Fairfield View Care Limited

Fairfield View

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Fairfield View is registered with the Care Quality Commission to provide residential care for up to 54 older people. There are two units, Fairfield and The Elms. The Elms is a specialist dementia care unit.

The inspection of Fairfield View commenced on 1 August 2017 and was unannounced.

The inspection was prompted by the notification of an incident following which a person using the service died. Information shared with CQC about the incident indicated potential concerns about the management of risk of falls.

This inspection took place over three days and was unannounced.

When we previously inspected this location in March 2015, we identified one breach of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. We found that medicines were not safely managed. At this inspection we found that this regulatory requirement had been satisfactorily met. However we identified other areas where the provider was no longer meeting the legal requirements. We identified breaches of two of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which were in relation to good governance and safe care and treatment. We also identified two breaches of the Care Quality Commission (Registration) Regulations 2009 in relation to the provider not submitting statutory notifications as required. You can see what action we have told the provider to take at the back of this report. We are currently considering our options in relation to enforcement action for some of the breaches of regulations identified. We will update the section at the back of the inspection report once any enforcement work has concluded.

We also made a recommendation in relation to the service completing an analysis of all returned and completed feedback questionnaires and provide feedback to all stakeholders.

At the time of our inspection, a registered manager was in post. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us Fairfield View provided a safe environment in which to live and we found that staff had been trained in the principles of keeping people safe and free from harm. When we spoke with staff they told us they understood their responsibilities in reporting any suspected abuse or poor practice taking place in the home.

Safe staff recruitment procedures were in place and staffing levels were being maintained to an appropriate level to meet the assessed needs of the people using the service.

Medicines management were found to be safe. Staff with the responsibility for the administration of medicines had received appropriate training. All medicines and controlled drugs were safely kept with appropriate arrangements for storing in place.

No risk assessments had been completed for people using the service should an emergency situation arise within the home, for example, full evacuation of the premises.

We found the home to be clean, hygienic and well maintained. The provider visited the service on a regular basis and provided continuous investments in the premises. We looked at the service's maintenance and safety records and saw that they were up to date.

We found the service to be working within the principles of the Mental Capacity Act 2005 (MCA). The registered manager undertook assessments on people known or suspected to lack mental capacity to consent to care and treatment. Records seen indicated that consent to care and treatment had been obtained from relevant people who knew the person best, usually their relative.

Staff received supervision on a regular basis and an annual appraisal.

Although staff we spoke with told us they received regular and appropriate training, training records were poor and did not clearly identify the training individual members of the staff team had completed and records were also out of date.

People told us they were happy with their care and liked the staff that supported and looked after them and felt safe when their care was being delivered. The atmosphere in the home was calm and relaxed.

People had access to health and social care professionals as required.

People, healthcare professionals and other visitors to the home spoke positively about the registered manager and the staff.

A range of activities were available and people were encouraged to participate in those activities that interested them.

We observed that the registered manager and provider ensured they were visible within the service. People, visitors and staff said that both the registered manager and provider were both approachable and supportive.

Since our last inspection, the registered manager had updated and further developed a system for auditing and monitoring the health, safety and quality of the service. However, at the time of this inspection the system was not robust enough to identify the shortfalls we found at this inspection.

The Care Quality Commission had not always been notified about incidents that had occurred 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?

Requires Improvement

The service was not always safe

The control and administration of medicines was managed safely.

Staff were employed using a safe and robust recruitment process.

People told us they felt safe living in the home and relatives confirmed this.

No risk assessments had been completed for people using the service should an emergency situation arise within the home, for example, full evacuation of the premises.

Is the service effective?

Requires Improvement

The service was not always effective.

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Training records were poor and did not clearly identify the training individual members of the staff team had completed and records were also out of date.

Staff had the appropriate knowledge and skills to support people who used the service.

People were supported to maintain their health and to access appropriate healthcare services, for example, general practitioners, district nurses and contact with the Digital Health Centre.

People's rights were protected and the consent of people was being sought in line with the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

We received positive feedback from the people who used the service, relatives and healthcare professionals we spoke with.

The atmosphere was relaxed and we observed positive and friendly interactions between people and staff.

Is the service responsive?

Good

The service was responsive

Care plans were centred on the persons assessed needs.

