Quantum Care Limited

The Fairway

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 3 May 2016 and was unannounced. The Fairway provides personal care for up to 45 older people. It does not provide nursing care. At the time of our inspection 39 people were living at the home.

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

Staff received training in how to safeguard people from abuse and knew how to report any concerns that arose both internally and externally. Relatives and health care professionals told us that people were kept safe at the home and when out and about in the community.

Safe and effective recruitment practices were followed and there were sufficient numbers of suitable staff available at all times to meet people's individual care and support needs. Information from incidents was used to good effect in reducing identified risks and keeping people safe.

There were effective plans and guidance in place to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained.

People were helped to take their medicines safely by trained staff who had their competences assessed and checked in the workplace. Potential risks to people's health and well-being were identified, reviewed and managed effectively.

Relatives and health care professionals were positive about the skills, experience and abilities of staff who worked at the home. Staff received training and refresher updates relevant to their roles and the needs of the people they supported.

Staff regularly worked with senior colleagues and had opportunities to discuss any concerns they had, issues about their personal development and performance and how the home operated. However, the registered manager acknowledged that formal 'one to one' supervisions and annual appraisals were not as up to date or complete as they could be in all cases.

People were supported to maintain good physical and mental health and well-being. They had access to health and social care professionals when necessary and were supported to eat a healthy balanced diet that met their individual needs.

We saw that staff obtained people's consent and agreement before providing personal care and support,

which they did in a kind and patient way.

Arrangements were in hand to ensure that people were supported by advocacy services where appropriate to help people them access independent advice or guidance. People and their relatives were involved in the planning and reviews of care wherever possible.

We saw that staff had developed positive and caring relationships with the people they cared for. The confidentiality of information held about people's medical and personal histories had been securely maintained throughout the home.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their individual needs and took account of their preferences. Staff knew the people they looked after very well and were knowledgeable about their background histories, preferences, routines and personal circumstances.

People were supported to pursue social interests, hobbies and meaningful activities relevant to their needs, both at the home and in the local community. Relatives told us that staff listened to them and responded to any concerns they had in a prompt and positive way. Complaints were recorded and investigated thoroughly by the registered manager with learning outcomes used to make improvements where necessary.

Relatives, staff and health care professionals were very positive and complimentary about the management team and how the home was run. Appropriate steps were taken to monitor the quality of services provided, reduce potential risks and drive continuous improvement in consultation with staff and people who lived at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were kept safe and looked after by staff who were trained to recognise and respond effectively to potential abuse.

Safe and effective recruitment practices were followed to ensure that all staff were suitable for the roles performed.

Sufficient numbers of staff were available to meet people's individual needs at all times.

People were helped to take their medicines safely by trained staff.

Potential risks to people's health were identified and managed effectively.

Is the service effective?

Good

The service was effective.

Staff made every effort to establish people's wishes and obtain their consent before care and support was provided.

Consent was obtained in line with requirements of the MCA 2005 and DoLS authorities had been sought where necessary and appropriate.

Staff received the training and support necessary to help them provide safe and effective care.

People were supported to eat a healthy balanced diet that met their needs.

People had their day to day health needs met with access to and support from health and social care professionals when necessary.

Is the service caring?

Good

The service was caring.

People were cared for in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People and their relatives were involved in the planning and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy at all times.

Arrangements were in hand to help people access independent advocacy services where appropriate.

The confidentiality of personal information and medical histories was maintained.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Opportunities were provided to help people pursue social interests and activities relevant to their needs.

People's relatives were confident that any concerns or complaints were dealt with in a prompt and positive way.

Is the service well-led?

Good

The service was well led.

Relatives, staff and health care professionals were positive and complimentary about the provider, registered manager and senior staff.

Effective systems were in place to quality assure the services provided, manage risks effectively and drive improvement.

Staff understood their roles and responsibilities and felt well supported by the provider and management team.

The Fairway

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was carried out on 3 May 2016 by one Inspector and one expert by experience. An expert by experience is a person who has experience in this type of service. Before the inspection, the provider to completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During our inspection we spoke to 15 people who lived at the home and observed how staff interacted with people within the communal areas of the home. We received feedback from six relatives, spoke with eight staff members and also members of the management team, including the registered manager. We also received feedback from health care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection. We looked at care plans relating to five people who lived at the home and four staff files.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Good

Is the service safe?

