Fairfield View Care Limited

Fairfield View

Inspection report

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Date of inspection visit: 25 and 26 March 2015.
Date of publication: 18/05/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection was carried out over two days on 25 and 26 March 2015. Our visit on 25 March was unannounced.

Fairfield View is registered to provide residential care for up to 54 older people. There is also a specialist dementia care unit, known as The Elms.

There was a registered manager at the home.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The people living in Fairfield View who we spoke with told us they felt safe.

We saw staff using handling equipment, such as hoists, in a safe manner and staff spoken with confirmed they had been trained in moving and handling, which included the use of such equipment.

Summary of findings

Sufficient staff were on duty to provide appropriate care and support.

We looked at the way in which medicines were managed in the home. We found that medicines were not always managed safely. We checked medication administration records on both Fairfield unit and The Elms unit. Of those records two on each unit had incorrect balances of medication prescribed to be taken 'as and when' required. We were unable to balance the tablets administered with the tablets still unused, which meant no accurate record of this medication was available. We also found one hand written medication administration record which had not been appropriately checked or signed.

You can see what action we told the provider to take at the back of the full version of the report.

People who used the service and the visitors we spoke with were positive and complimentary about the attitude, skills and competency of the staff team.

We found the home to be clean and tidy at the time of our visit.

The provision of food was good and regular activities were available for those people who wished to participate.

Staff had access to appropriate training and received regular supervision and annual appraisals.

We found staff recruitment to be thorough and all relevant pre-employment checks had been completed before a member of staff started to work in the home.

The registered manager undertook checks of the quality of service provision.

Summary of findings

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

Some aspects of the service were not safe.

Medicines were not managed safely and appropriately. We found that some records and balances of medicines to be given 'as and when' required were incorrect.

Staff were able to accurately describe the actions they would take if they suspected abuse had taken place.

We saw staff using handling equipment, such as hoists, in a safe manner and staff spoken with confirmed they had been trained in moving and handling, which included the use of such equipment.

Is the service effective?

Good

The service was effective.

Regular and appropriate training meant staff could update their skills and knowledge.

People were supported to have their health care needs met by health care professionals and practitioners. Staff liaised with professionals such as speech and language therapists, dieticians and general practitioners.

The registered manager and staff spoken with had an awareness of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA).

Nutritional assessments had been carried out and people received meals they like or preferred.

Is the service caring?

Good

The service was caring.

People living in Fairfield View, visiting relatives and health care professionals who we asked spoke positively about the care and support people received.

Observation of interactions between staff and people who used the service indicated that caring and supportive relationships had been developed.

We noted that the atmosphere throughout the home was calm and relaxed with people being treated respectfully whilst their dignity was also being maintained.

Staff had received training in end of life care. This meant staff could support people to make important choices about how they wished to be cared for at that time.

Summary of findings

Is the service responsive?

Good

The service was responsive.

Prior to any person coming to live in Fairfield View the registered manager or a member of the senior staff team would carry out an assessment of the person's individual needs. They could also visit the home and spend some time with people already living there.

There was a complaints procedure and people knew how to make a complaint if they were unhappy.

Is the service well-led?

Good

The service was well led.

A manager was in post that was registered with the Care Quality Commission.

People were provided with opportunities to give feedback about the service being provided.

Quality monitoring procedures were in place.

Staff working in the home understood their individual roles and responsibilities. The manager was described as "very approachable and very proactive."

Fairfield View

Detailed findings

Background to this inspection

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

The inspection took place on 25 and 26 March 2015 and day one was unannounced. The inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service. The expert supported the inspection process on 25 March only. The expert had particular knowledge about people living with dementia.

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.

Before the inspection, we requested information from a local authority about the service. No concerns had been identified.

During our time in the home we observed the care and support being provided to people. 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.

We looked around the home. This included a selection of people's bedrooms and communal areas and was introduced to people living and working there. We looked at a sample of records which included four people's care plans, five staff recruitment files, servicing records for equipment used in the home, staff training records, medication records, incident records and complaints log.

We spoke with 11 people living at Fairfield View, two visiting relatives, two visiting health and social care professionals, one visiting church representative, the registered manager and seven members of the staff team.

Requires Improvement

Is the service safe?