Systems were in place for receiving, recording and responding appropriately to concerns and complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led

The Care Quality Commission had not always received the required notifications of incidents involving people using the service.

The Care Quality Commission had not always been notified of the death of a person using the service.

A system of quality auditing and monitoring of the service had recently been put in place by the registered manager. However, these systems had not identified the concerns found during this inspection.

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 of Fairfield View commenced on 1 August 2017 and was unannounced.

The inspection was prompted by notification of an incident following which a person using the service died.

The inspection was prompted in part by notification of a Regulation 28 report (R28 Reports), issued to the Registered Provider by the Coroner. R28 Reports are issued by Coroners when the Coroner remains concerned that similar incidents could reoccur.

This inspection took place over three days. On the first day the inspection was carried out by one adult social care inspector and two experts by experience. An expert by experience is a person who has experience of the type of service being inspected. On the second and third day the inspection was completed by one adult social care inspector.

Before the inspection we asked the provider to complete 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 what improvements they plan to make. Prior to the inspection, we reviewed the PIR and looked at information we held about the service. We looked at the inspection history of the service, safeguarding notifications and complaints.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records of five people, the services training matrix, four staff personnel files including supervision and appraisal records and records relating to the management of the home, including quality

audit documentation. We looked at how medicines were managed and reviewed a number of medication records. We also looked around the building to make sure it was clean, hygienic and a safe place for people to live.

We also contacted Healthwatch Tameside. Healthwatch Tameside is an independent consumer champion for health and social care. We received no information or concerns about the service from them.

At the time of the inspection there were 52 people receiving a service from Fairfield View. We spoke with the registered manager, the registered provider, the manager on The Elms unit, care staff, catering staff, visiting healthcare professionals, people using the service and visiting relatives.

Requires Improvement

Is the service safe?

Our findings

At the last inspection of the service in March 2015, we found that medicines were not being safely managed. We looked at the way in which medicines were managed in the home. 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 records of this medication was available. We also found one hand written medication administration record which had not been appropriately checked or signed.

These findings resulted in a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. We had received an action plan from the provider telling us what action they intended to take to make appropriate improvements. During this inspection, we checked what action had been taken for the service to become compliant with Regulation 12.

At this inspection, we looked to see how medicines were being administered to people living in the home. A Monitored Dosage System (MDS) was used that was supplied directly from a local pharmacy. Other medicines, not dispensed into the MDS were supplied in individual boxes, cartons and bottles. We looked at how medicines were stored and administered in the home. We saw that all medicines administered to people had been recorded on a medication administration record (MAR).We reviewed the MAR's for four people and found that relevant information such as any known allergies was recorded on the front cover, along with a photograph of the person to ease identification.

Only senior staff had the responsibility for administering medicines in the home although a number of care assistants had also completed appropriate training to enable them to administer medicines in an emergency situation. Once received from the pharmacy, staff checked the correct amounts and types of medicines have been delivered and the pharmacy then takes away any unused medicines from the previous month(s) with records being kept. We also checked how the service managed controlled drugs. Controlled drugs are medicines which require stricter checks and additional storage to make sure they are kept safe. We found that all MAR's had been signed as required, including recording medicines that had been given 'as and when' required, with balances identified. We randomly selected some of this type of medicine to check balances and found that they corresponded with the amounts recorded on the MAR. When administering medicines we observed that staff took the medicines trolley to each communal area and people's bedrooms. To minimise distractions when administering medicines, staff wore a 'Do Not Disturb' tabard. We saw evidence to demonstrate that the supplying pharmacy carried out regular stock checks and audits of the medicines management in the home.

These findings demonstrated that the breach of regulation found at the last inspection in relation to the safe management of medicines had been satisfactorily addressed.

Prior to this inspection being carried out the Care Quality Commission received a copy of a Regulation 28 (R28) Coroner's report issued to the Registered Provider in relation to the management of falls at Fairfield

View. R28 reports are issued by Coroner's when the Coroner remains concerned that similar incidents could reoccur.

The R28 related to an incident where a person using the service had suffered a fall at the home and had subsequently died from natural causes with a contribution being made by the injuries sustained in an accidental fall.

