

Mrs G L Reeve & Miss D M Reeve

Fairby Grange

Inspection report

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Date of inspection visit:
11 December 2019

Date of publication:
12 March 2020

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Fairby Grange provides accommodation and personal care for up to 27 older people. The service provides both permanent and respite support. There were 26 people living at the home on the day of our inspection.

People's experience of using this service

Medicines were not always safely managed. Medicine administration record (MAR) charts contained gaps without any explanation. Liquid medicines did not have open dates to ensure that they were effective to administer. Medicines competency checks and audits carried out did not identify the shortfalls found at this inspection.

Risks were not always identified and assessed. Risk management plans did not always guide staff on how risks should be minimised. Accidents and incidents were not always appropriately recorded and investigated and learning from this was not always disseminated to staff. Care plans were not always updated to show a change in people needs. Internal audits were either not carried out or did not always identify the issues we found at this inspection.

People said they felt safe and that their needs were met. People were protected against the risk of infection. There were enough staff deployed to meet people's needs in a timely manner.

Assessments were carried out prior to people joining the home to ensure that all their needs could be met. Staff were supported through induction, training, supervisions and appraisals. People were supported to eat a healthy and well-balanced diet. People had access to a variety of healthcare professionals, when required to maintain good health.

People's rights were upheld with the effective use of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests. Their needs were accurately assessed, understood and communicated.

Staff were caring and respectful. People, including those living with dementia were offered a variety of stimulating activities on a regular basis. Information was available to people in a format to meet their specific communication needs. The service was not currently supporting anyone considered to be at end of life, but relevant information was recorded in their care plans.

People's independence was promoted by staff. The provider worked in partnership with key organisations to ensure people's individual needs were planned. Annual surveys were carried out to obtain people's feedback.

Rating at last inspection

The last rating of the service was good (published on 10 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to person-centred care, , safe care and treatment, and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will ask the provider to complete an action plan to show what they will do and by when to improve to at least good. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner. We may also meet with the provider.

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 safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Requires Improvement ●

Fairby Grange

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team

One inspector carried out this inspection with 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

Fairby Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection site visit took place on 11 December 2019 and was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people and two relatives to seek their views about the service. We spoke with four

members of care staff, the registered manager and the owners of the home. We also spoke with a visiting physiotherapist, who provided additional support to people living at the service. 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 reviewed records, including the care records of ten people using the service, and the recruitment files and training records for four staff members. We also looked at records related to the management of the service such as quality audits, accident and incident records, and policies and procedures.

After the inspection

We requested some further information to be sent to us for example, in relation to risk assessments and care plans and medicine audits. We contacted the health care professionals involved in the service. We received a reply from the Speech and Language Therapy Team.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated 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.

Using medicines safely; Assessing risk, safety monitoring and management

- Medicines were not managed safely. Prescribed topical creams were left out in people bedrooms and were not securely stored. This meant that they were accessible to people that they were prescribed for.
- Medicine Administration Record (MAR) charts were not always signed and there were no notes recorded as to why this was the case. For example, one person who had been prescribed topical creams, did not have their MAR chart completed between 10 November 2019 until the day of the inspection. Therefore, we cannot be assured people were receiving their prescribed medicines.
- Liquid medicines in the trolley did not always record the date they were opened to ensure they remained effective to administer. The registered manager told us that all medicines provided by the pharmacy were on a 28-day cycle. So, any medicines left over at the end of 28-day cycle, were returned to the pharmacy. However, advice from CQC's medicines team was that whilst we cannot advise providers to carry forward their unused medicines. It can be seen as poor practice around medicines regarding the ordering and supply as there is no reason for this and can be considered wasteful practice.
- Medicine competency checks were not regularly carried out on staff to ensure that staff were competent to administer medicines safely.
- Risks to people were not always assessed and identified or updated when their needs changed. For example, people did not have risk assessments in areas, such as call bells and choking.
- Risk management plans were not always in place to guide staff on how risks should be minimised.
- One person was living with a condition that put them at risk of choking. This person did not have a choking risk assessment in place and whilst there was some guidance in place for staff this was contradictory. It was not clear what consistency the person's food should be.
- Although staff we spoke to knew how to support people who were at risk, due to the lack of guidance the provider could not be assured that new staff would know how to support people and minimise potential risks.