Our findings

People told us they felt safe living at The Fairway and for the people who were unable to communicate their views and opinions we spoke to their relatives. Healthcare professionals told us they were confident that staff kept people safe at the home and when they were out and about in the local community. One person [Relative] told us "I visit at all different times of the day and have never worried about my relative's safety. The front door is always secure and you can only access the home by someone letting you in using the key code system." One person who lived at the home told us that during the night time staff always checked them regularly and made sure they could reach their call bell in case they needed assistance. "I feel safe and secure. You've got your call system that, if I'm in trouble, I can ring, It's just a safe feeling".

Staff received training about how to safeguard people from harm and were knowledgeable about the risks of abuse. They knew how to raise concerns if any arose, both internally and externally, and how to report potential abuse by whistle blowing. Information and guidance about how to report concerns, together with relevant contact numbers, was prominently displayed at the home. One staff member said, "Safeguarding is always at the forefront of my mind when I am working as people who live at The Fairway are vulnerable and it's our job to make sure we keep them safe." Records confirmed that the staff team had received safeguarding training.

We saw that staff responded quickly and effectively when people displayed behaviour that was potentially unsafe or challenged others. They were calm, patient and reassuring in their approach and used their knowledge, communication skills and distraction techniques to good effect. This, in turn, reduced the risks of potential harm and helped to keep people safe.

Risks to people's health and well-being had been identified and management plans were clear andavailable in the care records. These included risks relating to individual health conditions such as the risk of developing pressure ulcers and risks associated with being supported to transfer by means of a mechanical hoist. The risk management plans were routinely reviewed which ensured the management strategies continued to effectively reduce or minimise the risks.

The manager told us that staffing levels at The Fairway were effective to meet people's individual needs, and that periods of sickness and annual leave were covered by the permanent staff team thus generally, removing the need for agency cover. We saw that the staffing arrangements were a minimum of eight carers provided on each morning shift and six carers during the afternoon shifts plus one care team manager for each of the four units. The deputy and manager were supernumery but provided additional cover when necessary. This meant that people consistently received their support from staff that were known to them and in adequate numbers to keep them safe and to meet their individual needs. "There is always [Staff] around if I need help." During our visit we saw that there were sufficient numbers of staff available to care for and support people in a calm, patient and unhurried manner.

Staff only commenced work in the home when all the required recruitment safety checks had been satisfactorily completed. We looked at recruitment documents for four staff members and found that the

recruitment process was robust and that the staff members had not been able to start work until the manager had received a copy of their criminal record check and satisfactory references. This helped to ensure that staff members employed to support people were fit to do so.

One person who lived at the home told us "I do my own tablets. I've got them in the little pack. They asked me some time ago if I'd like to do it." We saw from this person's care plan that they had been fully assessed as competent to administer their own medication and the risk assessment in place was dated April 2016. We found that people's medicines were managed safely. Records showed that staff had received training to support them to administer and manage people's prescribed medicines safely. Medicine Administration Records [MAR] showed that medicines had been administered as prescribed. We checked a random sample of boxed medicines and controlled medicines and found that stocks agreed with records maintained. This helped to ensure that people received their medicines safely.

We found that the equipment used in the home, such as wheelchairs, hoists and crash mattresses were clean. There was a cleaning and a maintenance schedule used to ensure all equipment was checked and cleaned regularly in line with the infection control principles. The equipment people used or required had been assessed by an occupational therapist or other appropriate person to ensure it was appropriate for people to use.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example in first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe, for example fire alarms. Staff members and the management team were able to clearly explain the procedures in place to evacuate the home in the event of an emergency such as a fire. Everybody who lived at the home had personalised guidance in place to help staff evacuate them quickly and safely in the event of an emergency situation.

Good

Is the service effective?

Our findings

Staff members received the support and supervision they needed to carry out their roles effectively. Staff confirmed that they that they had received an induction which covered a variety of care and support issues. Two new staff confirmed that they shadowed more experienced staff when they first started to work with people who used the service to help ensure that they clearly understood people's needs along with their role and responsibilities.

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. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation.

The management team demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had a clear awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty were lawful. The registered manager told us, "It is our responsibility to make sure that people are fully assessed in relation to their capacity to make day to day decisions and choices." A number of applications had been made to the relevant supervisory body to limit or restrict some people's liberty in order to keep them safe within the home. This had been done in accordance with the MCA and deprivation of liberty safeguards (DoLS).

There was a four weekly menu that had been developed around people's choices. The management team told us, and we saw from records that people's cultural and religious dietary needs were supported. We saw that several people required a pureed diet due to swallowing difficulties and we noted that they had received external support from a speech and language therapist (SALT). We saw that these meals were pureed separately in order to maintain the individual tastes of the foods.