We looked at what action had been taken in response to the findings in the R28 report. The registered manager and the registered provider had developed and introduced a new Falls Prevention and Management policy. This included instructions to staff on how to reduce the risk of falls and post falls management. A Post Fall Assessment Check List and a Falls Tick List had also been introduced. We checked a number of new falls risk assessments in the care files we examined. In one mobility assessment it stated, "if I do slip or fall please ring 999 for assistance, record in the accident book and inform my family." In another file we saw that a referral had been made to the dietician following which a nutritional risk assessment had been put in place along with the dieticians report.

Staff we spoke with told us that they had been made aware of the Coroner's R28 report and the details it contained. They were also made aware the new policies and protocols in place regarding falls prevention and management and said that the registered manager was now closely monitoring that all relevant documentation was being appropriately completed and recorded for staff handovers.

The registered manager informed us that she had completed a review of all care plans on the Fairfield unit and updated and re-wrote each one. Those care plans we reviewed had been positively written and also identified any associated risk areas. Information in the plans were detailed for example, "Please document any falls / incidents that I may have and ensure my family are informed", "Please ensure the safety strap is in position when I am on the bath / shower chair" and "The SALT team have recommended that I need syrup consistency fluids and a softer, minced / mashed consistency diet. Please ensure that I am sat upright for all meals. My drinks should be in a narrow spouted beaker." All plans and risk assessments had been reviewed on a monthly basis.

On the first day of our inspection we arrived at the service at 08.30 am and found the front door to be securely locked. A buzzer was used to gain entry and a member of staff opened the door and requested to see our identity badge and for us to sign the visitor's book, which we did. This meant that staff protected people living in the home and minimised the risk of admitting unsuitable people into the home.

People who used the service told us they felt safe living at Fairfield View. People told us, "I feel very safe as the staff look after me really well", "This is a very safe place. It's very good here. My family are happy that I'm being well looked after" and "I feel very safe. Staff come to me quickly. They are good lasses". One visiting relative also told us, "I think it's brilliant here. My [relative] loves it. She is very happy and I know she wouldn't want to be anywhere else. She has had a few falls but it's been in her room and I think it's because she's been messing about without asking for help. They've [staff] always let us know what has happened and it's not been their fault."

At the time of our inspection, the registered manager was in the process of reviewing all the policies and procedures for the service. We saw that arrangements were in place for safeguarding people who used the service from abuse. Information was available to guide staff on how to identify and respond to any signs, concerns or allegations of abuse. Those staff we spoke with understood their roles in keeping people safe and confirmed they had received training in safeguarding vulnerable adults.

Staff we spoke with said that all the required and necessary pre-employment recruitment checks had been undertaken before they started work at the home. We checked to see that staff had been safely recruited to the service. We reviewed four staff personnel files and saw that each file contained relevant documentation including, an application form with any gaps in employment being checked, two appropriate references and copies of utility bills and other documentation to confirm the person's identity. Part of the pre-employment check process was for the provider to contact the Disclosure and Barring Service (DBS). The DBS checks and identifies people who are barred from working with children and vulnerable adults and informs the provider of any criminal convictions recorded against the applicant. Such checks help employers to make safer recruitment decisions and reduce the risk of unsuitable people being employed.

People who used the service who we asked told us, "Mostly there's enough [staff] around to help", "Occasionally they [staff] are busy and I have to wait" and "There aren't enough staff, they are for ever short, yesterday they were down to two members of staff and this isn't fare on the girls [staff] but I do take it in my stride though." One visiting relative told us, "My relative has never complained about having to wait for help." Other people informed us that on the whole there was enough staff on duty but that on occasions this could vary due to sickness or holidays. They also confirmed that this did not impact on their personal needs not being met. Staffing rotas seen indicated that all vacant shifts had been covered on both Fairfield and The Elms units.

During our observations we saw that appropriate moving and handling techniques were used to support people using the service. People were generally mobile or used walking frames but staff were attentive and they told us they have received training in moving and handling. We observed staff using a hoist to assist a person who lacked full mobility. Two members of staff carried out the procedure in line with manual handling guidelines.

We observed that people who used the service were encouraged to maintain their independence but where necessary staff clearly understood any safety risk that frail elderly persons presented. One person was encouraged by staff to walk to the dining area but was escorted by a member of staff to prevent any trips all falls by holding onto the person's elbow on occasions.

