Fairfield Care (West Dorset) Limited

Fairfield House

Inspection report

41 Putton Lane
Chickerell
Dorset
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Tel: 01305779933

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24 April 2019

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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

About the service:
Fairfield House is a nursing home. The care home accommodates up to 16 people. There were 16 people living at the home at the time of our inspection. The home is a detached building with rooms arranged over two floors and a ground floor lounge and dining area. There is lift access to the first floor. People are able to access secure outside space at the home. The majority of people living at the service had dementia or mental health diagnoses. Most people were unable to speak with us to tell us about living at the home, so we gathered this information from relatives and through observation.

People's experience of using this service:
People felt safe and happy living at Fairfield House. Staff understood how to keep people safe from harm or abuse and understood their responsibility to raise concerns if they were to witness poor or abusive practice.

People were supported by staff who demonstrated a good understanding of how to meet their individual needs and preferences. People's desired outcomes were known, and staff worked alongside people, health and social care professionals and, where appropriate, their relatives to help them achieve these. People and relatives expressed confidence in the skills and competence of staff at the home.

People were supported and encouraged to maintain contact with those important to them including family, friends and other people living at the home. Staff interacted with people in a kind and caring way with respectful language used at all times. Staff had got to know people well which supported mutually beneficial interactions and responsive care.

The new registered manager of the home had settled in well and, with the owner, had helped develop a cohesive and happy staff team. People, relatives and staff spoke positively about the way the management had improved the atmosphere of the home and the service people received. People and their relatives felt consulted and involved.

Improved auditing had provided greater managerial oversight. This helped ensure that practice standards were maintained and improved. Good working relationships with health and social professionals were helping to keep people living well.

Rating at last inspection:
At our last inspection we rated the home Requires Improvement (published 17/05/2018) as we found shortfalls in quality assurance, mental capacity assessments, systems used to monitor role specific training and the language staff used when talking about and interacting with people.

At this inspection we found the shortfalls had been addressed and the rating had improved.

Why we inspected:

This inspection was a scheduled inspection based on the previous rating.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Fairfield House

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by one adult social care inspector.

Service and service type:
The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
This was a planned inspection and was unannounced. The inspection took place on 23 and 24 April 2019.

What we did:
Before the inspection the provider completed a Provider Information Return (PIR). 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 reviewed notifications the service had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We also spoke with the local authority safeguarding and quality monitoring team to obtain their views about the service. We used all this information to plan our inspection.

We spoke with four people and three relatives. We also spoke with the new registered manager, owner, seven care staff (including a senior carer and a registered mental health nurse), cook, facilities manager and

housekeeper / activity coordinator. We spoke with one healthcare professional during the site visit and one healthcare professional by telephone after the site visit.

We looked around the service and observed care practices throughout the inspection. We reviewed a range of records including five care plans, three staff files, training records and other information about the management of the service. This included accidents and incidents information, four Medicine Administration Records (MAR), mental capacity assessments, equipment checks and quality assurance audits.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

●People were supported by staff who knew how to keep people safe from harm or abuse. People who were able to speak with us told us they felt safe at the home. A relative said, "I'm confident [name] is safe there." Staff understood the signs that may indicate a person was experiencing harm or abuse and knew how to raise this both internally and externally. A staff member told us, "A person may display a change in mood, start self-neglecting or show distress."

●Staff told us they would feel confident whistleblowing if they observed poor practice. Staff said they felt confident they would be listened to and action taken if they raised concerns.

●There were effective systems and processes in place for reviewing and investigating safeguarding incidents. Incidents were used as an opportunity for reflection and learning.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

●People had personalised risk assessments to help reduce risks associated with things such as poor dietary intake, vulnerable skin and mobility. Care plans had been developed to help reduce these risks with this information known and available to staff. People had specialist equipment and treatment plans related to their identified risks. Equipment and plans were being used and followed in the way advised by healthcare professionals.

