

Fairburn Mews Health Care Limited

Fairburn Mews

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Fairburn Mews is a nursing home providing accommodation for persons who require nursing or personal care for up to 20 people. The service provides support to people who have physical and mental health needs. At the time of our inspection, there were 19 people using the service.

The home is set out across two separate floors, each of which has adapted facilities.

People's experience of using this service and what we found

Out of the four people and nine relatives we spoke with, 11 shared positive feedback. However, our findings indicated people did not always receive safe care and the service was not always well-led.

People's risk management was not always appropriately assessed and mitigated by staff and behaviours that may challenge was not always appropriately managed.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests.

The requirements of the Mental Capacity Act were not always being followed. We found some people who lacked capacity in relation to some areas of their care, did not appropriately have their liberty restricted as part of their care arrangements and this was not always properly assessed and documented in a timely manner.

Care plans were not always person-centred or reflective of the person's voice. The provider was receptive of feedback and told us they will be completing a review of all people's care records.

The provider was not always using their quality processes effectively to monitor the service and our inspection-initiated action from the provider to improve safety and quality monitoring for people.

Staff knew people well and understood their care and support needs. One relative said, "They know [person] so well they know [person] better than me". We saw staff supporting people in a caring and dignified way, but records did not always reflect this practice.

The service had a new management team and staff feedback was positive and indicated the management team were open and supportive. People knew who the registered manager was, and one relative said, "The atmosphere is very positive, there is a family dynamic." The registered manager and provider were receptive of feedback and acted promptly for some areas of concern raised during the inspection process.

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

Rating at last inspection

The last rating for this service was Good (published 10 October 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services. To understand the experience of social care providers and people who use social care services, we asked a range of questions in relation to accessing urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fairburn Mews on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risk management and lack of good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Fairburn Mews

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was conducted by two inspectors and one bank inspectors and an Expert by Experience; An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Fairburn Mews is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Fairburn Mews is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced on the first site visit and announced on the second site visit.

What we did before the inspection

We completed a review of all the information we held about the service including information the service is required by law to tell us about. We requested feedback from stakeholders, including; the local safeguarding team, Infection, prevention and control team and commissioning team. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 08/03/2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and nine relatives about their experience of the care provided. We observed care in the communal areas to help us understand the experience of people. We gathered information from 19 members of staff including the management team, nurses, care staff and a chef.

We reviewed a range of records including; three people's care plans, risk assessments and associated information, other care records to follow up on specific concerns and multiple medicines records. We looked at two staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service, including policies, procedures and quality assurance records.

After the inspection

Following the inspection, we requested and reviewed further information from the provider relating to peoples and the service's risk management procedures, medicines management, infection prevention and control, training and quality assurance processes. We shared information with the local safeguarding team and fire prevention team about concerns that we found at the service.

Is the service safe?

Our findings

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- People were not safe from the risk of harm as risk management measures in place were not always effective or followed by staff. For example, risk mitigation measures to safely support people who smoked were not being followed by staff. We shared these concerns with the provider who said they would take immediate action. The provider made safeguarding referrals where necessary following our inspection.
- Behaviours that may challenge others was not always managed in a person-centred way or the least restrictive option used. For example, physical or verbal aggression was documented as 'attacks' or 'behavioural disturbance' instead of distress by the person. Staff supporting people were not always trained and behaviour care plans were not sufficiently detailed.
- Accidents and Incidents were not effectively reviewed, and analysis was inconsistent, lessons were not always learnt. For example, one person had reoccurring incidents when they did not have access to staff support to go for a cigarette. Re-direction techniques were not always used to prevent escalation.

Systems in place were not robust enough to always demonstrate safe care. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did implement further documentation to include risk mitigation and they were looking at alternative methods of providing safe care. The provider advised they were awaiting further training for staff said they would complete a review of care records.

- We found suitable steps had been taken to ensure certificates relating to building safety were up to date. Staff had completed a recent fire drill and personal emergency evacuation plans were in place.

Systems and processes to safeguard people from the risk of abuse

- People were not always safeguarded from the risk of abuse.
- Although there were safeguarding policies and procedures in place and staff were able to describe signs of abuse and knew how to report safeguarding concerns, we found staff did not follow procedures resulting in people being at risk of abuse.
- We found safeguarding incidents were not always appropriately mitigated and safeguarding incidents had not always been appropriately reported.

Systems in place were not robust enough to always demonstrate safe care. This placed people at risk of

harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider acknowledged their response to safeguarding responsibilities and said they would complete an investigation in to reviewing incidents.

- Some people and relatives told us the service was safe. One person said, "Yes, I've never had any cause to question it."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We found the provider was not working within the principles of the MCA. We found some elements of the MCA were in place, however, individual deprivations were not always documented and referrals were not always made in a timely manner.

We found no evidence people had been harmed however systems in place were not robust enough to always demonstrate good governance. This placed people at risk of being inappropriately deprived of their liberty. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider said they would complete a review of people's care records.