The registered manager had recently reviewed and updated all the care plans of the people living on Fairfield unit and was in the process of reviewing and updating the care plans for the people living on The Elms. We looked in detail at the care plans of four people. Each individual care plan linked to a range of risk assessments that considered potential risks to people's health and wellbeing. These included risks such as falls, hydration and malnutrition. We saw examples of information that had been written clearly so that staff understood their role in minimising any identified risks, for example, "The salt team have recommended that I need syrup consistency fluids and a softer, minced / mashed consistency diet. Please ensure that I am sat upright for all meal. My drinks should be in a narrow spouted beaker" and "Please ensure the safety strap is in position when I am on the bath / shower chair."

In our discussion with the registered manager about information being available to make sure people were kept safe in any emergency situation we were told that no personal emergency evacuation plans (PEEPS) were in place. PEEPS should identify what level of support the individual person would require if they needed support to evacuate the building in the event of a fire.

These findings are a breach of Regulation 12 of the Health and Social Care Regulations 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

The registered manager told us that these would be put in place and an email would be sent to the

inspector to confirm that this had been done. Since the inspection, we have received an email to confirm the registered manager had now completed putting PEEPS in place for each person using the service.

We saw that the fire alarm system was tested on a regular basis and there were records to demonstrate that staff participated in fire drills. We also saw that the service had a Business Continuity Policy in place. However, the Business Continuity Plan had yet to be developed and put in place. Discussion with the registered manager confirmed that this would be done in liaison with the registered provider. Such planning would help to make sure people and staff would be kept as safe as possible in the event of an emergency situation taking place.

Records were in place to demonstrate that a system was in place for carrying out health and safety checks and that equipment used in the home was appropriately serviced and maintained by a reputable and approved contractor. For example, we saw records to confirm portable appliance testing (PAT) had taken place for electrical items used throughout the home, gas safety had been checked, hoists and slings had been appropriately serviced and checked and the homes passenger lifts had been serviced to check it was safe to use. Where improvements or work had been identified as being required, we saw that this had been satisfactorily carried out. A legionella check of the service water supply had been carried out in May 2017.

During our walk round of the service were found all areas to be clean, tidy and appropriately maintained. Designated staff were employed in roles for keeping the premises clean and we found cleaning schedules to be in place. The registered manager carried out regular daily walk rounds of the whole premises to ensure appropriate levels of cleanliness were being maintained, but these were not being recorded.

We observed staff using personal protective clothing and equipment such as disposable aprons and gloves appropriately. Hand washing facilities were available throughout the building as were hand sanitising gels / soaps and we observed staff using these during the course of carrying out their caring duties. This meant that staff and people using the service were protected from potential infection when personal care was being delivered.

Requires Improvement

Is the service effective?

Our findings

People who used the service who we spoke with spoke positively about the skills and knowledge of the staff. They told us, "They [staff] are very good. They help me to stand up", "They are kind" and "The home meets my needs." One family member told us, "The staff here are really good. They do try their best and visitors are made welcome as well."

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.

We checked whether the service was working within the principles of the MCA and whether appropriate and timely applications were being made to the authorising authority (Local Authority). The registered manager provided us with a list of all DoLS authorisation requests made and informed us that there was still a big delay in receiving authorisations from the local authority. We observed staff supporting people to make choices and take some control of their daily living activities and staff also had access to policies and procedures relating to MCA and DoLS.

During our observations of the interaction between staff and people using the service we heard staff asking for people's consent prior to them providing any care or support. At lunchtime we saw people having clothes protectors applied and being asked if they wanted them or not. We observed one person being assisted by two staff members to get out of bed and they asked if they wanted to get up and dressed. Another person was watching TV in bed and a staff member came and asked if they wanted a cup of tea and if they wanted the TV on or off. People who used the service told us, "The [staff] are always asking me. Everything they do, they say is it okay" and "They [staff] never take anything for granted." A family member told us, "They [staff] always talk to [relative] about what they want and if there are any doubts they contact us. We spent a lot of time going through their [relative] likes and dislikes when they first came here and there is a book in their room which has everything written in about them."

