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Fairby Grange

Inspection report

Fairby Grange
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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?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

The inspection was carried out on 14 March 2016 by three inspectors. It was an unannounced inspection. The service provides personal care and accommodation for a maximum of 27 older people some of whom live with dementia. The service provides both permanent and respite places. There were 24 people living at the service at the time of our inspection.

There was a registered manager 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported by a senior care staff to ensure the daily management of the service. The registered provider was present in the service most days during the week and was involved in the day to day management of the service.

This was the first inspection of the service under the provider's registration, however the registered manager had continued to manage the service during the transition from the previous ownership to the current.

The registered provider had not ensured that risks to individuals were appropriately assessed and minimised, for example the risk of developing pressure wounds, malnourishment and falls. However, staff were responsive to changes in people's needs and made referrals to health professionals as needed.

The registered provider had not ensured that staff and the registered manager fully understood and adhered to the principles of the Mental Capacity Act.

The registered provider did not have effective systems in operation for checking and improving the quality of the service. They had not identified shortfalls found in this inspection, for example in relation to managing risks and meeting the requirements of the Mental Capacity Act.

Generally staff promoted a person centred culture in the service, but some of the language that staff used reflected a culture that focussed on getting tasks completed more than a person centred culture. Staff referred to 'doing' people when they were talking about who they were going to assist with personal care and 'feeding' people rather than supporting them with their meals. The registered provider had spoken with

staff about the use of appropriate language in a team meeting, but this had not ensured the required improvements.

The registered provider had not ensured accurate and complete records were maintained in respect of the running of the service.

Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Systems were in place to protect people from abuse. Staff showed they understood the need to meet the emotional needs of people living with dementia as well as their physical needs.

There were enough staff employed, with the right skills and experience, to meet people's needs. The registered provider ensured appropriate checks were made before new staff started work to ensure they were suitable to care for people.

People's medicines were managed so that they received them safely. People had their health needs met by a team of health care professionals. Staff supported people to access the care they needed. Staff took necessary precautions to reduce the risk of people acquiring an infection in the service. We made a recommendation about the access arrangements for the laundry room.

The premises were clean, safe and well maintained and suitable for the needs of the people that lived in the service. The registered provider had given some consideration to the specific needs of people who live with dementia. Signs had been fitted providing people with guidance to bathrooms and living spaces and people had been supported to choose a picture for their bedroom door that would help them recognise their room. Risks within the premises had been assessed and minimised. Equipment used for the provision of care was appropriately maintained. Accidents and incidents were monitored and action taken to reduce the risk of them happening again.

Staff were provided with training appropriate to their roles and had the opportunity to complete a relevant health and social care qualification. Staff were appropriately supervised and supported to ensure they carried out their roles effectively and safely.

People were provided with sufficient food and drink to meet their needs. We made a recommendation about the availability of drinks and snacks and the arrangements for serving meals.

Staff were caring and kind in their approach and demonstrated compassion and patience when supporting people. Staff knew people well and knew information about their families and personal histories. A staff member told us, "Knowing about people's lives and their past helps reduce their frustration when we are caring for them". Staff provided reassurance to people who were distressed or disorientated in a warm way. People were enabled to stay in touch with family and friends.

People were involved in decisions about their day to day lives and their care. People's privacy was respected and people were supported in a way that respected their independence. The staff promoted people's independence and encouraged them to do as much as possible for themselves.

Most people received a personalised service that met their needs. However, we found that people who used the service for a period of respite did not always have a care plan developed within a reasonable timeframe. We have made a recommendation about this. Staff responded to people's needs and requests in a timely way. We made a recommendation about ensuring that people can access their call bells at all times. The service provided a variety of social opportunities for people. People said they enjoyed the social

opportunities and entertainment provided. The registered provider had improved the provision of activities recently to ensure the activities provided were personalised to individuals' hobbies and interests.

People's views were sought and acted upon. The registered manager sent questionnaires regularly to people to obtain their feedback on the quality of the service. The results were analysed and action was taken in response to people's views. Regular residents meetings were held and the registered manager took account of people's comments and suggestions. People knew how to make a complaint and felt confident to do so.