Using medicines safely

- People's medicines were not always safely managed.
- One person was observed being given a small amount of medicine whilst asleep. This was investigated and found to be a known method of rousing the person if other attempts had failed. The care plan was updated during the inspection as it was not previously reflective of the person's medication needs.
- Prescribed creams were not always applied in line with the providers policy. We reviewed two people's cream application record which did not include information about where to apply the cream. We spoke with staff, who knew people's medicines requirements.
- Peoples medicines administration was not always in line with best practice. For example, people were missing doses of medication to attend day trips. The registered manager said this happened on an adhoc basis and they considered quality of life alongside medicine administration.
- Regular medicines audits were completed; however, they were not always effective. Medicines audits and records were not always consistent and did not always reflect peoples needs. For example, one medicines audit stated that no-one was insulin dependent. We found one person to be insulin dependent.

We found no evidence people had been harmed however systems in place were not robust enough to always demonstrate good governance. This placed people at risk of being harmed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

Staffing and recruitment

- Staffing levels were sufficient to meet people's needs.
- Some people living in the home were assessed as needing support from either one or two members of staff at specific times. Staff allocated these duties were aware of these responsibilities and ensured people were not left without support.
- Staff recruitment records confirmed pre-employment and identity checks were completed before a new staff member began to support people.
- Staff knew people's care and support needs. One staff member said, "I like my job. The environment is good."

Preventing and controlling infection

- We were not assured that the provider was using PPE effectively and safely.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

We spoke with the registered manager who took action to review their infection, prevention and control measures and re-informed staff of current government guidance.

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The provider is completing on-going refurbishment work at the service.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider was adhering to government guidance in relation to visiting. The provider was facilitating family meetings for a person whose family lived far away. The home was facilitating 'meet in the middle' visits for this person to encourage regular contact.

Is the service well-led?

Our findings

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Procedures in place to monitor quality and performance were not always effective. For example, one medicines audit noted 'no-one at [Fairburn Mews] refuses medication'. Records showed examples of people refusing medication on multiple occasions. The registered manager was not aware of people refusing medication.
- The management team were not always aware of peoples needs and existing risk mitigation in place.
- Communication was not always effective between the management team and staff.
- Effective learning was not always apparent in the service via quality assurance processes. However, one staff member told us, "[Registered manager] comes up here quite often and [registered manager] is very supportive with my e-learning."

Systems and communication in the service were not robust enough to always demonstrate good governance. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team were new to the service and the provider acknowledged there was work to be done in the service relating to a review of documents and quality assurance procedures.

The provider was not always complying with their responsibilities to report relevant incidents to the relevant authorities, including CQC. This will be looked at outside of our inspection process.

Systems in place were not robust enough to always demonstrate the provider was complying with their reporting responsibilities. This was a breach of regulation 18 (Notification of other Incidents) of The Care Quality Commission (Registration) Regulations 2009.

- Some records reflected that professionals and relatives were informed when things went wrong.
- One relative told us, "We have been getting letters and photos about my [relative] during COVID and we get yearly reviews. We used to have meetings but not since COVID".
- One relative told us, "If I had a complaint, I would speak to whoever was on duty and then follow up with

the manager and CQC if necessary."

- Relatives spoke positively about the registered manager. One relative said, "I've seen the new manager, [name of registered manager] is a very pleasant chap and pops their head out when I pass to see if everything is alright."
- The provider had a 'You said, we did' board which showed action taken from people's feedback. For example, one person said they would like the home décor to be more cheerful. The provider was in the process of completing refurbishment work where people would have the opportunity to contribute to the décor.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Care planning was not always person-centred, and people were not always involved in their care planning. One person's care plan noted 'aware that if [person] smokes in their room the cigarettes will be kept in a store cupboard'.

Some of the care records and systems were not robust enough to demonstrate good governance. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider said they would complete a review of care records.

- Two of four people we spoke with said they were happy living at the service. One person said "Happy? Of course, I am." Another person said they liked living at the service. The other two people said they were not as happy.
- Staff told us the management team were approachable, open, fair and supportive. One staff member said, "[Registered manager] is good with the staff. By this I mean [registered manager] comes and listens to the handovers at least twice a week. [registered manager] has made a difference".
- The deputy manager told us, on a daily basis, they would express their appreciation to staff.
- Staff knew people's needs well. One staff member told us, "I know [name of person] interests and I like caring for them. I make sure [person] is clean and attended to and staying in a good environment."

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

- Some systems were in place to ensure people were involved in the service. The provider held a daily meeting which gave heads of department an opportunity to discuss key information about people's changing needs and updates in the service.
- One person was appointed as a 'service user' ambassador. This person had agreed to become a point of contact for other people living in the home and to pass on ideas for improvement and other issues. Meetings were held with people, which have them opportunity to contribute to the running of the home.
- Staff meetings included feedback and opportunity for staff to raise any concerns.
- The provider had implemented a new strategy to promote people's engagement.
- We saw evidence of person-centred activities in the service.

Working in partnership with others

- The provider worked in partnership with other professionals.
- People's care records evidenced multi-disciplinary involvement. We saw information on display in the home which signposted people to relevant agencies to contact for support.
- On the first day of our inspection, we noted one person was going out to the chiropodist appointment.

Another person told us they were supported by staff to access healthcare services whenever they needed this.

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
Treatment of disease, disorder or injury	Assessments of the risks to the health and safety of people was not being appropriately managed and procedures were not always followed by staff.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Governance systems and processes were not effectively operated.