my staff and informal supervisions are carried out daily which will continue even after formal supervisions are completed." We were confident that the home manager recognised the importance of supervision and assured that supervisions would be completed as soon as practicably possible.

Staff told us they received an effective formal induction to understand their role and responsibilities. This included an induction of the premises and training in key areas appropriate to the needs of the people they supported. One care worker told us "I have been on my induction for three days and my role is to mainly shadow the trained carers. I am looking forward to my training."

Training records showed and staff told us that they had received training to meet the needs of the people they supported, through 'in-house' or via the Local Authority. The training matrix detailed that the majority of training was undertaken every three years and staff repeatedly expressed an openness to receive more training. Two members of staff reported that they also applied their personal knowledge and experiences of dementia to meet people's needs. One member of staff told us how they had researched dementia themselves and said, "I'd always welcome more training." Another said, "I would somehow like to be in their shoes to experience life from their perspective." The care supervisor informed us that all staff were being supported to further their professional development by completing National Vocational Qualifications. The home manager also advised us that new recruits were undertaking the Care Certificate; an industry recognised set of minimum standards to be included as part of the induction training of new care staff. We saw upcoming training events included; fire training, pressure and ulcer care, speech and language therapy guidelines, dementia and challenging behaviour. Since our inspection we have received confirmation that all staff would be receiving the training experience from Essex County Council with age simulation GERT suits. GERT suit training provides younger people a greater understanding of an elderly person's behaviour by wearing a suit that actively simulates impairments in sensory and motor skills. For example staff will have

the opportunity to experience narrowing of the visual field, hearing loss, head mobility restrictions, reduced co-ordination skills, joint stiffness and reduced grip ability to name a few impairments. This training provides an excellent opportunity for staff to really understand how to better support people with dementia and other conditions.

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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The home manager had very good understanding of the principles and practice of the MCA and DoLS. Mental capacity assessments had been completed where appropriate. However, the home manager spoke of the most recent documentation to record the assessment of people's capacity, where appropriate and subsequent best interest decisions. This documentation would be used at Fairview House going forward.

Staff were fully aware of how to support people to make choices for themselves with day to day activities. We saw people being offered choice throughout the inspection. Appropriate applications had been made to the local authority for DoLS assessments. The home manager had made certain they knew who had been appointed a Lasting Power of Attorney for people to ensure that decisions were made in people's best interests by the correct persons. The home manager also explained that they had reviewed appropriateness of bed rails for each individual living at Fairview House with district nurses, made changes accordingly and used the review as an opportunity to educate staff further in the subject of DoLS. We were confident consent to care and treatment was sought in line with legislation, guidance and strong oversight from the home manager.

During the last inspection immediate concerns about the kitchen staff's knowledge of people's dietary requirements were raised to the acting manager and provider. Concerns were addressed immediately to ensure nutrition was provided safely. During this inspection awareness of people's dietary requirements by the kitchen staff had considerably improved. People told us and we saw that other options were provided to people if they so wished. The home manager monitored people's weight, where consent was received and records showed people were maintaining or gaining weight suitably. It was also encouraging to see jugs of water and juices were available at various stations around Fairview House within the reach of people. We also saw staff frequently topping up people's cups, to ensure they remained hydrated.

However, people reported mixed views about the food provided at mealtimes. One person told us, "I would like poached egg, not porridge and toast all the time." Another person said, "The food is nice, I like it." One relative told us how it would be nice for their relative to sit and eat in the dining room more often. We saw meal times throughout the inspection to be chaotic and varied. For example, we saw staff busy and task orientated when supporting people who required extra assistance, cutting up food for easier management whilst two people living with dementia were taking food and eating from other people's plates unnoticed, due to the environmental layout. The daily food choices were displayed on a menu board, which means little to some people living with dementia. Although we saw some people offered a choice of two dishes there were no picture cards in use to help people choose their dishes as advised by our specialist advisor of dementia. Chaotic mealtimes appeared to be due to the deployment of and/or lack of staff to support

everyone effectively through mealtimes. The home manager told us their plans to make mealtimes more enjoyable for all by changing the environment, making it a visually appealing dining area would facilitate a dining experience and allow for better supervision and observation to be carried out by staff.