Our findings

We looked at the processes in place to manage and support people taking medicines. There were two separate, lockable medication rooms, one on each unit. Both rooms were very clean, hygienic and tidy. Each room was temperature controlled and both contained an appropriate medicine refrigerator. The temperature of both rooms and refrigerators were monitored properly with records being kept on a daily basis.

Staff with the responsibility for administering medicines in the home had received appropriate training and records seen and staff spoken with confirmed this.

A monitored dosage system (MDS) was operated in the home. The supplying pharmacy provided each person's medicines (tablets) into individual 'blister compartments' for staff to administer at the prescribed time of day. Medicines were delivered by the pharmacy on a monthly basis and we were told that the pharmacist delivering the medicines would stay and support the responsible staff member to check and record all medicines that had just been delivered. We saw evidence of this on those medication administration records (MAR) we looked at. We also saw evidence to demonstrate that all unused medication was appropriately destroyed or returned to the pharmacy with appropriate records being maintained.

Some medication, such as Paracetamol, had been prescribed to be taken 'as and when' required and therefore was not supplied in blister compartments but in its original packaging. We were told that sometimes, if some of this medication was still unused at the end of the month, the balance of that medication would be carried forward and recorded on the next month's MAR, therefore providing a running balance of that medication at any one time.

We checked six MAR's on each of the units we visited. Of those records two on each unit had incorrect balances of medication prescribed to be taken 'as and when' required. We were unable to balance the tablets administered with the tablets still unused, which meant no accurate record of this medication was available and people could be placed at risk of not receiving their medicines as prescribed.

On one unit, we found that a hand written MAR had been completed for one person recently admitted into the home. It had been recorded that seven day's supply had been received of each of the medicines prescribed to the person, but staff signatures indicated that each prescribed medicine had been administered for at least a period of 14 days. We found that further supplies of the medicines prescribed had been delivered after the first seven days and a new printed MAR was in place but staff had continued to use the previous handwritten MAR. This meant that the record was incorrect and could place the person at risk of not receiving their medicines as prescribed.

To minimise the risk of errors occurring, all hand written medication administration records should be signed by the person making the entries, and checked for accuracy and signed by a second trained and skilled member of staff before the record is put into use. This follows the guidance set out by the National Institute for Health and Care Excellence (NICE) guidance.

This was a breach of Regulation 13, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The people living in Fairfield View who we spoke with told us they felt safe and their comments included, "I feel safe here because I have friends around me", "I feel safe because staff are here at night" and "There are plenty of people knocking around here, it is safe."

One visitor told us, "I've been coming here for a number of years and can honestly say that the staff and management make sure people living here are kept safe and well."

Staff who we spoke with also told us that they thought people living in the home were kept safe. Those care staff we asked were able to demonstrate a good understanding of the principles for keeping people safe and were aware of the safeguarding procedures in place. All confirmed they had access to and received regular safeguarding training. We asked staff about their understanding of whistleblowing and those spoken with were able to clearly demonstrate they knew what whistleblowing meant. One said, "I know exactly what whistleblowing means as I have already done this in a previous place of employment and because people were at risk from poor practice."

A visiting health and social care professional told us they had been in the home that day to carry out reviews of two

Requires Improvement

Is the service safe?

people using the service. They said they were very happy with the "high standard of care" provided by staff in the home and was also confident that people living there were kept "safe from any harm."

We saw that policies and procedures were in place relating to the recruitment of staff. We looked at five staff personnel files to make sure recruitment processes, including evidence that appropriate and legally required pre-employment checks had been satisfactorily completed prior to someone starting work in the home. We saw evidence that full employment history checks had been completed and that Disclosure and Barring Service (DBS) or Criminal Record Bureau (CRB) disclosures had been carried out. Such checks help the provider to make informed decisions about a person's suitability to be employed in any role working with vulnerable people.

The registered manager told us they believed the staffing levels were appropriate to meet the needs of the people who were living at the home. We were provided with the staffing rotas for January and February 2015 and the rota for the week the inspection visit was carried out. The rotas indicated that all shifts had been covered. The registered manager told us extra staff would be added to the rota if a service user required extra support or were particularly unwell. This was confirmed by the staff we spoke with. One member of staff told us, "We usually have enough staff but the difficulty can be if someone rings in sick at the very last minute. That is not a problem though because we all work well as a team even if we are short on the odd occasion, but communication needs to be good." Rotas seen indicated that 'vacant' shifts were covered by existing staff working in the home.