We observed the lunchtime meal to be a sociable and relaxed experience for people. Tables were laid out for between five and six people with a range of condiments for people to help themselves to. We saw that where people required assistance with eating their meal, staff sat next to the person ensuring they remained at eye level and offering the meal in a unhurried way, giving small portions at a pace that suited the person.

People's health needs were met. We saw records of health appointments attended including physiotherapist, speech and language therapist, chiropodist and dentists. A social care professional told us

that they had found the service to be proactive in identifying concerns in relation to a person' health and welfare needs and in accessing the appropriate support for them.

Good

Is the service caring?

Our findings

We spoke with15 people and asked if they felt cared for by the staff who support them. One person told us "I think so. I think they're very conscientious in their job." We are treated with dignity and respect, definitely. The staff are all right and do their best given that they are always so busy. There's the odd one or two that don't care as much as the others." A visitor told us that they always found staff kind and caring towards their friend. They told us " It's the simple things that make the difference, like making sure my [Friend] has clean nails, their hair is brushed and they look clean and well care for."

We spoke with 10 people and asked if they had been involved the planning of their care. Seven people confirmed that they had seen their care plan and recalled signing 'something'. The remaining three people were unable to remember but told us that they knew there were documents in place about how staff should care for them. We found that all five care plans we looked at had been signed by the person themselves or their relative. This meant that people had been involved and consulted about their plan of care.

People`s right to privacy was promoted. We saw that staff knocked on people's doors before entering their rooms. Staff acted on people's preferences to have their bedroom doors open or closed and we saw staff closing bedroom doors when personal care was delivered

We saw that staff helped and supported people in a calm and patient way and respected their privacy and dignity at all times. A staff member told us, "The care and support is very good but we all strive to further improve our skills." The importance attached to promoting respect and dignity was reflected in people's individual plans of care. For example, an entry in one person's plans stated; "Please respect my dignity when you are supporting me with [Continence care] and remember I still find it embarrassing to let people help me with my intimate care."

A healthcare professional commented, "I have always found the care staff and managers at The Fairway to be honest and open and have always found the people I visit well cared for. No issues with this home on that score."

The environment throughout the home was warm and welcoming. People's individual bedrooms were personalised with many items that had been brought in from their home such as pictures, memorabilia and small pieces of furniture. We saw that people were relaxed and comfortable to approach and talk with care staff, domestic and kitchen staff and the management team.

Relatives and friends of people who used the service were encouraged to visit at any time and we noted from the visitor's books that there was a regular flow of visitors into the home. Some people who used the service did not have the capacity to make decisions about their care and support or to communicate clearly and we noted that an external advocacy service was available to provide people with support in this instance.

Confidentiality was well maintained throughout the home and information held about people's health

needs and medical histories was kept secure.

Good

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. One person commented, "Care is provided to my relative in the way they have requested. Staff asked us to help with the background information when they first moved into The Fairway and this helped with understanding their own little ways." Throughout our visit we found that people were happy, often smiling, with lots of banter between the people who lived at the home, visitors and the staff who cared for them.

Staff had access to detailed information and guidance about how to look after people in a person centred way, based on their preferences and individual health and social care needs. This included information about their preferred routines, medicines, health needs, relationships that were important to them, dietary requirements and personal care preferences. Where people were deemed to be at risk of poor skin integrity, weight loss and dehydration we saw that records were in place to monitor and respond to these risks. Daily records contained detailed information about the care that staff provided to meet their needs. This meant that there were personalised care and support records in place for people to ensure that the staff were clear about the support that was required.

For example, entries in one person's plans of care and support about their bathing preferences noted; "I always prefer a bath to a shower. I like the staff to put bubbles in the water to make it a pleasant experience for me. I don't like my bath time to be rushed and on the whole they don't." Another person's plan recorded "I like to be ready in plenty of time to go to church with my friend on Sundays." This meant that people preference and choices were respected.

Staff also had access to detailed information and guidance about how to communicate effectively with people who lived at the home, particularly those people who were non-verbal, and how to recognise potential signs and triggers for pain, discomfort and behaviour that may challenge staff and others. A staff member commented, "The key to success here is to make sure you know people's every need, how to communicate with people and to always be aware if someone is not their usual self and then try and help them." We noted that people received care that met their needs and at a time that suited them. We observed staff supporting people in accordance with their care plans.

Throughout our visit people were seen to be watching television, reading newspapers, magazines and books. We heard lots of chatter and laughter within several communal areas of the home, and some people were relaxing in the café. We spoke to the activity person who described a range of activities that were available to people, which included bingo, cooking, circle dancing, mini songs of praise and one to one sessions for people who stayed in bed. This included the use of 'Namaste' bags which are used to help stimulate people's long term memory and to assist with relaxation.