The registered manager provided clear and confident leadership for the service. The registered provider and the registered manager understood their legal responsibilities. They had notified the Care Quality Commission of any significant events that affected people or the service.

During this inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

We also made a number of good practice recommendations as follows;

We recommend that the registered provider review the access arrangements for the laundry.

We recommend that the registered provider consider arrangements for making drinks and snacks readily accessible to people to allow them to access them without having to ask staff. We recommend that the registered provider review the arrangements for serving meals to ensure people are not waiting whilst others are eating.

We recommend that the registered provider review the systems in place for ensure that people can call for assistance if needed.

We recommend that the registered provider establish an appropriate timeframe for developing a care plan that identifies and meets the needs of people using the service for respite care.

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 consistently safe.

Risks to individuals, and within the premises, had not been appropriately assessed and managed.

The premises and equipment were well maintained and safe for people to use.

Staff were trained in the safeguarding of vulnerable adults and were knowledgeable about recognising the signs of abuse.

There were sufficient numbers of suitable staff on duty to safely meet people's needs.

People were supported to manage their medicines in a safe way.

People were protected against the risk of acquiring an infection in the service.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

The registered provider was not always meeting the requirements of the Mental Capacity Act 2005.

Staff were appropriately supported and supervised to ensure they were competent in carrying out their roles.

Staff were provided with training appropriate to their roles. Staff had completed a relevant health and social care qualification.

People were provided with sufficient food and drink to meet their needs.

People were referred to healthcare professionals promptly when required and staff worked in partnership with them to meet their health needs.

The premises and facilities met the needs of the people using the

Requires Improvement ●

service.

Is the service caring?

The service was caring.

Staff were caring and kind in their approach and demonstrated compassion and patience when supporting people. Staff knew people well and knew information about their families and personal histories.

People were involved in planning their care.

Staff respected people's privacy and promoted people's independence.

Good ●

Is the service responsive?

The service was not consistently responsive.

Most people's needs were assessed and their care planned in a way that reflected and met their individual needs, preferences, and social history. However, people that used the service on a respite basis did not always have an appropriate plan in place.

The service was responsive to people's needs and requests.

People knew how to complain and people's views were listened to and acted upon.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The registered provider did not always operate effective systems for checking and improving the quality of the service. They had not identified shortfalls found in this inspection, for example in relation to managing risks and meeting the requirements of the Mental Capacity Act.

The registered provider had not ensured that the service consistently reflected the principles of person centred care.

The registered provider had not ensured accurate and complete records were maintained.

The registered manager provided supportive and clear leadership to staff. Staff felt supported in their roles and were

Requires Improvement ●

enabled to contribute their ideas for improving the service.

The registered provider had effective system in operation for assessing and improving the safety of the service.

Fairby Grange

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 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.

This inspection was carried out by three inspectors on 14 March 2016 and was unannounced.

Before our inspection we looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events. During the inspection we looked at records held in the service including those relating to people's care, staff management and the quality of the service. We looked at six people's assessments of needs and care plans and observed to check that their care and treatment was delivered accordingly.

We spoke with four people who used the service during the inspection visit and two people's relatives following the inspection to obtain their views of the service. We also spoke with the registered provider, the registered manager, senior care staff and three members of care staff.

Our findings

People and their relatives told us that they felt safe using the service. People told us that they received their prescribed medicines when they needed them. They said that they were offered pain relieving medicines if they needed them. "They (staff) are here for you. I feel safe, if I have any aches or pains the tablets are right there". People said there were enough staff to meet their needs and that they did not have to wait a long time for support.

People told us the service was always kept clean. One person told us, "The cleaners do a great job" and a person's relative told us that the service was always, "spotlessly clean".