●General environmental risk assessments had been completed to help ensure the safety of the home and equipment. These assessments included: water temperature checks, cleanliness, window restrictors and safety of equipment.

●Risks to people from fire had been minimised. Fire systems and equipment were regularly checked and serviced. People had Personal Emergency Evacuation Plans (PEEP) which guided staff on how to help people to safety in an emergency.

●Staff recorded accidents and incidents appropriately. Body maps were completed appropriately and crossed referenced with incident and care plan records. The registered manager reviewed all incidents and accidents to investigate what had happened, determine the cause, identify potential trends and develop an action plan to help reduce the risk of a re-occurrence. Learning was shared at team meetings.

●Since the previous inspection the owner had installed eight cameras for people's security and well-being.

These were situated both outside the home and in communal areas. There were no cameras in private areas. The installation and operation of these cameras had been discussed with people who had capacity and staff. There was clear signage around the home to inform people, staff and visitors where the cameras were located. One relative told us, "I didn't have an objection to it. I feel it's an added bonus."

Staffing and recruitment

●There were enough staff to meet people's needs in a timely and flexible way. People told us that staff responded in good time when they requested help either verbally or using their call bell. Staff told us the rota was planned in a way that supported them to have meaningful interactions with people. A healthcare professional said, "It hasn't ever felt like a lack of staff. There have always been staff around." A relative said, "There always seems to be enough staff on." A healthcare professional stated, "There is a good ratio of staff to patients."

●The home had safe recruitment practices. Checks had taken place to reduce the risk that staff were unsuitable to support people. This included dated references from previous employers and criminal record checks.

Using medicines safely

●Medicines were managed safely. People received their medicines on time and as prescribed from staff that had received the relevant training and competency checks. Medicine Administration Records (MAR) were completed and legible.

●Medication discrepancies or errors were followed up by the registered manager in a timely way. Dosage information was sufficiently detailed which helped ensure staff knew how often and how much of a particular medicine was required.

●Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

●Medicines were stored safely including those requiring additional security. A new book had recently been purchased to make it easier to log and monitor medicines of this type.

Preventing and controlling infection

●The home was visibly clean and odour free. There was an infection control policy and cleaning schedule to ensure that risks to people and staff from infection were minimised. Staff had received infection control training and understood their responsibilities in this area.

●Staff had a good supply of Personal Protective Equipment (PPE) such as gloves and aprons and used these appropriately. Hand sanitisers were available throughout the home. One person told us, "The cleaning is very good here."

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● At the previous inspection people did not have decision specific mental capacity assessments. At this inspection we observed that this had been resolved with specific mental capacity assessments for each complex decision affecting people's day to day lives. These covered areas including: bed rails, support with personal care and administration of medicines. Best interest meetings involved relatives, relevant health and social care professionals and staff familiar with the person.

●People's mental capacity and ability to consent to living at the home had been checked as part of the pre-admission assessment process. Staff were able to tell us when and who they would involve if a person lacked capacity to make complex decisions.

●People's care plans identified if they had a legal representative and the extent of the authority these representatives had, for example for decisions around property and finance and/or health and welfare. People's representatives were consulted and had signed to give consent within the scope of the legal authority they held. The owner agreed to contact relatives and people's legal representatives to document their views and discuss any objections they may have about the cameras that had recently been installed.

●The home had applied to the local authority for each person that required DoLS and kept a record of when these were due to expire. At the time of the inspection no people at the home had conditions attached to their DoLS. Since the previous inspection senior members of staff attended DoLS training to increase their knowledge of the MCA. They then shared this learning with their colleagues. Staff understood how to apply

the principles of the MCA when supporting people.

●Staff were observed consistently asking for people's consent before supporting them and provided them with information that helped them to make meaningful choices. This included what time they wanted to get up and how they wanted to spend their time. One staff member said, "We should never assume people lack capacity."