We found the home to be clean and tidy at the time of our visit. The housekeeper we spoke with showed us the records she kept to identify areas of the home that had been cleaned on a daily basis. The registered manager carried out regular checks of cleanliness around the home and the last infection control audit was compliant. Good cleaning routines help to minimise the potential risk of cross infection. A record was also kept of all the cleaning materials booked out of the cleaning cupboard onto the cleaning trolley and when the housekeeper finished, the cleaning materials were booked back in. This helped to minimise the potential risk of cleaning materials being left in places where people using the service had access to them. Personal protective equipment (PPE) was available and we saw staff using this equipment appropriately.

We saw staff using handling equipment, such as hoists, in a safe manner and staff spoken with confirmed they had been trained in moving and handling, which included the use of such equipment.

Regular maintenance and testing of things such as electrical appliances, nurse call system and heating had taken place. To alert people, a fire alarm system was fitted and tested on a regular basis. Records indicated that staff had undergone fire awareness training to make sure they were aware of what to do in the event of a fire.

Good

Is the service effective?

Our findings

We asked people using the service to tell us about the skills and attitude of the staff working in the home. Comments included, "Staff are nice", "Staff are very good here", "Yes, I know the girls [staff] get regular training, they tell me about it" and "The staff work very hard and they definitely know what they're doing."

Visitors and health and social care professionals we spoke with were also positive about the staff team working in the home. Comments included, "The staff in this home are very supportive of the people living here", "Staff are kind and considerate" and "The staff are well trained and make sure people (living in the home) only receive the best care and attention."

We observed staff supporting one person whose behaviour was challenging. This person was refusing to let staff approach her or to sit down for her meal and she continued walking around. Staff encouraged her to have a cup of tea and she then sat down at the table for her meal, which she enjoyed. Staff said that the regular training they received gave them the confidence and added skills to manager such situations appropriately.

Staff who we spoke with told us they had received induction training when they first started working at the home and information seen in personnel records confirmed this. They also told us that they received regular training in various subjects, some of which was done on line via 'e-learning'. The registered manager provided us with a staff training matrix (record) which indicated what training each member of the staff team had completed to date and when further training in a particular subject was due for updating.

All staff who we spoke with confirmed that they received regular supervision sessions with their line manager and also received an annual appraisal. Evidence was available to confirm this on the personnel records we viewed. This meant that staff were receiving appropriate support and guidance to enable them to fulfil their job role effectively.

To make sure effective communication took place between all staff teams, records seen indicated that information about people living in the home was handed over at the change of each shift. Staff told us they received good support from both senior staff and the registered manager.

One member of staff said, "We all get on really well and work as one team which makes the job much easier and makes sure people get the support and attention they need and should get."

Information seen in those care records we looked at indicated that referrals had been made to the appropriate health care services and health and social care professionals when changes became apparent in a person's health needs. We saw that referrals had been made to general practitioners, district nursing services, speech and language therapists and dieticians. This meant that people using the service could be confident that any changes to their health would be checked and responded to quickly.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provide a legal framework to protect people who need to be deprived of their liberty in their own best interests. The registered manager confirmed that she had made 28 applications to the local authority under the DoLS procedure. These applications were mainly associated to having key pad locks on doors restricting people's ability to move freely around some parts of the building. Discussion with the registered manager and unit managers indicated they had a good level of understanding regarding implementing MCA effectively in the home. Training records indicated that staff were receiving training in both MCA and DoLS on an ongoing basis. Policies and procedures relating to MCA and DoLS were also in place and accessible to staff teams.

On day one of our inspection visit we observed the lunch time meal being served on Fairfield unit. Staff assisted people to the dining tables and provided them with hand wipes prior to the meal being served. We saw that staff were observant during the meal time and offered assistance where it was required. Comments from people included, "They put on some good meals" and "If I do not like what is served, I tell the staff because I do not like to waste food and I'm offered something else."