One person said, "I like the activities and they are good fun." Another person said, "I enjoy the things we do and we are all good friends. The staff are so kind and thoughtful and so polite." Another person told us "If there's something going on, they'll come and ask you do you want to come and join in, but it's not

obligatory. People told us that they had external entertainers such as singers come into the home to provide entertainment for them from time to time and that they enjoyed this." We saw that one person had a number of books that they had borrowed from the services library. They told us that they had access to the internet if they wished to. One person told us that they used their i Pad to access social media and search engines. This meant that people were offered opportunities and choices to engage in activities that promoted their interests and hobbies.

People and their relatives told us that communication was good and that they would speak to staff if they were concerned about anything. One relative said, "We have never had to complain and visit regularly, every week".

We saw that information was displayed on how to make a complaint and the manager told us that they visited people on a daily basis to check if they were happy with their care. Any concerns were investigated and shared with the provider. We asked staff what action they would take if they were aware of any concerns. Staff said that they knew the process for reporting concerns and would inform the registered manager. Records of compliments showed that people and their relatives were complimentary about the care they or their family member had received. Complaints records showed that they had been reviewed and action taken as a result of the concern raised. Information of the provider's complaints policy was also available to people in the main entrance

We asked staff what action they would take if they were aware of any concerns. Staff said that they knew the process for reporting concerns and would inform the registered manager. One [Staff member told us "I would support people to make a complaint by taking it to the duty manager."

Good

Is the service well-led?

Our findings

People's relatives, staff and health care professionals were very positive about the provider, how the home operated and the management arrangements that were in place. They were very complimentary about the manager in particular who they felt demonstrated an effective style of leadership and had continued to make improvements, both in terms of how the home was run and the overall quality of the care. One person's relative told us, "I have always found the managers both helpful and professional, which ever one you speak to. I know who the manager is and see them around the home quite often."

Staff felt well supported by the provider and management team and were clear about their roles and responsibilities. One staff member commented, "I have worked with the manager for a number of years and have always found them to be quite assertive but fair." Another [Staff] member told us that they had recently been appointed as a carer and appreciated the support the manager and seniors had offered them. They stated that "When I first came I was a bit nervous, but everyone here is very friendly which made my induction process enjoyable and I also learnt a lot from the other carers."

The manager kept in close contact with people's family members and health professionals as part of a collaborative approach to care planning, reviews and obtaining feedback about the quality of services provided. Survey questionnaires were also sent out by the head office of Quantum Care and the responses collated and an action plan created to address any outstanding issues. We looked at the last survey report and saw that overall the feedback provided had been very positive in all of the areas covered.

The manager was knowledgeable about the individual needs of people who lived at the home and their personal circumstances. They made sure that the staff team had the training and resources necessary to help them meet people's complex needs in a safe and effective way. A relative commented, "I like the fact that the same manager has been here ever since my [Relative] moved in, it helps with consistency and I don't have to keep explaining the same thing over and over again!."

The manager was clear about their vision regarding the purpose of the home, how it operated and the level of care provided, "I believe strongly that the people at The Fairway deserve the best care that can be offered and that's what I try and promote within the whole staff team from the team managers to the domestic and kitchen staff".

Information gathered in relation to accidents and incidents that had occurred was personally reviewed by the registered and assistant managers. They ensured that learning outcomes were identified and shared with staff. For example, we saw that where a medication error had occurred this had been thoroughly investigated and used to change and improve practices and reduce the risks of reoccurrence.

The manager ensured that regular checks and audits were carried out in a number of key areas in order to monitor and reduce identified and potential risks. This included in areas such as medicines, health and safety, nutrition, food hygiene, infection control, fire safety and care planning. They completed a monthly report for the provider, who they met regularly to discuss performance, and developed action plans where

areas for improvement were identified.

We found that people's individual plans of care were up to date and accurate and consistently reflect who had been involved in or consented to the support provided.

Staff told us that out of office hours support was always available and explained the on call process and who they needed to contact in an emergency. The provider had a policy and procedure that was available to staff regarding whistle blowing and what staff should do if an incident occurred. Staff we spoke with clearly demonstrated an understanding of what they would do if they observed bad practice.

We saw evidence that people who lived at The Fairway were invited to attend regular residents meetings. One of the topics discussed in a recent meeting involved the lack of choices and standard of meals provided. There was a record of what action the manager had taken and the how the issue was resolved to everyone's satisfaction.