Risks to individuals and staff had not always been assessed and effective plans had not been put in place to minimise the risks of harm. Preventative monitoring and assessments such as skin integrity and nutrition assessments were not being completed. Although staff contacted other healthcare professionals such as district nurses and GP's if they were concerned about anyone, they did not proactively assess the risk of people's health deteriorating. One person was being cared for in bed on a pressure mattress. Staff said that they were unable to weigh the person. When asked how they knew that the mattress was on the appropriate setting according to the person's weight staff said that they "Used their judgement" as the person did not currently have any pressure wounds. This was not a proactive assessment or management strategy for the risk. The registered manager said that they were planning on introducing skin integrity assessments, however this had not yet commenced.

Assessments of the risk of falling had been completed, but the outcome did not always match the outcome of another assessment of falls in each person's general risk assessment. For example, one person's falls risk assessment showed they were at a medium risk of falls, however the general risk assessment showed a very high risk of falls. It was recorded in another person's falls risk assessment, completed in August 2015, that the person had no history of falls. However the person had since fallen out of bed in September 2015 and the risk assessment had not been updated. The falls risk assessments that had been completed did not include assessing whether people's footwear was appropriate. This meant that staff could not effectively plan to respond to the risk of individuals falling.

One person who used the service was being cared for in bed as their mobility had significantly decreased. In their care records it said that they should be checked "At least every two hours at anytime during the day or night". Records of checks did not confirm that the person was receiving checks at least every two hours and there were some days where there were no records of monitoring the person. One person was had been

visited by the GP in December 2015 and the advice given in the GP's notes section said "Make sure X sits right up for a few hours a day so it keeps their chest clear". This advice had not been included in the person's care plan and there were no monitoring records to ensure that this was happening. Staff did not always follow guidance to ensure risks to people's well being were reduced.

One person was identified as sometimes displaying challenging behaviours. Their care records did not offer clear guidance for staff in how to reduce the risk of the person becoming agitated or offer any clear information about how to calm the person when they displayed challenging behaviour. The care plan advised staff to "comfort" the person but did not say how this could best be achieved for that individual. There was no monitoring in place for episodes of challenging behaviour so patterns of behaviour and preventative measures could not be identified by the registered manager.

One person had a known food allergy, but in the kitchen this had been recorded on the noticeboard as a food dislike rather than an allergy. This meant that kitchen staff may not have understood the importance of avoiding the use of the food in meal preparation for that person. One person had been assessed as being at severe risk in relation to their nutrition and hydration. Guidance for staff on how to reduce the risk was not detailed and did not give staff information on the usual intake for the person, at what point a GP or other healthcare professional would need to be notified or suggestions for improving the person's intake such as offering favourite foods and drinks.

Risks to people's welfare and safety were not appropriately assessed or managed to ensure they were minimised. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The environment was safe. The premises had been assessed to identify risks and action taken to minimise these. Action had been taken to improve the safety of areas of the service when necessary, such as fitting hand rails in bathrooms. Bedrooms were spacious and clutter-free so people could mobilise safely. The building had been made accessible for people with mobility difficulties. There was a stair lift to the upper floors and handrails fitted around the service. The registered provider had arranged for radiators to be covered to protect people from the risk of scalding, however two radiators had not been covered. The registered provider told us this would be rectified. Equipment was maintained in good order and had been checked and serviced at appropriate intervals to make sure it was safe to use. Portable electrical appliances were serviced regularly to ensure they were safe to use. All hoisting equipment was regularly serviced. People's call bells were checked and regularly maintained. Staff tested the temperature of the water from various outlets each week to ensure people were not at risk of water that was too hot. There was a system in place to identify any repairs needed and action was taken to complete these in a reasonable timescale. External contractors were called when needed for repairs within the service.

The service had an appropriate business contingency plan that addressed possible emergencies and identified temporary accommodation at another local residential home. Staff were trained in providing first aid. Staff had been trained to use the fire policy in practice and to use the fire protection equipment around the home. Personal evacuation plans, that reflected people's mobility levels and individual needs, were regularly reviewed and available to staff in case of an emergency. This meant that staff knew how to respond in an emergency to ensure people's safety.