On day two of our inspection visit we observed the lunch time meal being served on The Elms dementia unit. Tables were set appropriately and people were sensitively encouraged to sit at the dining tables. Those people who chose not to, had their meal sat in armchairs with a small table provided for them. Meals were served according to

Good

Is the service effective?

what people had previously ordered, and where people had changed their minds alternative choices were offered. Staff continually moved around the dining room and lounge area making sure people were enjoying their meals and offering assistance where required.

We spoke with the catering staff on duty who confirmed they had been kept informed of those people who required special diets or had particular dietary requirements and saw documentary evidence to demonstrate that people had been assessed for any potential risk of malnutrition. If a risk was identified staff would monitor the person's weight more frequently and would obtain advice and support from other professionals such as dieticians and speech and language therapists.

On the dementia unit we found that decoration and signage had been provided to support people living with dementia. Pictorial signs, along with written signs were appropriately placed to help with identifying different rooms and areas, for example, toilets and bathrooms.

Good

Is the service caring?

Our findings

People told us they were happy with the care and support they received and during our visit we observed staff that were very courteous and respectful to the people using the service. We found that people were supported to maintain their personal appearance and saw that people were neatly groomed with clean and trimmed nails. One person told us, "The girls [staff] help me choose my clothes when I get up, brush my hair and make sure I look right before I leave my room, they know that is important to me."

One visitor we spoke with was also very positive about the supportive and caring attitude of staff. They told us, "The staff here are very, very caring. They do a wonderful job and you can see they enjoy their work." One visiting health care professional told us, "I cannot say enough about the high standard of care and caring attitude of the staff working in this home."

Observation of interactions between staff and people who used the service indicated that caring and supportive relationships had been developed. We noted that the atmosphere throughout the home was calm and relaxed with people being treated respectfully whilst their dignity was also being maintained. We also saw that staff had good knowledge and understanding of the people they supported and cared for.

We asked one member of staff to tell us about one of the people who required support. They were able to tell us about this person's background and how to meet their needs. They knew about the person's preferred choices and routines, for example, preferring a regular bath to showering. The care plan and information in this person's care file reflected the information the member of staff had shared with us.

The registered manager told us that regular service user and family meetings were held and these provided opportunities for any concerns, comments or areas for improvement to be discussed and acted on if necessary. We saw minutes from three of these meetings which demonstrated people living in the home were provided with an opportunity to voice their opinions about the service being provided.

We were told that wherever possible people using the service were involved in making decisions about their end of life care. Training records indicated that some staff had undertaken and completed the 'six steps' training. This is a training course designed to enable people who use the service to receive high quality end of life care provided by care staff in a compassionate and understanding manner. We also saw staff were supported with training provided by other health care professionals such as the Macmillan team and the Mental Health Community team.

Good

Is the service responsive?

Our findings

We saw records that indicated individual people had been seen by various health care professionals and those people we asked told us they had access to see their own general practitioner and were also supported to attend things such as hospital appointments. One person told us, "If I need to see my doctor then the girls [staff] send for him for me", "My doctor comes regularly to see me" and "One of the staff comes with me if I need to go to my hospital appointment."

People who used the service were asked if they knew how to raise a concern or complaint if they were not happy. Comments included, "If I have any worries I speak to the staff or the manager", "I would tell [manager] and she would sort it" and "If I had a complaint I would tell one of the staff. I can't imagine having a complaint about this place."

Prior to any person coming to live in Fairfield View the registered manager or a member of the senior staff team would carry out an assessment of the person's individual needs. We saw examples that people had received a care needs assessment before they moved in to the home, to make sure that their identified needs could be fully met by the service.

People considering moving in to Fairfield View were also provided with an opportunity to visit and spend some time with the people already living there and to meet the staff on duty before making any decision. Where people were unable to verbalise their views and opinions or had limited capacity, we saw that the registered manager had made arrangements to meet with the person's family, or with health care professionals who had been involved in arranging the person's potential admission in to the home. This enabled enough initial information to be gathered so that staff could begin developing a care plan that would assist them to support a person appropriately during their first few days at Fairfield View and their transition from home or another service provision.

One relative visiting the home said that on admission, she had significant in-put in her relative's care plan and the care plan was always made available should she want to read it when she visits the service.