During this inspection our specialist advisor raised concerns to the home manager regarding the environment. For example, improvements were required to the security of the premises and the high risk of falls due to uneven grounds in the communal garden. The home manager told us the garden was in the process of planning development and in the meantime they felt it was important that people were able to use the garden areas when they wished. The home manager ensured that people were supervised in the garden appropriately. During the inspection we saw people enjoying themselves, sitting in the sun in the garden. Two members of staff were appropriately supporting people and erecting a shade to shelter people outside. We also saw that since the last inspection one person's bedroom had been refreshed with paint and the home manager had begun to adapt the environment for people living with dementia. For example, people's doors to their rooms had their names clearly and boldly displayed with a picture of their choice with a memory of something or someone from their past. One person showed us to their room, pointed to their door and told us, "Look this is my room, I love Mars bars." The home manager told us their vision was to make the environment more homely and spoke of specific ways of how the environment could enhance people's entire wellbeing.

People and relatives told us that healthcare needs were well managed. Staff were aware of one person's need to see a dentist. We saw that the person had received the required treatment and their family had been consulted. One relative told us, "They will always call me if [person's name] has seen the doctor; they are very good like that." Staff were confident regarding contacting healthcare professionals when required. We spoke with district nurses who had no concerns visiting Fairview House and felt staff were competent. The home manager had a good understanding of individuals' health needs despite having only just been appointed, which provided assurances that oversight was in place.

Good

Is the service caring?

Our findings

At our last inspection to the service in October 2016, we found that although people and relatives reported kind natures of staff not all care provided was seen to be person centred and caring. People were not consistently treated with dignity and respect and staff were not always mindful of people's privacy. At this inspection progress had been made and we found caring to be Good.

People repeatedly told us they were satisfied and happy with the staff who were providing care and support. People told us that staff at the service were kind, patient and caring. One person told us, "There's not one person working here that doesn't smile and they always make a lovely cup of tea." A second person stated, "The staff are very caring." A third person told us, "The carers are lovely here, I think they know what they are doing and I'm happy here." Relatives spoken with confirmed they were happy with the care and support provided for their member of family. One relative told us, "[Person's name] is so happy here, all the staff are really nice, I have no complaints." Another expressed, "There have been changes in staff, but [relative's name] is still being cared for well and it's a good service."

Staff understood people's care needs. A district nurse told us, "The carers are lovely and the new manager is very good, when we come they [home manager] pair us up with one of the carers so we can educate on pressure sores and it puts people at ease because staff know each person really well here." All the staff that we spoke with felt that the care and support provided to people was good and they were able to meet people's needs to a good standard. We saw that staff appeared very caring and helpful. For example we saw one staff member, who while comforting a distressed patient was gently stroking her hair in a soothing caring way. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear clothes they liked, that suited their individual needs and were colour co-ordinated. We were assured that positive and caring relationships had been developed between staff and people using the service.

During the last inspection we had concerns regarding staff knowledge and the culture within the service in relation to providing people with dignified care and respecting them as individuals. During this inspection we were satisfied that people's privacy was being respected and that the home manager and care supervisor who had been recruited since the last inspection strongly promoted person centred care. Staff we spoke with were able to communicate what dignity meant to them, for example, knocking on people's doors, keeping the door closed when providing personal care and using the curtain stand to provide privacy when required in communal areas. Observations showed staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual.

The home manager had recognised that more could be done to gain views from people and relatives to promote their involvement when making decisions about their own care, treatment and support. People and relatives told us they did not have regular meetings to discuss care and support provided, however were satisfied that they were kept involved when the need arose. One person told us, "They [staff] will always call when they need to." We saw that the home manager had begun implementing ways to promote hearing people's views. For example we saw posters around the home advertising a relative's meeting which the

home manager advised would become a regular occurrence. Although in the last inspection we found relatives had requested these meetings they had only come to fruition since the appointment of the new home manager.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Staff told us that people's friends and family were welcome at all times. Relatives confirmed that there were no restrictions when they visited and that they were always made to feel welcome. One relative told us, "I can visit whenever I want; I come very regularly and always feel welcome."