Staff support: induction, training, skills and experience

●Staff received mandatory training in areas such as communication, food handling and equality and diversity. The new registered manager had developed a training programme to cover other role-related areas such as dysphagia (difficulty or discomfort in swallowing), diabetes and catheter care. Staff also attended workshops hosted by the local authority. One staff member said, "We have enough training."

●New staff received an induction which included shadow shifts with more experienced staff and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. The competency checks covered areas such as medicines and moving and repositioning. One staff member said, "It definitely helped me. I feel confident in my role."

●Staff received group and individual supervision that provided them with an opportunity to discuss any concerns, reflect on their practice and discuss their professional development. When staff expressed a desire to improve their understanding in a particular practice area this was supported.

●Since the previous inspection staff had been assigned champion roles to develop their knowledge in particular areas such as dementia, palliative care and dysphagia. A healthcare professional commented, "I find it really good they have a dysphagia champion. I have been able to feedback to [the staff member]. I find it really useful. It shows they see it as important."

●Nursing staff were aware of their responsibilities to re-validate with their professional body, the Nursing and Midwifery Council (NMC). Nurse re-validation is a requirement of qualified nurses. This process ensures they provide evidence of how they meet their professional responsibilities to practice safely and remain up to date. The registered manager was supporting clinical staff to achieve this through reflective learning and external training and events.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

●People had pre-admission assessments that supported their move to the home. On moving in, staff worked with the person, their family and relevant professionals to develop a personalised care plan that identified achievable outcomes. A relative told us, "I can't fault any of them. They work so hard. They do marvellous."

Supporting people to eat and drink enough to maintain a balanced diet

●People were supported to maintain a well-balanced diet and remain as independent as possible with their meals. Adapted crockery was provided where people needed this. Where people required support from staff to eat and drink this was provided in a calm and sensitive way that helped maintain the person's dignity. This included checking if people wished to have an apron placed over their clothes for protection.

●People told us they liked the food. They were given choice and alternative options. Meals were made from fresh ingredients, were nicely presented and looked appetising. The cook said, "I like making things from scratch. People can have anything they want." People could have their meals outside of typical meal times if they preferred. One person told us, "I can ask for anything in between meals and I'd get it." Another person told us, "The food is very good."

●People's dietary needs and preferences were known and met. People at risk of malnutrition and dehydration had their weight checked regularly and their intake monitored. One person said, "They give me enough to drink."

● The menu was displayed on a whiteboard in the dining room as a reminder and conversation point for people. The registered manager told us they would create photos of foods and drinks to help support people make choices around their meals and snacks.

●Staff took covered meals to people who had chosen to eat in their rooms. This ensured people had food that was warm and enjoyable to eat. We observed staff supporting people to eat in their rooms in a patient and attentive way.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

●The service understood the importance and benefits to people of timely referral to health and social care professionals to help maintain people's health and well-being. People had been supported with visits to or from healthcare professionals including: community mental health nurses, chiropodists, dentists, opticians and GPs. One person told us, "My eye flared up. They got me to the hospital." A relative said, "They are always on the ball. When [name] had a chest infection they got the GP in the next day." A healthcare professional said, "They (staff) give you good attention and background information. They refer in good time and follow our advice." Another healthcare professional said, "I see good care here. Nursing handovers are consistent and accurate. I can rely on information they give me. I can be confident they are following advice in the way I'm asking them to."

●People's current and emerging care needs were discussed in morning and evening handovers. This included any changes, concerns or where referral to health and social care professionals was required. People's information was shared in a respectful manner and readily available to relevant staff.

Adapting service, design, decoration to meet people's needs

●People lived in an environment that had been adapted to meet their needs. Signage around the home helped people understand what each room was used for. Clocks and calendars around the home, including in people's rooms, were set to the correct time, day and month which helped people who lived there with memory problems.