We looked at what training had been undertaken by the staff team. The registered manager provided us with the latest training matrix for all training completed by all staff grades. A colour code had been used to identify the year in which the particular training had been completed, but this did not identify dates when the training was completed. The codes identified training that had been carried out from pre-2009 up to and including 2017. However, many of the records were incomplete which made it difficult to assess what training staff had completed. Some staff personnel files contained some training certificates, but again, these were difficult to check as not all the certificates had been dated. Staff we spoke with confirmed that training was taking place on a regular basis and people who used the service and their relatives we spoke with also said they thought staff were appropriately trained.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014. Good governance.

Staff we spoke with and evidence seen in the staff personnel files we reviewed confirmed that regular and on-going supervision was taking place, along with an annual appraisal.

As part of our inspection we checked to see if people were being provided with a choice of nutritious and healthy foods that met their health care needs. We observed the dinnertime meal being served on both the Fairfield and The Elms units. People either chose to go into the dining rooms or stayed in the lounge areas to have their meals. We saw that where people needed assistance to eat their meal, members of staff sat with them and focussed on the person they were helping. Staff took an encouraging approach to ensuring people understood the importance of eating their food. The staff did not rush people but displayed concern if people weren't eating. For example, one person asked for soup and was provided with some in a very responsive manner, soup was not on the menu. Another person asked for ice cream and this was duly provided. We saw people were offered drinks of juice and top ups were frequently offered.

We observed that staff had good interaction with the people and appeared to know their likes and dislikes and took part in the mealtime as part of a team approach. One person was very sleepy and staff were very concerned that they were not eating their lunch. We checked with the staff and found the person had had their breakfast and was drinking so there was no immediate need for concern. This was evidence of the kindness of staff that they were so concerned about the person.

Staff we spoke with told us they now had a better understanding of the triggers for referring a person to the community nutrition team. They told us that the registered manager had updated risk assessments to identify those people at risk of poor nutrition and that people's weight had to be strictly monitored for any sustained weight losses in particular. They also showed us records to demonstrate that not only people's weight was being recorded, but now included their Body Mass Index (BMI) and height. Guidance was also provided when certain levels of weight would trigger concerns and the action to be taken. In care records we viewed we saw that where people were at risk of poor nutritional intake, weekly weights were obtained.

We looked at one nutritional care plan following referral of a person to the community dietician. The referral was made in May 2017 regarding weight loss. The plan identified the current weight and the target weight range. Details were included of the type of diet that should be provided, how to fortify meals to make them more nutritionally dense and how staff can prevent the person having further weight loss. We saw evidence of a professional telephone conversation held on 4 July 2017 with a speech and language therapist (SALT). A discussion was held around the current nutritional status of the person with a description of the diet the person was taking. The SALT expressed they were happy with the information shared and to continue with the plan, with another review being held in three months time.

Comments from people who used the service about the food served in the home included, "I like to the food. They [staff] come round in the morning and tell us what is on [the menu] so I can choose. It's very good", "I like the food" and "There are always two options at lunchtime. I don't know what would happen if I didn't like either of them."

We saw that people were offered tea and coffee with biscuits from a tea trolley mid-morning. There was another 'tea round' in the afternoon and we were told that people were offered cakes in the afternoon.

Care records reviewed indicated that people had access to various health care professionals including district nurses, general practitioners and speech and language therapists (SALT). People told us they were able to see a doctor when necessary and that nursing care was provided by the district nursing service. We

spoke with three visiting district nurses who told us they were "very impressed" with the service provided by the registered manager and staff at the home. It was felt that the service was well managed and referrals were always made appropriately and in a timely manner. They also thought that staff were observant to any changes in people's behaviour, eating or toilet habits which cause them concern.

Comments from the district nurses included, "We have an excellent relationship with the service and all the staff", "The staff are keen to follow any instructions given to ensure the health of people is properly maintained", "Communication between us and the home is excellent", "People's care plans are being followed" and "[Registered manager] is brilliant, manages the service in a positive and proactive way."

Fairfield View is one of the local adult social care services that are participating in accessing professional healthcare support via a digital service operated by 'The Digital Health Centre' part of Tameside and Glossop Integrated Care service. This service supported staff at the home to access immediate advice from healthcare professionals such as qualified specialist nurses, physiotherapists and other clinical staff via an iPad system that allows you to see and speak with the healthcare person on screen and they can see and speak with you.