People's preferences and choices for their end of life care were not clearly recorded, communicated and kept under review. Although no-one at Fairview House was deemed as requiring end of life care the home manager was aware of Preferred Priorities of Care (PPC). They advised that people's care records would be updated, with inclusion of people and appropriate persons to include detail to guide staff in relation to planning and delivery for end of life care such as how they wished to be cared for, as well as family/carer involvement.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection to the service in October 2016, we found that people's care plans were not sufficiently detailed or accurate to include all of a person's care needs or the care and support to be delivered by staff. People were not always engaged in meaningful activities or supported to pursue pastimes that interested them. Complainants were not responded to adequately with regard to concerns and complaints raised. At this inspection although progress had been made, further improvements were still required.

During this inspection we saw that the home manager completed thorough pre assessment documentation prior to people coming to Fairview House. One relative told us, "[Home manager's name] came to visit us at the hospital and we discussed the needs of [person's name]." Another relative told us, "We had a fantastic reception when we first arrived and before that we had a meeting to talk about everything we all need."

Although people had received a thorough pre assessment from the home manager we saw the information had not been transferred to care plans for staff to refer to, for three people. One person's pre assessment detailed how they required finger food due to their dementia however there was no reference to their needs within their care plan. One care worker told us, "Care plans can take an hour and a half of your day because you have to stop several times to attend to someone in need and then restart when you've helped them. There's 50 people here, that's a lot of care plans to write." People and relatives repeatedly told us that they were not aware of care plans and did not contribute to the review of their care plans. Although one person told us, "I don't discuss any care plan but the care they give me is good so I'm not bothered." A relative told us, "I'd like to be more involved with the care plan for [relative's name]." One relative we spoke to was unsure exactly what support the staff provided their relative. We saw documentation that a social worker had requested clearer care planning around one person's dietary needs.

The home manager showed us that they had begun auditing care plans to identify what was missing, what needed updating and improving. They were working with senior care staff, people and those involved with people's care, such as family members, to improve the quality of the care plans, although advised us that to complete the process of updating care plans properly would take some months. The home manager had also taken immediate action to review people's individual needs and involve health professionals and appropriate persons to assess whether Fairview House was still adequately meeting their needs. Where required, appropriate action was taken for the best interests of people. A social worker reported to us that four annual reviews had recently taken place with people from Fairview House and their relatives which revealed that they were very pleased with the support being provided from staff. One person on an interim placement had wished to remain at Fairview House. The social worker also stated that during visits the environment was always clean, staff were always co-operative and the home manager was always present during reviews and receptive to feedback.

We also identified that information was not recorded consistently or to aid ease of reference. For example, appointments with health professionals were not always recorded on the designated documentation within people's individual care file. Staff told us they could also be recorded in the communication book or daily notes within OCRB's. OCRB's were regularly archived making it difficult for staff to reference back to required

information when needed urgently.

Lack of consistency when recording information had resulted in duplication, wasted time and discrepancies. For example, we saw OCRB's recorded food and fluid intake incorrectly. We observed one person taking food from another person's plate at mealtime and minimal amounts from their own plate. The food chart in their OCRB for that mealtime recorded that they had consumed three quarters of their lunch. One member of staff told us, "We have to remember what everyone has eaten for breakfast and lunch until we have time to record it; sometimes it's hard to remember." Another care worker told us, "There is a lot of duplication in records and it's hard to keep records up to date as there's so much paperwork to complete as well as helping people. We always put the care of people first so I suppose that's why paperwork has slipped." We saw that OCRB's did not effectively record the amount of fluid people were drinking as staff recorded information differently. Nevertheless monthly and weekly weight records showed that people were maintaining or gaining weight suitably. One relative told us how their family member's eating habits had improved drastically since living at Fairview House. Another relative explained how one person's recurrent infections had ceased since living at Fairview House.