Failure to provide safe care and treatment is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During and following the inspection the registered manager took action to ensure prescribed topical

creams in people's bedrooms were stored securely. The registered manager sent us documentation to show that medicine risk assessments had been carried out for people who required them. They also told us during the inspection that medicine competency checks would be implemented. We will check on this at our next inspection.

- Risk assessments were also carried out in relation to people's weight and a Malnutrition Universal Screening Tool (MUST) and food and fluid charts were used to establish if people were at risk of malnutrition or dehydration. Risk regarding people's skin integrity was also carried out to establish if they were at risk of pressure sores.

Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded and investigated. However, the action taken, and the outcome were not always recorded and there was not always updated guidance for staff in place to minimise future incidents. For example, one person who suffered two falls within a period of three days, did not have their care plan and risk assessments updated after the second fall. There was also no up to date guidance for staff on how to minimise future incidents.
- There were no records to demonstrate that learning from these incidents had been disseminated to staff.

Failure to provide the safe care and treatment is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager sent us documentation to show that risk assessments and care plans had been updated. We will check whether these risks have been fully identified and mitigated and that staff are aware of what they needed to do at our next inspection.

Staffing and recruitment

- Robust recruitment checks took place before staff started work. We saw that all four staff files contained application forms. Each file also contained complete employment histories and education histories, evidence confirming references had been sought, proof of identity reviewed, and criminal record checks undertaken for each staff member.
- There were sufficient numbers of staff on duty to meet people's needs in a timely manner. People told us there were enough staff to support them when they needed assistance. One person said, "Yes, I think there is enough staff. I never wait for anything." Another person said, "Yes, there are enough staff, they know who we are. Staff always walking through checking on everyone,"

Preventing and controlling infection

- There were effective systems in place to manage and prevent infection. There were policies and procedures in place which provided staff with guidance on how to prevent the spread of diseases.
- Staff had completed infection control training and followed safe infection control practices. Staff were observed wearing personal protective equipment such as aprons and gloves.

Systems and processes to safeguard people from the risk of abuse.

- There were appropriate systems in place to safeguard people from the risk of abuse. Staff had received safeguarding training. They knew of the types of abuse that could occur, what to look out for and the process to follow for reporting any allegations.

- People and their relatives told us that they felt safe. One person said, "I feel very safe and secure. I sleep well, staff are all excellent." Another person said, "Yes, it's very safe, there are always carers around."

Is the service effective?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question remains the same. This meant the effectiveness of people's care, treatment and support achieved good outcomes or was consistent.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff understood the MCA and when it should be applied. People were encouraged to make decisions for themselves and were provided with information in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible, including considering the best time for them to do so.
- Care plans were developed with people or in their best interests following an assessment of their mental capacity for specific decisions, such as personal care.
- The provider followed the requirements of DoLS and had submitted applications as required. We saw that where DoLS applications had been authorised that the provider was complying with the conditions applied under the authorisation. Capacity assessments were completed, and best interests' decisions made where people lacked capacity to make specific decisions for themselves.
- People's rights were protected because staff sought their consent before supporting them. One person said, "They (staff) always ask before helping me."

Staff support: induction, training, skills and experience

- Staff were supported through induction, training and supervisions. Training considered mandatory by the provider for staff was up to date and included induction training, safeguarding adults, medicines, MCA and DoLS, manual handling, dementia awareness, first aid and infection control.
- Staff were supported through regular supervisions and annual appraisals in line with the provider's policy.

One staff member told us, "I have supervisions and discuss training, my performance, goals and any issues I may want to discuss."

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

- Assessments of people's needs were carried out before they moved into the home. This was to ensure that the home would be able to meet people's care and support needs appropriately.
- People, their families, and social workers if appropriate, were involved in the assessment process to ensure the service had an understanding of people's needs.
- These assessments, along with referral information from the local authority were used to produce individual care plans so that staff had the appropriate guidance and information to meet individual needs effectively.

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

- No-one living at the home was at risk of malnutrition. People were involved in choosing what they wanted to eat and drink. If they did not want the meals on offer, alternatives were always available. One person said, "Food is well cooked and always nicely presented." Another person said, "Really lovely, congratulations to the chef, he comes up to see me and sees if I have enjoyed the food."
- People's care files included assessments of their dietary needs, preferences, their likes and dislikes and staff knew people's eating preferences well.
- The chef was aware of people individual dietary needs and had a list displayed in the kitchen to ensure their nutritional needs were safely met.