This electronic system also enabled people using the service to speak directly to the healthcare professional themselves, providing them with the opportunity to respond to questions they were asked and to ask their own questions. Following such a consultation, a printout giving 'advice only' was produced which could then be put on the person's record.

We had the opportunity to try the system and spoke directly with one of the specialist nurses who told us that the system was working extremely well at Fairfield View and that staff "used the system appropriately and effectively for maintaining the health and wellbeing of the people living in the home."

One person living in Fairfield View who had used the system told us, "I can't see very well but I could hear the questions I was being asked. The staff were worried I wasn't eating and drinking very much." We were provided with a copy of the 'advice only' print out that is given to people following the consultation. The details in the print out identified the reason for contact, patients observations, plan of action and continued observations. This meant people using the service were able to participate in managing their own healthcare with support.

Good

Is the service caring?

Our findings

We received positive feedback about the home from people who used the service, their relatives, staff and the visiting healthcare professionals we spoke with. The atmosphere throughout the home was warm, friendly and relaxed and we observed positive and friendly interactions between people and the staff team.

People we spoke with told us, "They're [staff] all lovely with us. They are really super lasses", "They're [staff] so nice to us. They're very nice staff", "They are very good staff, I've got to know them" and "Staff are respectful."

One family member told us, "There are some staff [relative] likes better than others but that's human nature." We were informed by other family members that no restrictions were placed on their visits, only meal times were protected. They were able to visit their loved ones in their own rooms without any restrictions being placed on them.

People told us that they felt comfortable with the staff and that any concerns or requests were listened to by the carers. One person said, "They [staff] are very kind" and another person said, "They [staff] are lovely people." People told us they were encouraged to be independent if they were able and to ask for help if required. One family member said, "[Relative] can manage quite a few things on her own and staff let them do it but keep an eye on them."

We saw that people were well dressed and looked cared for. A regular visiting hairdresser attended the home for those people who could not visit a hairdresser in the community, but people still had the choice.

Staff were observed interacting and being attentive to people's requests for support and this was done at the pace of the person, not the member of staff. We observed staff getting down to eye level when speaking with people sat down and treating people in a dignified and respectful manner.

We were told that people had an opportunity to participate in services held in the home by local visiting clergy from various religious faiths, but people were welcome to attend any of the services if they wished to. The registered manager also confirmed that should anyone wish to visit their own church in the community, this would be facilitated.

The registered manager told us that wherever possible people using the service were involved in making decisions about their end of life care. They also confirmed they had completed 'Six Steps' training in end of life care and supported staff when anyone living in the home neared this stage of their life. 'Six Steps' training is a 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. Other end of life support could be provided from external healthcare professionals such as the Macmillan nurse team and Mental Health Community team. At the time of our inspection no person was receiving end of life care.

Good

Is the service responsive?

Our findings

We asked the registered manager to tell us what action they and the registered provider had taken to address and respond to the concerns relating to the death of a person using the service. We were informed that meetings were held with the staff to inform them of the details of the incident resulting in the investigation and the action that needed to be taken to address the concerns raised and to minimise and prevent the chance of a repeat situation arising again. Disciplinary action had also been taken with the senior member of staff in charge of the service at the time of the fall incident and that member of staff no longer worked for the service.

From the minutes of staff meetings supplied to us we could see that the matters raised within the report had been discussed with the staff team and our discussions with individual members of staff also confirmed they had received input from the registered manager.

We saw that action had been taken to improve how information about the people using the service should be recorded, identifying any falls, action taken, and contact with other healthcare professionals, such as paramedics and family members, carrying out on going observations and making sure all relevant and required documentation is fully completed.

Each person using the service had been allocated a keyworker. It was the responsibility for the keyworkers to provide a weekly 'update' report about how each person they support had been throughout the week and any relevant information that may result in a care plan being updated was shared with the registered manager or manager of both Fairfield and The Elms units.

The registered manager told us that wherever possible, people had been involved in their care planning and we saw a number of people's signatures on the care plans we reviewed. In most cases however, relatives had signed the documentation to indicate that they had been consulted about the persons care needs and to show decisions had been taken in the person's best interest by people who knew the past history and needs of the person. One visiting relative told us, "We were involved in the care plan and we have had a few meetings with the manager to review it. They [staff] always get in touch if [relative] has a fall or they are worried about [relative]."