During the inspection we spoke with the provider who agreed that care plans did not contain required detailed information for individuals and that OCRB's were not being used to record people's information accurately. They advised that it may not be necessary for all elements of the OCRB's to be used for all individuals and should only be brought into use when required; thereby freeing up some time for staff to aid a person centred approach. The provider confirmed that changes had also been made to the OCRBs to make them less onerous. The provider advised that plans were underway to implement computerised care plans into Fairview House; however definitive dates as to when this would be implemented could not be given. The care supervisor advised us that electronic care plans would help alleviate the duplications of documentation and thereby increase the fluidity of the care plans and the reduction of the manual entries. The home manager and care supervisor had previous experience of working with electronic care plans and were confident in their ability to introduce the system effectively with the involvement of people and other appropriate persons.

Although we saw that staff were attentive to people's individual needs when they had time the majority of interactions between staff and people were task-led and routine-led. For example, we saw one care worker take away someone's breakfast tray out of their room with minimal dialogue to the person, as their goal was clearly to get the tray away and move on as fast as possible in order to not be delayed with other tasks required. People confirmed that staff did not sit and talk with them for significant periods of time as they did not have the time and were always rushing around. Two people complained of the continual banging of the doors on the first floor due to staff activity. One person told us, "There's no consideration, the doors slam not caring if people have a headache or not feeling well."

We saw people spent their days in their rooms and/or in communal areas. During the inspection it was apparent that the people in communal areas were predominantly living with dementia and those people in their rooms had increased mental capacity. Two people told us how they chose to remain in their rooms rather than spend time in communal areas with people living with dementia. One person explained further that they had experienced a person living with dementia wander into their room whilst they were sleeping and although they showed understanding of the situation, they voiced that others might not be and could result in conflict. We spoke to one person in the lift who told us, "I'm going back to my room; the only thing that bothers me here is people pulling their trousers down in the lounge." We observed during the inspection that three people had begun to get undressed in communal areas. Additionally we saw that in the incident book and challenging behaviour charts that people with dementia had shown aggression to members of staff and other people repeatedly. Our specialist advisor for dementia reported that a good

weekly activity programme was missing with stimulating, engaging programmes scheduled for different days of the week. Many residents were just sitting around doing nothing and waiting for time to pass without any activity. Although people who were more able told us they liked to read, do puzzles and watch television in their room; they and their relatives reported that there were not enough activities at Fairview House. One person replied, "Nothing" when we asked them what they usually do in the day.

The provider advised that they had attempted to recruit a dedicated activities co-ordinator without success. However, the home manager and care supervisor advised during the inspection that further interviews had taken place and the recruitment of an activities co-ordinator was viewed as a priority. We saw that the home manager was organising events such as St Patricks Day and Mother's Day celebrations for which people had been encouraged and supported to make arts and crafts, despite limited staff resources.

Despite the changes planned the shortfalls was a breach of regulation 9 of the Health and Social Care Act 2008 (regulated activities) regulations 2014.

Some people's independence was promoted and encouraged where appropriate and according to their abilities. For example one person told us, "I phoned my surgery this morning to order a repeat prescription." We saw that they were having blood tests regularly as required. Staff had considered and recorded the risks around this.

During the last inspection we were concerned that concerns and complaints raised were not viewed as an opportunity to learn or improve and not consistently recorded. During this inspection we had seen improvements had been made. Complaints were responded to professionally and in a timely manner. The home manager had created a complaints log to aid analysis in the future and drive improvements. Information on how to make a complaint was available for people to access. People spoken with knew how to make a complaint and who to complain to. People and their relatives repeatedly told us that they did not have any complaints but if they had any worries or concerns they would discuss these with the home manager and staff on duty. A relative told us, "I don't have any complaints, I'm very happy with the service."

Compliments were also recorded and displayed in the staff room. We saw that a family member had sent a letter to management acknowledging that they felt the care provided to their relative living in Fairview House was brilliant. There were also numerous thank you cards to staff from relatives on display.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection to the service in October 2016, we found a lack of leadership and managerial oversight of the service as a whole. The provider's oversight and systems to check the quality and safety of the service were poor and risks that we found had not been identified. People and their relatives were provided with limited opportunities to be involved in service improvements. When feedback from people was gained the service had not consistently responded adequately to concerns. At this inspection although progress had been made, further improvements were still required and the new manager needed to complete their registration with the Commission.