Staff knew how to identify abuse and how to respond and report any concerns. Staff knew how to access information about safeguarding and where the policy related to the safeguarding of adults was located. The policy was up to date and reflected the guidance provided by the local authority. Staff training records confirmed that their training in the safeguarding of adults was up to date. Staff understood their

responsibilities to report any concerns about abuse and were confident to do so. Staff were aware of the registered providers whistle blowing policy that provided protection for staff that wished to raise concerns with other agencies outside the service. People were protected by staff that understood how to recognise and respond to the signs of abuse.

The registered provider generally followed robust procedures for the recruitment of new staff. The majority of staff files we viewed contained included interview records, references and a disclosure and barring check. However, one staff file did not contain a reference from a previous employer for a similar and relevant role. The registered manager arranged to meet with the staff member to obtain this reference. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. They were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

There were sufficient numbers of experienced and qualified staff on duty to provide the care people needed. The registered provider completed a monthly assessment of the dependency of each person using the service to ensure staffing levels met their needs. Staff rosters indicated sufficient staff were in attendance on both day and night shifts. Staff told us that there were enough staff on duty to enable them to meet people's needs, particularly as the staff numbers during the day had recently been increased. We saw that staff were available to attend to people's needs within a reasonable timeframe. We checked the call bell system to see the response times when people pressed their call bell for assistance and found that staff had responded quickly. The service deployed enough staff to meet people's needs.

People's medicines were managed so that they received them safely. The service had a policy for the administration of medicines that was regularly reviewed. Staff had received appropriate training and the registered manager had made checks of their competence to administer medicines safely. A system for ensuring staff were not disturbed had recently been introduced and staff reported this had minimised unnecessary distractions when administering medicines. The registered manager ensured all medicines were correctly ordered and received, stored, administered and recorded. We saw staff administering medicines and accurately recording when people had taken these. A system was in place to check that medicines records had been completed accurately on a daily basis. The pharmacist had recently completed an audit of the systems used in the service for managing people's medicines. One recommendation had been made about checking the temperature of storage areas and the registered provider had addressed this. People were protected by effective systems for ensuring they received the medicines they needed at the right time and in a safe way.

Staff were employed in housekeeping roles to ensure that areas of the premises were cleaned each day. The service had a Food Hygiene rating of 5 from the local authority. The service held a policy on infection control and practice that followed Department of Health guidelines and helped minimise risk from infection. Staff understood infection control practice and the importance of effective handwashing in reducing the risk of infection. Guidance about handwashing was displayed above hand wash basins. Staff told us they used disposable gloves when providing personal care to people and we saw that staff obtained these before providing care. A shower that was no longer in use was flushed through weekly to reduce the risk of legionella in the water system. Staff followed safe procedures for managing soiled laundry through the use of specialist laundry bags, however it was practice for staff to carry these laundry bags through the clean entrance of the laundry room. People's risk of acquiring an infection was appropriately reduced, however we recommend that the registered provider review the access arrangements for the laundry.



Our findings

People and their relatives told us that they felt the staff were trained to meet their needs. A person's relative told us that the service had been very effective in improving the health of their relative commenting that, "Since going to live at Fairby X has thrived and is now physically well". People said they could see health professionals such as a doctor, chiropodist or optician when they needed to.

People said they enjoyed the meals provided and had a choice of food and drink. The themed lunches and days that the home put on are well liked by residents. One person told us "I can ask for food or drinks when I want one and the staff here are very kind and friendly" One person commented that there was often a long wait between lunch and dessert.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered provider had made appropriate applications under DoLS, however they were not able to show us that they had completed an assessment of people's capacity to consent to the restriction before the application was made on their behalf. A best interest decision had been made in respect of one person using bed safety rails, however there was no assessment of the person's capacity to show that they had been unable to make the decision for themselves. Eight DoLS applications had been made in 2015, but the registered provider was unclear if these had been authorised by the relevant authority and no records of authorisation could be found. This meant that people may be deprived of their liberty without the correct authorisations and conditions of the authorised deprivations being in place.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff sought people's consent before providing day to day care. For example we heard staff asking people if

they needed help before providing it and seeking their consent before administering medicines. Staff asked people's permission before taking photos to document a craft activity.