We looked a four care plans and found the detail in them clearly described the individual needs of the person using the service and what staff needed to do to support that person whilst still maintaining as much independence for the person as possible. We saw that wherever possible, the person and / or their family representative had been involved in developing and regularly reviewing the care plans. Where people's needs changed, we saw that the relevant care plan had been updated to inform staff of those changes. Staff we spoke with told us they were kept fully informed to people's changing needs, both through the updating of care plans and as part of the daily handover meetings. Staff were proactive in making sure people's changing needs were met by contacting appropriate health care professionals when needed, such as general practitioners and district nursing services.

During the inspection we observed how staff responded to people's requests and needs for support. We saw that staff were considerate in their approach with people and gave people time to think about what they wanted to do. If a person refused to be helped staff respected their wishes and tried again a little later.

The registered manager told us that regular meetings were held for both residents and relatives to air their views and opinions about the service. We saw the minutes from the last meeting and saw that relevant topics had been discussed such as, activities, meals and raising complaints. The registered manager told us, "We find that we do not receive many complaints, as the family meetings will identify any areas for concern that we can resolve before it becomes a complaint."

An activities coordinator worked on both the Fairfield View unit and The Elms unit. A whole range of activities were made available for people to participate in. For example, games, quizzes, trips out, decorating Easter bonnets and organising events, such as a summer fair. We also saw that people were supported to participate in activities they had a particular interest in. One person told us, "I like playing the games and quizzes and I sometimes win a prize."

Good

Is the service well-led?

Our findings

At the time of this inspection visit a manager registered with the Care Quality Commission was in post.

One visiting health care professional told us that they always received positive support and responses from both the management and staff teams whenever she was reviewing a resident's placement at the home. They were particularly complimentary about the quality of the care plan information and that the care plans were reviewed on a regular basis. Comments included, "I always find that the care plans are detailed, up to date and reflect the resident's needs" and "I find the manager to be very good, very approachable and very proactive."

We were informed that the home had been awarded the Gold Standard Investors in People Award 2014. Investors in People assess and accredit organisations on the management and quality of the service they provide to both customers and the people who work for the company.

The registered manager had put systems in place to monitor and evaluate the service being provided at Fairfield View. Each Monday, both unit managers were supernumerary to the rota. This enabled them to meet with the registered manager and discuss any matters relating to the management of the service. This meant that any concerns or issues relating to the management of the service could be responded to and addressed in a timely manner.

We were provided with written evidence which indicated that the registered manager monitored things such as accidents, incidents and falls that involved both people using the service and staff. They also completed a performance report for the local authority on a three monthly basis.

We saw a report provided by the local authority following their last monitoring visit to the service on 28 August 2014. This was a very positive report and indicated that the local authority had high confidence that the needs of the residents/terms of contract were being met at that time.

Documentation was available to indicate that the management team completed monthly reviews of medication administration. However, the monthly reviews carried out had not identified the shortfalls we found during this inspection visit. We discussed this with the registered manager who confirmed that she would include checking medicines to be administered 'as and when' required as part of the monthly audit.

The registered manager took on the responsibility for checking the standard and quality of care plans being used. We were told that no written record was kept when care plans had been checked as the registered manager dealt with care plans on a day to day basis. However, it was confirmed that following our inspection visit, records of care plan audits (checks) would be kept.

We saw evidence that the provider conducted satisfaction surveys of people using the service and their relatives. At the time of our visit the registered manager was in the process of analysing the returned surveys from November 2014. The comments we saw in the surveys indicated that people were satisfied with the service being provided. Comments seen included, "Everything is lovely", "Staff are very friendly and helpful" and "Thank you for doing your best to make a safe and homely environment for mum and the other service users."

Staff we spoke with told us that the registered manager was approachable and supportive and that they could raise issues or concerns that would be responded to appropriately. They also confirmed that staff meetings took place on a regular basis and provided the staff team with opportunities to discuss things relevant to the home and the service being provided. We were provided with minutes of recent staff meetings for all teams of staff.

We were told that the provider of the service visited the home on a weekly basis both to support the manager and to speak with the people using the service and staff on duty. The manager confirmed that she felt supported and had opportunity to speak with the provider at any time to discuss the service, her own personal development and any concerns she may have.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services were not protected against the risks associated with unsafe management of medicines. This was because accurate balances and records of medication prescribed to be administered 'as and when' required were not being maintained. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (1)(2)(f)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.