●People had access to a secure, level-access outside space. Handrails were in place around the lawned garden which helped reduce the risk of falls for people with mobility issues. A working passenger lift gave people access to the first floor.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good:People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

●At the previous inspection we observed staff using language and interacting with people in way that was not always respectful. At this inspection we observed staff speaking with and about people in a consistently respectful way. People told us that staff treated them well. One person said, "We're being well looked after. They are always nice to me." A healthcare professional said, "They (staff) are definitely kind and caring. I like the way they communicate with people." A relative told us, "I've known the staff for a while. They all seem very nice, friendly and helpful." Another relative said, "The staff are fab."

●The service kept a record of compliments and shared these with staff. Comments included: 'Thank you for all the love and care you have given to [name] over the last five years. [Name] was so happy living at Fairfield and you were all like a second family to [name]', 'Thank you for all you do for [name]' and, 'Last Sunday I visited [name] with some cousins who had not visited before. They told me on the way home that they were impressed with the visit and how the lovely staff were towards [name] and ourselves.'

Supporting people to express their views and be involved in making decisions about their care

●People who were able to said they were happy with the care they received and felt involved and listened to by staff.

●People's cultural and spiritual needs were acknowledged, respected and met. The home hosted faith-based services and staff also supported some people to attend church. One relative said, "Father [name of vicar] comes to the home. [Name of family member] likes the hymns."

●People had personalised their rooms with furniture and other items of sentimental value such as photos and ornaments. This made them feel settled and at home. One person said, "I quite like my room." One person told a staff member that her room was just like she had it at home.

●People were encouraged and supported to maintain contact with those important to them including family, friends and other people living at the home. Relatives told us they were made to feel welcome and involved. One relative told us, "I'm made to feel welcome. I can pretty much come at any time." People could spend uninterrupted time with their family member in their room, in the communal areas or in the quiet room on the ground floor.
Respecting and promoting people's privacy, dignity and independence

●Staff treated people with respect and promoted their privacy. We observed staff knocking on people's doors before entering their rooms. All staff waited for the person to respond and invite them into their room, before greeting them with their preferred name. One person told us, "When they support me with personal care they close the door and shut the curtains." Before people were supported with their personal care staff placed a notice on the door to ensure their privacy and dignity was maintained.

●At our previous inspection confidential dietary information was displayed in the dining room. This was not present on this inspection which meant people's confidentiality was maintained.

●Staff demonstrated a commitment to supporting people to live their lives how they wanted to live them with as much independence as possible. People told us this and records confirmed this. One person's plan advised staff to 'Encourage [name] to choose [name's] clothes giving [name] a sense of individuality.' This person confirmed that staff did this.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good:□People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

●People received person-centred care. Their needs, abilities, life history, and preferences were documented, known and supported by staff. People's needs were regularly reviewed with support and involvement from their relatives where people experienced difficulties communicating what was important to them. A relative said, "I'm involved in care reviews. I think they know [family member] well." Another relative told us, "They keep me up to date. I'm involved with reviews and they ask me if I have any comments."

●The service identified people's individual information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. People's communication support needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others, including professionals.

●People were given the opportunity to participate in various activities supported by a part time activities coordinator and care staff. The part time activities coordinator was creating individual activity plans. Current activities included seed planting, garden parties and crafting. A relative told us, "They've made a real effort to put events on. They held an Easter Egg Hunt. It was like one big family." This recent event had been very well received and resulted in the home getting thank you cards from people's relatives including – '[Name of activities coordinator] has again excelled with the handmade invitations. Immense efforts of all of the staff involved and [name of facilities manager] efforts in the garden.'

●Staff demonstrated an understanding and support of people's emotional needs. For example, a staff member said that when a particular person became unsettled they, "Let [name] finish what [name] is saying and talk [name] through what's going on." People were reassured by staff if they were concerned with how to manage something. For example, a staff member was heard encouraging a person who was worried about walking on their own to the dining room, "Come on, let's hold hands and go together."