Staff had appropriate training to care for people effectively and meet their individual needs. Staff confirmed they had received a comprehensive induction and had demonstrated their competence before they had been allowed to work on their own. New staff had completed the Care Certificate, which is an assessment based learning programme designed for all staff starting to work in care roles. Records showed that all essential training was provided and updated as required and that staff had the opportunity to receive further training specific to the needs of the people they supported, such as dementia and mental health. Staff told us that they were provided with sufficient training to carry out their roles. All staff had completed a relevant health and social care qualification or were working towards this. Staff were able to show that they applied the skills and knowledge obtained in training to their everyday practice, for example by using safe moving and handling techniques. However, we found that training for staff in the Mental Capacity Act had not been effective to ensure they understood the requirements of the Act. The registered provider was aware of opportunities to access training and development opportunities for staff. Upcoming training had been arranged in 'end of life care' and 'nutrition'.

Staff told us they felt supported in their roles. Staff had a supervision meeting with the registered manager or the senior care staff every two months. They said this was an opportunity to discuss their work and to identify any further training or support they needed. Records showed that staff were given information, guidance and support relevant to their role. For example recently the registered manager had discussed with staff what was meant by 'duty of candour' and they had also checked staff understanding of the fire procedure. An annual appraisal of staff performance took place for all staff to ensure expected standards of practice were maintained. This ensured that staff were appropriately supported and clear about how to care effectively for people.

People were provided with sufficient food and drink to meet their needs. Records showed that catering staff provided for a range of dietary needs including vegetarian options and meals suitable for people with a range of specific health conditions, such as diabetes. People's care plans showed that dietary advice and guidance given by professionals was followed by staff. Staff provided people with hot drinks when they requested them and offered tea and coffee at various points of the day. Records of a residents meeting showed that people had requested more snacks to be available. Snacks and drinks were not available for people to help themselves to, but staff told us people were able to request snacks and drinks at anytime during the day or night. We saw that people were offered second helpings at mealtimes and were enabled to change their mind about their choice of meal at any time and be provided with an appropriate alternative. During the inspection we found that meals were not served by table, which meant that some people were halfway through their meal before others on the same table received theirs. We recommend that the registered provider consider arrangements for making drinks and snacks readily accessible to people to allow them to access them without having to ask staff. We recommend that the registered provider review the arrangements for serving meals to ensure people are not waiting whilst others are eating.

People's wellbeing was promoted by regular visits from healthcare professionals. Staff enabled people to see their GPs regularly as needed to promote good health and the district nursing team provided advice and care to those who required it. An optician visited people annually and a chiropodist visited every six weeks to provide treatment. People were supported to see a dentist when necessary. Where people required input from a healthcare specialist this had been arranged and staff were able to describe how they followed the recommendations provided. Staff ensured that people's health appointments were made when they needed them and that they were accompanied to these by staff if requested. There was an additional fee charged for escort duties outlined in the service user guide. Staff told us that they had a positive and

effective working relationship with community health professionals and knew who to contact for advice, support or equipment to meet people's needs. People had their health needs planned for and met.

The premises provided space and facilities that met the needs of the people that lived there. The registered provider had given some consideration to the specific needs of people who live with dementia. Signs had been fitted providing people with guidance to bathrooms and living spaces and people had been supported to choose a picture for their bedroom door that would help them recognise their room. However, the carpet throughout the service was heavily patterned and not best suited for those who live with dementia. We gave the registered provider advice on seeking guidance about dementia friendly environments to include in their redecoration plan for the service. Accommodation was designed to allow people to move safely around the premises. Handrails were fitted to allow people to stabilise when moving around. There was a stair lift to enable people to move between floors. There were sufficient toilets and bathrooms across the service for people to use and bathing and shower facilities met people's mobility needs. Bedrooms were personalised and people had been able to bring items of furniture and personal belongings from home if they wished to. The garden provided a safe and well maintained area for people to use with seating areas.