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

- There was appropriate signage throughout the home, including the lounge, bathroom and toilet doors.
- There was a maintenance person who checked the premises and equipment regularly to ensure it was safe for use.
- The home had not been decorated in line with the best practice guidelines for supporting people living with dementia. However, the registered manager and the provider said that they would look into this for the future and speak to people and their relatives to obtain their opinions about doing this.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- People had access to a range of healthcare services and professionals which included GPs, district nurses, chiropodists and opticians. One person said, "If I need to I am able to make an appointment to see the doctor during his weekly visits." Another person said, "The chiropodist comes in and does my nails for me."
- We spoke to the speech and language therapist who visited the home on 14 January 2020. They said, "I am happy"

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remains good. This meant people were well-supported, cared for or treated with dignity and respect

Respecting and promoting people's privacy, dignity and independence

- The home had a calm and relaxed atmosphere. We observed staff interacting positively with people.
- We observed staff spending time with people, this included talking about what they used to do in the past. For example, one person was talking to staff about how they used to buy fish from Billingsgate market.
- People and their relatives told us that staff were kind and caring. One person said, "They (staff) are never abrupt, kind and caring, very understanding," Another person said, "Staff are caring and kind. you can ask them to do anything for you, they will do it if they can. I wouldn't want to be anywhere else."
- Staff were observed respecting people's privacy by knocking on their bedroom doors and waiting for permission before entering.
- People told us staff asked for consent before assisting them. One person said, "They (staff) don't presume you want help, they ask first if you want their help."
- Staff encouraged people to be as independent as possible. One person said, "I am an independent person, I want to do things for myself I don't want other people doing things for me. The staff ask me 'would you like some help' before doing anything for me." One staff member said, "If people can do things for themselves I encourage them to do it. Such as wash their face and choose their clothes."

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

- People were involved in making decisions about their daily support. For example, what time they got up and went to bed and what they wanted to wear each day. One person said, "I choose what I want to wear, they pick things out of the wardrobe for me to choose, if I don't like it they get me something else."
- People's care plans included their life histories and their preferences, so staff were aware of people's individual needs.
- People were given information in the form of a 'service user guide' prior to moving in to the home. This guide detailed the standard of care people could expect and the services provided. The service user guide also included the complaints policy, this meant people had a clear understanding of how to complain if they needed to do so.

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

- Care records included people's personal information relating to their disability, religion and sexual orientation.
- A religious representative visited the home monthly and people were supported to attend services if they chose to.
- Although no one using the service at the time of this inspect required support with any other diverse needs, staff explained that people would be supported if the need arose.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were not always person-centred. Regular call bell assessments were not carried out to ensure that individual people retained the ability to use a call bell. So, if they didn't other safety measures could be implemented to ensure people remained safe.
- Care plans were not always reviewed regularly, staff did not always identify when people's needs changed and their care plans had not always been updated. For example, one person had a fall whilst bathing and suffered a minor injury. This person's falls/mobility risk assessment and care plan had not been updated and there was no guidance for staff on how to prevent future occurrences.
- Care files did not always include all elements of people's needs and some areas were not completed or accurate. For example, a person was living with a condition that affected their mobility. However, this person's falls/mobility risk assessment did not provide guidance for staff on how to minimise falls risk associated with the condition the person was living with.
- Only a sample of care plans were audited on a monthly basis, therefore, the issues we found were not identified.

Failure to assess people's needs effectively and provide person-centred support is a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw that both during the inspection and following the inspection the registered manager had updated care files.
- People had a personal profile in place, which included important information about them and included their date of birth, gender, next of kin details, religion, and medical conditions.
- People and their relatives told they were involved in planning their care needs. One person said, "I went through my care recently and discussed if I needed any more help." Another person said, "I have my care plan to read through to see if I agree with the assessment levels of support."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A variety of activities were delivered to people on a daily basis. This included exercise classes, quizzes, walks, exercise to music, pet therapy, outside entertainers. trips to garden centres, a memory café, singing clubs, and luncheon clubs. One person was supported to volunteer twice per week at a local charity shop and four people were supported to go on a three-night holiday. One person was supported to volunteer

twice per week at a local charity shop and four people were supported to go on a three night holiday.'

