

J.T. Care Homes Limited

Fairmont Residential Home

Inspection report

30 Watling Street Road
Fulwood
Preston
Lancashire
PR2 8DY

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Ratings

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

Summary of findings

Overall summary

About the service

Fairmont Residential home is a residential care home providing personal care to 23 older people, people with a physical disability, sensory impairment, younger adults and people living with a dementia. Eighteen people were living at the service at the time of the inspection. The service was one building over three floors. Bedrooms benefited from ensuite facilities some of which included showers. Public areas were accessible to all people with lift access. Outside accessible space was available to people as well as car parking onsite.

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

We have made recommendations about managing risks, post falls observations and staff recruitment processes. Risks were being managed, however; further detail was required to ensure risk assessments contained up to date information about how to support people's individual needs. The registered manager told us they would ensure observation of people would take place where falls had occurred. The registered manager confirmed the actions they would take which ensured the employment history of staff was available to them and considered as part of the recruitment process. Sufficient numbers of staff were in place to support people's needs. People told us they felt safe and staff understood how to act on allegations of abuse.

People's health needs were supported with a range of professionals involved. Supplies of food was available for meal preparation and choices of meals were offered. Staff received relevant training to support the delivery of care, supervisions and appraisals were undertaken. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received good care and their individual needs were met. People were treated with dignity and their privacy was considered. Good, kind and caring interactions were noted between staff and people.

A range of activities were provided to people. We observed activities taking place during the inspection. A computerised system had been introduced since the last inspection. The registered manager took action to ensure records contained up to date information about how to support people's individual needs. Systems were in place to deal with complaints.

People were complimentary about the registered manager and the support she provided. The registered manager and staff team were open and transparent during the inspection. The provider visited the service regularly and clearly knew the staff team and people living in the service. Audits and monitoring of the service was ongoing.

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 28 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Fairmont Residential Home

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 Care Act 2014.

Inspection team

Two inspectors undertook the inspection.

Service and service type

Fairmont Residential home 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 manager registered with the Care Quality Commission. 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 was unannounced.

What we did before the inspection

Prior to the inspection we reviewed the information we held about the service, including feedback or notifications which the service is required to send to us by law. We also asked for feedback from professionals. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service, one professional, and undertook observations in the public

areas of the service. We spoke with five members of staff. These included three care staff, the chef and the registered manager who took overall responsibility for the service. We looked at a range of records including; three care files, staff and training records as well as records relating to the operation and oversight of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that 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.

Assessing risk, safety monitoring and management

- Systems were in place to record and investigate incidents and accidents. Most of the records reviewed confirmed the actions taken as a result of the incidents. However, where one record noted a person had fallen, post falls observations had not been completed. The registered manager confirmed they would ensure where required post falls observations would be undertaken going forward.

We recommend the provider considers current guidance to ensure incidents, and accidents are managed safely and take action to update their practice accordingly.

- On the whole individual risk assessments had been completed to support people's needs safely. However, we noted two people had identified risks where risk assessments had not been completed. We discussed these with the registered manager who took immediate action to ensure all identified risks for people were appropriately assessed to manage them safely.

We recommend the provider considers current guidance on assessing and managing people's individual risks and take action to update their practice accordingly.

- Environmental risks were managed safely. Relevant checks and servicing was taking place and personal emergency evacuation plans were completed for all people living there.

Staffing and recruitment

- Staff were recruited safely and staffing was in place. Staff told us there was enough staff in place to deliver people's care. We observed staff visible and assisting people's in a timely manner.

- Staff told us and records confirmed safe recruitment practices were followed. Relevant checks had been completed including proof of identity and referencing from previous employers. However, one application form had not been completed in full to reflect the full employment history of the staff member. The registered manager confirmed their commitment to ensure all future recruitment of staff would include the full employment history of them.

We recommend the provider considers current guidance on the safe recruitment of staff at the service and take action to update their practice accordingly.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People we spoke with felt safe in the service. One said, "The

staff are good, I feel safe." Staff confirmed they had received safeguarding training and understood the actions to take if abuse was suspected. One said, "I would report it to the [registered] manager or the senior [staff member]. I would be happy that they would deal with it appropriately."