Another visiting relative told us that a request made to staff to read to their relative every day had been carried out, with staff providing reading for 20 minutes each day. They also told us that staff kept them informed of any concerns or issues regarding their relative and, regarding their relatives care said, "I get everything I ask for."

We saw that staff knew the people very well and were able to respond to people's needs. One person who was frequently tearful was supported by staff at such times by providing her with a therapy doll which the person was particularly attached to and by staff talking to her about her 'baby'. We saw that this action by the staff calmed the person and settled them down again.

At the time of our inspection an activities coordinator was providing activities on both units for a total of seven hours per day, Monday to Friday inclusive. The registered manager told us they were in the process of recruiting another activities coordinator to work specifically on The Elms unit. This would mean that both units would then have a dedicated activities coordinator that could plan specific activities in accordance with people's interests and requests. One person using the service said they felt there was not enough activities to meet their needs and another person said "I would like more activities."

We observed the activities coordinator engaged in painting and stencilling with three people on The Elms unit. They told us that they varied activities between passive and active as most of the men like playing skittles or ball games. We saw that various entertainers visited the home and chair exercises were carried out by a visiting therapist. Religious needs were met by a local church and a local nun who is a regular visitor to the home. One visiting relative told us, "The activities person is lovely and they do have things going on normally. They've had entertainers and games with balloons and scarves and at Christmas they had carol singers and that sort of thing."

There was a large sensory garden that provided all the people living at Fairfield View the opportunity to participate in outside activities should they wish to join in, or just sit and relax. The garden had separate areas for people to enjoy such as a 'potting shed' and a 'light and colour' section. The potting shed had a table that was at wheelchair height to enable people with mobility difficulties to access this area safely. The ground all around the garden area was covered with a safe, 'spongy' covering and a children's play area had also been developed so that people could enjoy the company of their grandchildren / relatives in the open air.

We asked people if they knew how to make a complaint if they wanted or needed to. All the people we asked during the inspection told us they knew how to make a complaint and their comments included, "The manager is very kind and we would talk to her if we had any complaints", "I would tell one of the staff or let my daughter know if I had a complaint, but I'm sure it would be dealt with efficiently" and "I have no complaints to make at the moment, it is a lovely, caring home." Other people using the service could not recall having had a need to raise a complaint. We looked at the system for managing complaints and noted a complaints procedure was in place and a system for recording complaints. There were no formal complaints ongoing at the time of this inspection.

Requires Improvement

Is the service well-led?

Our findings

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

On our arrival at Fairfield View, we saw that the last inspection report rating of 'Good' was clearly displayed in the reception area of the home. We also checked the providers' website on 31 July 2017 and found that the latest rating was being displayed on the front page, including how to access the services latest report. This has been a regulatory requirement since 01 April 2015.

Because the service had received a Regulation 28 report from Her Majesty's Coroner, we checked our records to see if we had been notified of the details of the incident that lead to the report. The registered manager or provider must inform the Care Quality Commission (CQC) in a timely way of any serious injury sustained by a person using the service or the death of a person using the service. Such matters must be notified to the CQC using a Statutory Notification form that is accessible via the CQC website.

Our analysis of the Statutory Notifications received from the service indicated that the service failed to report the incident which resulted in serious injury and contributed to the person's death. Further analysis regarding notifications indicated that the provider had not always informed us of significant events, such as serious injuries. In our discussions with the registered manager about this it was confirmed that they understood their responsibility to ensure such matters are always reported to CQC in a timely way and using the appropriate documentation. They also stated that they would ensure all senior staff understood their role to report such matters in the absence of the registered manager.

The failure to submit notifications as required were breaches of regulations 16 and 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager told us that since receipt of the report from the coroner a lot of work had been carried out with staff teams to minimise the risk of such an incident occurring again. In our discussion with staff they told us they had been informed about the incident via staff meetings and supervision. They also told us they had been informed about the importance of accurate recording of all information relating to the care and wellbeing of people living in the home.

The registered manager had recently updated the system used for monitoring the quality of service being provided. However this had yet to be fully implemented and had not identified the shortfalls we found during our inspection relating to staff training or lack of statutory notifications being sent to the CQC. We also had concerns that the previous systems used for monitoring the quality of service being provided had not identified the issues and concerns raised the Coroner's Regulation 28 report.