Our findings

People and their relatives told us that the staff were kind and compassionate and they said they felt well cared for. One person said, "The staff here are all good fun. They never let us get down, there's always singing or cheerfulness". Another person told us, "They are all so kind and they really do care". A person's relative told us, "The care X has received has been second to none and the consistent attention, kindness and respect has helped X to feel much happier, less lonely and grow in confidence once more".

People told us that the staff respected their privacy and helped them to maintain their dignity. A person's relative told us "The carers handle [the person's needs] in such a way that her dignity is always maintained". People told us they were able to make decisions about their care and how they spent their time. People told us that staff respected their decisions. People told us their friends and relatives could visit at any time and were made to feel welcome.

Positive caring relationships were developed with people and their families. Staff interacted with people in a warm and friendly manner. Staff offered people choices and respected the decisions they made. Staff did not rush people; they took care to provide support at an appropriate pace to meet people's needs. Staff involved everyone in conversations and did not speak over people. They addressed people by the name they preferred and were polite when speaking with them. One staff member told us "I always think that any one of the people I support could be my Nan and how would I like her to be treated".

Staff provided reassurance to people who were distressed or disorientated in a warm way. They were able to describe how they adapted the way they responded to each person depending on their individual needs. They understood the best way to respond to each person's confusion or distress to ensure they felt reassured. Staff told us that this involved acknowledging a person's reality may be different to their own and respecting that fears and worries were real for that person. Staff had a good understanding of the need to meet the emotional needs of people living with dementia as well as their physical needs.

Staff knew people well and knew information about their families and personal histories. A staff member told us, "Knowing about people's lives and their past helps reduce their frustration when we are caring for them". Staff were able to tell us about things that were important to people and how they supported their interests, for example staff knew that a person who loved dogs always liked to watch the Cruft's dog show. Staff described how they often chatted with a person who was a head teacher about changes in education now and latest news about education. People could bring their pets with them to the service and one person had their cat with them in their room.

People's right to privacy was respected. Staff knocked on people's bedroom doors, announced themselves and waited before entering. People were assisted with their personal care needs in a way that respected their dignity. A hairdresser held a salon in the service each week so that people could maintain their appearance in their preferred way. A waiting area had been developed with magazines to create the feel of a hairdressing salon for those that were unable to get to a salon in the town. Some people chose and were supported to continue to use their preferred hairdresser. People's records were stored securely in an office area. Staff did not discuss people's personal information in front of others. A private payphone cubicle was available for people that wished to use it. Staff respected people's privacy and confidentiality.

People were involved in decisions about their day to day lives and their care. People and their representatives had been involved in planning their care and, where they were able to, had signed to agree the plan. People were enabled to stay in touch with family and friends. The registered provider had recently fitted a Wi-Fi internet connection throughout the service so that people could use their own tablet computers. A computer was available for people to use and staff said they had helped some people learn how to use this to contact relatives via internet video calls and email. Staff promoted people's independence and encouraged people to do as much as possible for themselves, for example one person was helping polish cutlery and lay the dining tables. Staff supported this activity positively and chatted with the person about different types of food that were eaten in the past and the person's life history and family, whilst they were carrying out the job. The person told us this was a regular job they enjoyed doing in the service as they liked to feel useful. People were enabled to stay in control of their own lives and maintain and develop new skills.

Our findings

People told us that the service provided care that met their needs. They said that the staff understood what help they needed and were available to provide it when needed. One person's relative told us "It was a tough decision to put X into care but we needn't have worried as the care they receive at Fairby Grange, by the carers who really do care, is second to none".

People and their relatives knew how to make a complaint and told us that they felt confident and able to talk to the registered manager or the registered provider if they had any concerns.