Improving care quality in response to complaints or concerns

●The home had an up to date complaints policy with the procedure displayed in the home. The management logged, tracked and resolved complaints in line with the provider's policy. People and relatives told us that if they need to complain they would speak to the registered manager or owner. In response to complaints that people's laundry was being misplaced the home had begun implementing labelling of clothing and key worker roles with responsibility to ensure people had their own clothes which

are kept in good condition.

End of life care and support

●Some staff had received training in end of life care although at the time of our inspection there were no people at the home requiring this type of care. Further staff training in this area was being rolled out from May 2019 some of which would be delivered by a local hospice.

●People who had expressed a wish to discuss their future wishes had advance care plans. These included details about choice of burial or cremation, funeral arrangements and the service. This meant a person's final wishes could be respected and followed. The new registered manager was particularly passionate about end of like care having previously worked within a local hospice in-patient unit.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good:The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

●The new registered manager had been in post since December 2018. Prior to that they had been the deputy manager at the home. The owner told us, "The new registered manager knows how to get the best out of staff." At the previous inspection we found that the registered manager in place at the time did not have adequate oversight systems in place to identify the shortfalls we found. At this inspection, we found that the new registered manager, with support from the owner, had introduced greater oversight of the service and helped create a cohesive, happy staff team. A healthcare professional stated, "[Name of new registered manager] is really good. So helpful." A relative said, "The atmosphere of the home has changed in a positive way since the new manager started." Another relative said, "I'm very happy with the home and the changes. It's a nice, cohesive team."

●The new registered manager completed regular checks which helped ensure that people were safe and that the service met their needs. Audits included areas such as: medicines stocks, care plans, wound management, fluid intake, and repositioning. This more regular and detailed oversight helped ensure that quality performance, risks and regulatory requirements were understood and managed.

●Staff and relatives spoke positively about the current management and culture of the home. Staff told us, "[The new registered manager] is really nice. Care is up to a good standard. The culture is professional but very friendly", "I'm definitely happy here" and, "You can open up to them and they listen." Relative comments included: "[Name of owner] seems to support the team. [Name of owner] is always very friendly. They (management) try to promote and put the staff in the right job for their talent", "The registered manager is approachable. They (management) listen" and, "[Name of the owner] is very pleasant. Any queries I'd go to [name of new registered manager] and [name of new registered manager] would sort it. They really do care."

●The new registered manager understood the requirements of Duty of Candour. They told us it is their duty to be honest and transparent about any accident or incident that had caused or placed a person at risk of harm.

● The new registered manager said they kept their skills up to date by attending care home forums, and registered nursing home association conferences. At one of the recent forums they had taken part in

discussions with a local GP and Clinical Commissioning Group (CCG – these are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England) about helping people avoid unnecessary hospital admissions. The new registered manager also told us they were about to start their level five diploma in health and social care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

●The new registered manager and staff were clear about their roles and responsibilities.

●The new registered manager had ensured that all required notifications had been sent to external agencies such as the CQC and the local authority safeguarding. This is a legal requirement.

●Staff told us they felt praised and valued. This was confirmed in documents we viewed. For example, the new registered manager had thanked staff for helping with the improvements that were observed during a December 2018 local authority quality monitoring visit.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

●Staff had regular team meetings. A staff member said, "Team meetings are informative. Staff raise issues freely at these meetings."

●Records showed that staff with protected characteristics were offered support appropriate to their individual circumstances.

●The home sought feedback from people and relatives and used this to help improve the service. One relative said, "I filled in a positive survey about nine months ago." A suggestions box had recently been placed in the reception to encourage people, relatives and visitors to submit ideas for how to further improve the service.

Working in partnership with others

●The home had developed and maintained partnerships with other agencies to provide good care and treatment to people. The management and staff worked closely with speech and language therapists, a local GP and the community mental health team to review and meet people's current and emerging needs.