- Information, policies and guidance was available to support the service to act on allegations of abuse appropriately. The registered manager told us and records confirmed no allegations had been received since 2018.

Using medicines safely

- Medicines were managed safely. We observed medicines were administered safely; records had been completed in full. Medicines were being stored safely and checks on temperatures were done regularly in line with recommended guidance. Audits were being undertaken, however, these required further information to ensure medicines were managed safely. The registered manager confirmed the immediate action taken to ensure medicines audits were detailed and monitored safe medicines practice.
- Staff responsible for the administration of medicines confirmed they had received medication training and competency checks, which confirmed they were safe to administer people's medicines.

Preventing and controlling infection

- People were protected from infection control risks. Personal protective equipment was available to the staff team and staff were observed making use of these during the day. Information and guidance was available and we saw records which confirmed audits of the service had been undertaken.
- All areas were clean and tidy, and dedicated housekeeping staff were available which ensured regular cleaning was undertaken.

Learning lessons when things go wrong

- Lessons had been learned from incidents. There was some evidence which confirmed the actions taken as a result of incidents, accidents and lessons learned. An example was a review of bedrails and bumpers to support and share lessons learned.

Is the service effective?

Our findings

Effective – this means we looked for evidence 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 as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed. The service had completed preadmission assessments prior to people moving in. People we spoke with confirmed they had been involved in the development of their care files.

Staff support: induction, training, skills and experience

- People were provided with care from a skilled staff team. People told us they were happy with the staff. They said, "The staff know what they are doing." Staff told us they were up to date with their training and this was ongoing in the service. Training records confirmed a range of training had been provided to the staff team which supported the delivery of care to people.
- Staff told us and records confirmed they received regular supervision and annual appraisals, where they were able to discuss their role, any support required or training needs.

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

- People were supported with their dietary needs according to their likes and choice. People told us they were happy with the meals provided. We saw records which confirmed the menus were discussed as part of resident and relative's meetings.
- People told us they enjoyed their meal. We observed part of the meal time experience. Tables were nicely set and choices of meals were offered to people. Staff were seen supporting people in a timely manner with dignity.
- There were plenty of supplies of food available for menu preparation and there were no restrictions on budgets. The chef and registered manager told us they were in the process of revising the menus in the service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People received appropriate and timely support with their individual health needs. Records confirmed a range of professionals were involved in people's care and support. We observed professionals visiting during the inspection. One professional we spoke with was complimentary about the service and that guidance they provided was followed by the staff team.
- A range of information and guidance was available for staff to follow to support the delivery of care to people.

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

- The design of the service supported people's individual needs. People were supported to access all areas,

lift access was available to all floors. Where we identified a concern in relation to one staircase, the provider took action to assess the area and ensure people accessed the staircase safely. Some areas were noted to be in need of a refurbishment. We saw records which confirmed areas had been identified for decoration and improvements.

- Signage was on display throughout the service to support people to access their bedrooms, bathrooms and public areas. This included the use of pictorial information to support people where required.

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

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. In care homes, and some hospitals, this is usually through MCA application procedures 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.

- People were protected from unlawful restrictions. Where required DoLS applications had been submitted to the assessing authority, a system had been developed to track the progress of applications. Records confirmed capacity assessments had been completed however, not all of these contained detailed information about people's assessed needs. The registered manager confirmed they would take immediate action to ensure these were updated. This ensured people were not being deprived of their liberty unlawfully.
- Records we looked at confirmed consent had been discussed and agreed by people where relevant.
- People told us staff asked permission before undertaking any care or activity, this was confirmed by the staff we spoke with. We observed staff seeking consent from people during the inspection. Staff were observed knocking on doors and waiting to be invited into rooms before entering.

Is the service caring?