The is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014 – Good governance

We saw the service sought feedback from people living at the home and their relatives through annual questionnaires. We found that a total of 29 surveys had been completed and returned to the service from the audit conducted in August 2016. Comments made included, "I love being here", "I'm really satisfied, I have been here eight years", "I'm very well fed", "I am satisfied with the care you give [relative]. The home is lovely and clean, a credit to you all" and "I feel I can discuss any issues regarding [relative] without any problems with any member of staff."

Surveys had also been conducted regarding the laundry and cleaning provision in the home. Comments made about the laundry provision included, "I do think the laundry has improved a great deal and the laundry staff do a good job", "My relative always looks well turned out", "Sometimes mum is not wearing her own clothing", "Washed but not ironed" and "Some clothes in [relative] room do not belong to them and some of my relatives clothes go missing." Comments made about the cleaning provision included, "[Relative] room is always clean and the rooms around the home are always clean", "The cleaning staff do a very good job keeping everything spotless", "Excellent and there are no unpleasant smells" and "Fairfield View is, in my opinion, an outstanding care home."

Although sending out annual questionnaires to people enables them the opportunity to voice their opinions about the service and most responses seen were positive about the service, no overall analysis of the feedback had been carried out. This meant that people had not been made aware of any action taken by the provider in response to any concerns/ideas or general questions they had raised. The registered manager confirmed that such an analysis would be carried out in response to future surveys conducted.

We recommend that the service completes an analysis of all returned and completed questionnaires and then provide feedback to all stakeholders.

We found the atmosphere in the home to be calm and relaxed and staff and people using the service were friendly with each other. People who used the service who we spoke with told us, "I love living here, it's a lovely place to live", "It's like home from home" and "I have lived here a long time, this is my home." One person also said, "The manager and staff are lovely, I think this is a very well managed home."

We observed the registered manager interacting well with people and comments received about the manager included, "You couldn't get a better manager, strict but fair", "I have a lot of respect for [name of manager]", "Training is encouraged and [name of manager] has learnt me a lot of the years". Other comments included, "She [manager] is brilliant, good at her job and has always time for residents and staff. She knows all the residents well and is very supportive of staff." We also spoke with two visiting healthcare professionals who told us, "The manager is always open to have discussions about any issues. Fairfield View is an excellent home, very well managed and we would highly recommend it for the high quality care it shows it residents."

Visiting relatives we spoke with told us, "I think it's good here. People seem really happy and it's clean everywhere. I visit every week" and "We've no problems with the manager. She is approachable. I think her heart is in the right place."

Staff we spoke with told us that staff meetings were held on a regular basis and we were provided with minutes from the meeting held on 13 June 2017. The matters discussed in this meeting included, Investors in People, monitoring and recording people's weights, falls and fully completing all charts and documentation.

There was a range of policies and procedures for staff to access and follow which, at the time of our inspection, were under review by the registered manager. Staff we spoke with confirmed they had access to all policies and procedures and that they had been made aware of the new policy and procedure relating to falls and the action that must be taken.

Evidence was available to demonstrate that the service was working in partnership with other health care organisations to make sure that current good practice was being followed that enabled people to receive a good quality service and remain safe living in Fairfield View. These healthcare organisations included General Practitioners, district nurses, speech and language therapists, commissioners of services and social service departments.

We were told that the provider of the service visited the home on a regular basis both to support the registered manager and to speak with the people using the service and staff on duty. The registered 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. The provider visited the home not knowing an inspection was taking place on the day he returned from holiday. He told us this was to check if everything was okay at the service and if the registered manager needed any support with any management issues, including dealing with the regulation 28 report from the coroner.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments had not been put in place to mitigate the risk to people using the service should an emergency situation arise, for example, full evacuation of the premises. Regulation 12 (1) (2) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Training records for all staff were incomplete and not up to date. Regulation 17 (1) (2) (d) (i) (ii) The system used to monitor, assess and improve the quality and safety of services had failed to identify the breaches found during the inspection and those relating to the Coroner's Regulation 28 report. Regulation 17 (1) (2) (a) (b) (c)