Since the last inspection the provider had successfully recruited a care supervisor to gain oversight across Fairview House and sister services. At Fairview House a home manager had also been recruited in January 2017. It was extremely encouraging to see that despite the short time frame the home manager and care supervisor had been in post, positive developments had occurred.

The home manager had promoted a positive culture that was person centred, open, inclusive and empowering. They told us, "People that live here have worked hard all their lives, their lives are valuable and I will make absolutely certain they are looked after safely and happily." The home manager valued inclusion and had implemented ways of gaining views. We saw that a date had been set for relative's meetings to commence and staff meetings had begun. A relative told us, "Anything we need [home manager's name] tries to sort it out for us." A care worker told us, "We are having staff meetings now where we can raise openly any work related issues and seek answers for any problems or situations. The minutes for these meetings are placed up on the noticeboard for anyone who missed the meeting to be informed."

Staff told us that communication between staff about people had improved greatly. A communication book was used at handover time so that seniors could pass on important information to the staff on the next shift and could be referred to when necessary. The home manager also had good knowledge of individuals and ensured staff were updated accordingly. One relative told us, "[Home manager's] name is very approachable if we have any concerns." Throughout the inspection we saw numerous people, staff, relatives and professionals approach the home manager with ease, who responded to all professionally. We were assured that communication within Fairview House had improved and a positive culture had been formed since the appointment of the home manager.

Good management and leadership were present within the service. The home manager explained to us that they had identified areas for improvement at Fairview House and were aware that the manual recording and maintenance of accurate documentation of people's care and support was a priority until electronic care plans were implemented. Furthermore the home manager had begun to implement auditing systems such as, a falls register, accident and incident logs, complaints log, care plan audits, and reviews of people's dependency to assess appropriate staffing levels. The home manager and care supervisor expressed that these systems would increase managerial oversight and enable analysis to drive improvements. The home manager also explained that the environment needed to be considered when deploying staff effectively and that they intended to steer away from task driven duties and would provide training to help staff become

more aware of their surroundings.

An advocate told us, "I have to say [home manager's name] enthusiasm and eagerness to ensure their residents get the best out of Fairview House with, from my understanding, limited resources is not only infectious but wonderful to see. I am looking forward to working in partnership with [home manager's name] over the coming months to help bring the community into Fairview and build support for her, her team and her residents."

Since the last inspection staff morale appeared to have increased considerably. Staff repeatedly told us what a difference the home manager had made at Fairview House. One care worker told us, "[Home manager's name] has done so much for this place in the three months since they've been here. They guide us." In response to asking how they are supported by management another care worker said, "Since [home manager's name] has been here I have felt more supported. They are brilliant." Another care worker told us, "Since [home manager's name] started everything is much better and improved so much, they are supporting me to do my NVQ level 3." Staff appeared happier and consistently reported to us that they felt well led.

During the last inspection we had not been assured that the provider had effective systems in place to ensure consistent high quality care and clear oversight in the absence of effective management. Although we were provided with action plans from the provider as a result of the last inspection we found that these action plans had not been used to drive improvements prior to the recruitment of the home manager and care supervisor. Historically Fairview House had been without a registered manager since June 2015 and staff had not been led by effective management as we found significant concerns during the last inspection.

We found at this inspection the provider had recruited effective management. We were assured by the evident improvements made to the culture at Fairview House by proactive leadership now in place. The home manager had begun to address improvements that had been identified within the provider's quality report produced by their project manager in December 2016. Such as, people wanted more activities, residents meetings and involvement in the development and review of care plans. We were assured that developments at Fairview House were positively evolving and effective systems were embedding since the recruitment of the home manager and care supervisor.

However we held a meeting with the provider on 29 March 2017 where we raised concerns about retention of management within their services and the need to support and utilise the skills of the current management they have recruited at Fairview House and work collaboratively together. In turn increasing greater provider oversight to ensure high quality care would be delivered consistently. The retention of the home manager and care supervisor was pivotal in the progressive development we saw at Fairview House.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care A lack of meaningful and person centred activities placed people's wellbeing and health at risk.