- People were encouraged to take part in activities, but their choice was respected if they just wanted to sit and watch. One person said, "I have been to the garden centre, we have a look around the plants and then tea and cakes." Another person said, "I am always busy doing things, exercises to music, I especially like it when the dogs come in."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained appropriate guidance for staff on how to effectively communicate with the people they supported.
- Staff told us for people who required support to communicate, they used body language, pictures, and gestures. During the inspection we saw staff using these methods.
- The registered manager told us that if people required information in a different language or in large font this would be provided.

End of life care and support

- The home did not currently support people who were considered at the end of their life. However, people's end of life wishes were documented in their care files. The registered manager demonstrated that they were aware of best practice guidelines and would consult with relevant health and social care professionals and family members where appropriate to identify, record and meet people's end of life preferences and wishes.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and an effective system in place to handle complaints. Since the last inspection no complaints had been received, however, the registered manager told us they would follow the provider's complaints procedure to log and investigate complaints in a timely manner. One person said, "I have no complaints, quite happy here. If I had an issue I would speak to the person in charge." Another person said, "If I have a complaint or issue I know to go to the manager"
- Staff demonstrated that they understood the complaints procedure and told us how they would support people to make a complaint and ensure they received an appropriate response.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this deteriorated 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

- The governance of the service was not effective or robust and this was evidenced by the nature of the breaches of the regulations we identified at this inspection.
- Medicines administration Record (MAR) charts contained gaps without any explanation as to why they had not been completed.
- Medicine, choking and call bell risk assessments had not been carried out, which meant risks to people were not always fully identified.
- Care plan audits only sampled care plans, which meant not all care plans were looked at routinely. They had failed to identify the concerns we identified relating to clear guidance for staff and lack of risk assessments.
- Medicines audits were not completed which meant the concerns we identified regarding medicines had not been picked up by the provider.
- Medicine competency checks were not regularly carried out on staff to ensure that staff were competent to administer medicines safely
- Following accidents or incidents action taken and outcomes were not always recorded and there was not always updated guidance for staff in place to minimise future incidents and the lessons learnt were not always shared with staff to prevent reoccurrences.

Failure to assess, monitor and improve the quality and safety of the service people received is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection the registered manager put in place weekly medicine audits for all medicines. They also stated that they would be carrying out regular care plan audits for people using the service. We will check whether these risks have been fully identified and mitigated and that staff are aware of what they need to do at our next inspection.

Engaging and involving people using the service, the public and staff

- People's views were sought through an annual residents and relatives survey which was carried out in September 2019.
- Overall the feedback was positive. However, some people said that they would like more vegetables as part of their meals. We saw that the registered manager had put an action plan in place to provide more and a

variety of vegetables. This had been actioned by the time of the inspection. Menus confirmed that a variety of vegetables were on offer at meal times and if someone specifically required a particular vegetable they could ask staff and this would be sourced.

- Regular resident meetings were held to obtain feedback from people about the service. The minutes of the last meeting in October 2019 items discussed included activities, meals and healthcare professional visits.
- Staff attended regular team meetings. Minutes from the last meeting in September 2019 showed areas discussed included the care and support provided, training and team teamwork. One staff member said, "I go to staff meetings and they are good, we discuss residents, training and we get to discuss anything we want to."

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

- People and staff were positive about the registered manager and the owners. One person said, "The manager and providers are very good, they will do anything for you.". A staff member said, "The registered manager is excellent and very supportive. They have an open-door policy should I have any concerns." A relative said, "The home is very well run, it is smaller and feels more intimate home than the previous one [my relative] went to."
- The registered manager was aware of their responsibility regarding duty of candour. The CQC had received notifications that providers must send to us in a timely manner. The current rating was displayed within the home.

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority and health and social care professionals to provide joined-up care.

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 9 HSCA RA Regulations 2014 Person-centred care People did not receive person-centred care. Care plans were not regularly reviewed. Regulation 9
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not safely managed. Risk assessments were not updated and there were not always risk management plans in place. Regulation 12(1)(2)(b)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service. Regulation 17(1)(2)(b)