Each person's needs had been assessed before they moved into the service and a care plan had been written to meet the assessed needs. When people came to live at the service care staff sat with people and their relatives and completed a 'life story book'. This helped staff to understand the person's life history such as their occupation and where they went to school, important life events, their family network and what their beliefs were. The booklets were then entered onto the electronic system under the personal life history section so that staff were able to access them to get to know people. People's care plans took account of people's preferences and how people liked things to be done such as having a bath. They included comments such as "Likes bubbles in her water". Staff were able to tell us about people's individual preferences and how they ensured they provided care in a way the person preferred, for example people who preferred to get up earlier and those that liked to have a lie in.

The service provided a variety of social opportunities for people, mainly within the home. People we spoke with said they particularly enjoyed the musical entertainment that was provided. In one person's life history it said that they were interested in art. However, the activities records for the person showed that over the last twelve months they had not been offered or taken part in any activities that related to art. A new activities worker had recently been appointed and was developing a programme of activities that took into account people's hobbies and interests. There was a 'wish tree' in the lobby where people are encouraged to write down their wishes for what they want to do. The activities worker kept a record of how well people engaged with different activities, documenting what the person did, who they did it with, was it a success and how could it be improved. They told us this helped them to plan activities in a personalised way. Staff understood how to ensure people who cared for in bed were not isolated. They told us they made time to visit these people to chat with them, read to them or paint their nails and provide hand massage. One person enjoyed model railways as a hobby. They had been supported to continue with model building and had a subscription for a magazine relating to their hobby. A local college had been to the service to discuss possible courses for people to do at college, such as gardening, health and beauty and cooking. People told

us about a valentine's day activity when they made chocolate strawberries and enjoyed a singer who put on a show. Several people spoke positively about outings they had been on such as on a boat trip for lunch. During the inspection some people were helping preparing an Easter basket. This included discussion about what flowers and decorations should be used in the Easter baskets. The service had begun to develop a more personalised approach to social activities.

Staff were responsive to people's needs. They noticed when people needed assistance with their personal care needs or meals and provided support swiftly. Records showed that staff were responsive to people's health needs. Action had been taken to seek advice from health professionals when people had become unwell or their needs had changed. We saw that one person was sat in a quiet area of the home. A member of asked them if they would like to join others in watching a film. The person declined, so the staff member said "Would you like me to go and get you a book or something else instead?" The person said "No thank you, I would rather sit and meditate" so the member of staff told them to call if they needed anything. However, we also saw that one person was in bed for lunch and had been supported to sit up to eat. However, they told us could not reach their call bell to ask for assistance with their meal. We recommend that the registered provider review the systems in place for ensure that people can call for assistance if needed.

One person had been admitted to hospital in December 2015 and since returning to the home their needs had changed. There was no documented review of the person's care needs after they had been discharged from hospital. A review of their care plan was carried out by the registered manager and provided following the inspection. The service used an online system for care planning which staff accessed to via computer tablets. The system set reminders for staff such as when care plans were due to be reviewed. The registered provider had also recently introduced a 'Resident of the week' which required staff to update their knowledge and understanding of a person's care plan each week. This also required the senior member of staff to review the care plan to ensure it continued to meet the person's needs. In one person's records, who was with the service for short term respite care, there was no care plan in place for staff to follow for ensuring that the person received the care that they required. There were also no risk assessments completed to ensure that any risks to the person had been addressed while they were staying at the home. We recommend that the registered provider establish an appropriate timeframe for developing a care plan that identifies and meets the needs of people using the service for respite care.

People's views were sought and listened to. The provider held recently increased the number of residents' meetings where people were able to discuss matters of importance to them with staff. The records of a residents meeting showed that some people had requested more entertainment, specifically more singers and shows. There was evidence that a singer had performed at a Valentine's day meal. Blinds had been ordered for the dining room after some people commented they found it too bright. One person had requested menus to be put on the tables in the dining room and this had been done. The service sent a series of annual questionnaires to people's relatives or representatives to gather their views on the care and support provided, activities, the food, the environment and management. The results of the most recent survey had been collated by the registered provider and a feedback report produced which outlined the action that would be taken in response to the suggestions made.