Our findings

Caring – this means we looked for evidence 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 has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People were treated well and their diverse needs were considered. We observed staff treating people with dignity and respect and their individual needs were considered. Staff were seen speaking kindly to people and it was clear that a mutual respect had been developed.
- People told us the staff involved them in decisions in relation to their care and we observed staff discussing people's choices with them and responding to people's care in a timely manner.
- People received good care. They told us they were happy with the care they received. One comment included, "Very happy, I have no issues, we get good care."
- Advocacy information was on display which enabled people to access support with important information where required. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, their privacy and independence was supported. One person told us, "The staff ask permission before undertaking any care or activity." It was clear people were comfortable in the company of the staff and accessed the communal areas and their own rooms as they chose.
- Information about people's care needs were stored securely in the electronic system. Individual paper records relating to people living in the service were stored securely in the office. This supported the requirements of the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets requirements for the collection and processing of personal information of individuals.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- Assessments of people's needs had been completed. The registered manager told us they had introduced an electronic care record system in the last year. These contained information about how to support people's individual needs. However, some of the care plans required more detailed information to support people's current needs. We discussed this with the registered manager who took immediate action to ensure care plans were updated. Individual daily records were completed which confirmed the care provided to people.
- People we spoke with told us they had been involved in the development of their care plans. One said, "I have gone through my care plan."

End of life care and support

- People's end of life care and support was considered. Care files included information in relation to end of life care and the support people required. Records included information about do not attempt cardio pulmonary resuscitation where relevant. The registered manager told us they and senior staff member were undertaking recognised training to support people's end of life needs and their knowledge would be shared with the staff team.

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.

- People's communication needs were supported. Signage was on display throughout the service to guide people to access the communal areas as well as to their bedrooms. Where people required communication aids such as glasses, these were in use.

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

- People were supported to maintain relationships and take part in activities in the service. People told us they were provided with a range of activities and they were given a choice to take part in them. An activities programme was on display and we saw evidence that activities had been undertaken. We observed activities taking place on the day of our inspection.
- Technology was being used in the service. An electronic system was in place to audit and monitor the service. People's care records were developed on the electronic system and staff had hand held devices to

record the care provided to people on a daily basis. WIFI was available for people to access.

Improving care quality in response to complaints or concerns

- Concerns and complaints were managed and acted upon. No complaints had been received by the service however, policies and guidance were available to guide people about raising a concern as well as dealing with concerns or complaints.
- A range of thank you cards received by the service were on display. Examples of comments included, 'Thank you for the kindness you showed in offering your sympathy and loss' and 'Thank you so much for everything you have all done for me over the months.'

Is the service well-led?

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A person centred positive culture which supported good outcomes for people had been developed. All members of the staff team, the registered manager and provider were supportive of the inspection and requests for information were provided promptly during and following the inspection.
- A range of certificates were on display including their certificate of registration, their ratings from the last inspection, the employer's liability insurance and food hygiene rating.

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

- The provider understood its responsibility and duty of candour. A range of audits were being undertaken regularly by the registered manager and senior management. Areas covered included, infection control, housekeeping, staff files and the environment. Records included the details of their findings which supported improvements going forward.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff understood their roles and responsibilities. People were complimentary about the registered manager, the senior management and the staff team. It was clear from our observations that staff understood people's needs well and caring relationships had been developed. One comment was, "I love it here it is a fabulous place to work. The [registered] manager and provider are really supportive."
- The management team undertook daily walkarounds of the service, monitoring the environment and health and safety. Records confirmed the provider undertook regular checks in the service which ensured it was monitored and safe for people to live in and staff to work in. The senior management team were visible during the inspection.

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

- People, the public and staff were engaged and involved in the service. Records of team and resident meetings were seen. These included the dates, attendees and the topics discussed. These included, duty rotas, care issues, housekeeping, menus and meals.
- Surveys had been completed to obtain the views of people and relatives. Notes were seen including the

findings.

Continuous learning and improving care

- Continuous learning and improving care was supported. A range of information was available to support the delivery of care to people. Up to date policies and procedures were in place for staff to follow.

Working in partnership with others

- The service worked in partnership with others. Records confirmed a range of professionals were involved in supporting the needs of people. We observed two professionals visiting the service during the inspection.