People knew how to make a complaint. They told us they felt confident to raise any concerns and felt the registered manager would take them seriously. There was a complaints procedure that was displayed in the main areas of the service and people's bedrooms which directed people to make written complaints to the registered provider. People told us they did not have cause to complain. Complaints had been handled appropriately and responded to quickly.



Our findings

People and their relatives told us they were happy with the service they received. One person's relative told us, "It is a good service and X is very happy there". Another person's relative told us, "Nothing is ever too much for [the registered manager] and her staff and we only need to ask and things are dealt with straight away".

The registered provider had recently developed a new audit system for the quality of care delivery. However, these audits had not always been effective in identifying shortfalls. For example, the registered provider had not identified that risks to individuals' wellbeing were not assessed and minimised effectively or that the requirements of the Mental Capacity Act were not being fully met. The registered provider had met with cleaning staff in February 2016 to inform them that they were not satisfied with the standards of cleanliness in the service, however they had not ensured that staff had a schedule of cleaning tasks to refer to so that they were clear about the registered provider's requirements.

Generally staff promoted a person centred culture in the service, but some of the language that staff used reflected a culture that focussed on getting tasks completed more than a person centred culture. Staff referred to 'doing' people when they were talking about who they were going to assist with personal care and 'feeding' people rather than supporting them with their meals. The team meeting minutes for January 2016 showed the meeting had included a discussion about language that reflected a person centred culture. However, this had not ensured the required improvement were made and embedded into the culture of the service.

The registered provider did not always operate effective systems for monitoring, improving and maintaining the quality of the service people received. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider had not ensured accurate and complete records were maintained in respect of the running of the service. We found a reference to a complaint in the minutes of a management meeting held in the service. When we checked the complaints file this had not been entered in the complaints log and the investigation and outcome had not been recorded. The registered provider did not keep a record to evidence the cleaning of the premises and equipment to ensure hygiene standards were maintained. The planned menu did not show the range of vegetarian options available to people to enable them to make an informed choice, for example on some days there was no vegetarian option or only a light option of jacket potato as a vegetarian alternative.

Accurate and complete records, for the purpose of providing care, were not maintained. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's records were stored securely. Computer records were secure with restricted access to relevant members of the staff team.

The registered provider had systems in place for checking and improving the safety of the service. Monthly checks of the safety of the premises were made in line with the registered provider's policy. This included checking the temperature of hot water, assessing hazards in the premises and checking equipment was serviced and safe for use. Where shortfalls had been identified action had been taken to rectify these. The registered provider had an improvement plan for the premises that included the replacement of flooring in areas of the service and the redecoration of other areas. The improvement plan had been given to all the people using the service and their relatives.

The registered manager provided clear and confident leadership for the service. People, their relatives and staff were complimentary about the leadership skills of the registered manager and the senior staff. One staff member told us, "the senior care staff is a great mentor, very calm in all situations". Staff felt supported in their roles and were clear about their responsibilities. The registered provider had recently carried out a survey of staff views and had appointed a staff representative to help develop and action plan for improvement. Staff said they felt listened to when they made suggestions for improvements. The registered manager and the senior care staff had almost completed a level 5 leadership in care qualification. The registered manager also held a level 4 qualification in care management.

The registered provider told us they used relevant social care websites such as Skills for Care to stay up to date with changes in legislation and good practice guidance. They had researched and implemented the Care certificate for new members of staff as part of their induction. The registered manager understood their legal responsibilities and consistently notified the Care Quality Commission of any significant events that affected people or the service and promoted a good relationship with stakeholders.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered provider had not ensured that staff and the registered manager fully understood and adhered to the principles of the Mental Capacity Act.</p> <p>Regulation 11(3)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people's welfare and safety were not appropriately assessed or managed to ensure they were minimised.</p> <p>Regulation 12 (2)(a)(b)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had not ensured accurate and complete records were maintained in relation the running of the service.</p>

The registered provider did not have effective systems in operation for checking and improving the quality of the service people received.

Regulation 17(2)(a)(d)(f)