

Tricuro Ltd

Fairways Residential Care Home

Inspection report

2 Owls Road
Bournemouth
BH5 1AA

Tel: 01202395435

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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 well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Fairways is a residential care home and at our inspection was providing personal care to 18 older people, some living with a dementia. The service is registered to accommodate up to 70 people. Accommodation is provided over three floors which are accessed by a lift. Communal lounge and dining facilities are provided on the ground floor.

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

Health and safety building works were being undertaken, including fitting window restrictors to prevent people from falling from a window. Risk assessments had not been completed to mitigate the risk. Fire safety work was ongoing. Staff had completed fire safety training, but the night team had not been involved in an evacuation drill for over a year. During our inspection the manager agreed to complete risk assessments for each unrestricted window and organised evacuation practice for the night team. Risks to people, such as falls, skin damage and malnutrition, had been assessed, were regularly reviewed and understood by staff. Staff understood the actions needed to reduce the risk of avoidable harm. People were cared for by staff who had been trained to recognise signs of abuse and understood the actions needed if abuse was suspected.

Staff were recruited safely following checks to ensure they were suitable to work with older people. Staffing numbers and skill mix met people's care needs. Medicines were stored, administered and disposed of safely by trained staff who had their competencies regularly checked. We were assured that infection, prevention and control procedures were in line with the latest government guidance.

A new manager had taken up post and begun their registered manager application process. Staff and families told us that not having a consistent management team had, at times, led to poor communication. The new manager and deputy provided visible leadership creating an open and friendly culture where staff felt empowered to share their views.

Quality assurance audits had been completed by the provider and local authority which had been used to create an action plan and had led to improvements and better care outcomes for people. Fairways met regularly with the local authority to monitor quality standards.

Staff had an induction and on-going training and support that enabled them to carry out their roles effectively. This included training specific to people such as diabetes, stroke awareness and dementia. People had their dietary needs known by both the care and catering staff. Meals provided choice, were well balanced and nutritious and catered for special diets, allergies and known likes and dislikes. People were supported with access to health care such as GP's, hospital teams, audiologists, dentists and chiropodists.

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.

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 requires improvement (published 19 November 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We received concerns in relation to management of environmental risks to people, access to healthcare and leadership. As a result, we undertook a focused inspection to review the key questions of safe, effective and well led only.

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

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of the full report.

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

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 well-led?

The service was not always well-led.
Details are in our well led findings below.

Requires Improvement ●

Fairways Residential Care 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.

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

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

Fairways is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. A registered manager 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority quality monitoring and safeguarding teams. We used all of this information to plan our inspection. 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 three people who used the service and 14 relatives about their experience of the care provided. We spoke with ten staff including the operations manager, manager, deputy, senior care staff, care staff, chef and a visiting community nurse. We viewed a range of records including four people's care files, multiple medicine records, recruitment and training records and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 requires improvement. At this inspection this key question has remained the same. 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

- People were not always protected from environmental risks whilst building improvement works were ongoing. Not all staff had fully completed fire safety training.
- The home had on-going health and safety building works including changes to fire safety systems and fitting of window restrictors. Five windows did not have window restrictors in place which meant people were at risk of avoidable harm from falls. No risk assessments were in place to mitigate the risk. We spoke with the Operations Manager who told us these would be completed immediately for each of the rooms.
- Staff had completed fire safety training. Records showed the night staff team had not completed fire evacuation training for over a year. The manager told us this would be completed by 7 May 2021.
- Equipment had been serviced, including hoists, gas and electrical appliances.
- Risks to people were assessed, understood by staff and regularly reviewed. This included risks associated with falls, skin damage and behaviours people may have that place them or others at risk of harm.
- Records showed us people, and where appropriate, families were involved in decisions about managing risk. One relative explained, "(They) have difficulty eating now, so we are discussing this with the home. In addition, they are working with us well and the advice to use deflection (re anxiety), was a great help".

Systems and processes to safeguard people from the risk of abuse

- When we inspected in October 2020 there had been a high instance of safeguarding concerns. The local authority had supported Fairways with an action plan, and we found improvements in both safeguarding processes and practice.
- Fairways were proactive and transparent in reporting, investigating and taking appropriate actions when people were placed at risk of abuse.
- People were protected from abuse as staff had undertaken safeguarding training and were able to demonstrate their knowledge in recognising and reporting concerns.
- People and their families described the care as safe. A relative told us, "Home has done everything to make sure (relative) is safe, put plans in place, provided a pressure mat and checked (them) regularly". Another said, "Staff are open, and we are very happy".

Staffing and recruitment

- Staff recruitment practices had improved since our last inspection. Checks to ensure a person was suitable to work with older people included a criminal record check, references that had been verified and employment gap checks.
- People were supported by enough staff who had a range of skills and experience to meet their needs. A

relative told us, "Always (staff) around. Attend quickly. Normally just a few minutes to answer the call bell". A staff member said, "Lots of staff and we can spend time with residents. We can do proper care".

Using medicines safely

- People had their medicines ordered, stored and administered safely by trained staff who had their competencies checked regularly.
- Some people required medicines prescribed for as and when needed including medicines for pain management, constipation and anxiety. Protocols contained information detailing when these medicines should be used, and records showed us they were administered appropriately.
- People and their families told us they felt involved in decisions about their medicines. A relative told us, "(Name) is given medications regularly. The home check with me each time there is a new prescription that they can administer (the) medication". Another told us, "My (relative) was taken into hospital and now has to have water tablets. The staff are explaining to (them) why (they) need them".

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Records showed us that when things went wrong there were processes in place to enable learning and improve outcomes for people. Actions had included providing additional staff training and competency checks, seeking specialist guidance such as a speech and language therapist and utilising technology such as pressure alarm mats.

We could not improve the rating for Fairways from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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

- Assessments had been completed that provided information about the care and support people needed and reflected their lifestyle choices.
- Assessments were completed using nationally recognised assessment tools that reflected best practice and met legal requirements.
- Assessments included the use of equipment and technology including specialist pressure relieving mattresses, alarm mats and specialist moving and transferring hoists.

Staff support: induction, training, skills and experience

- Staff had an induction and on-going training that provided them with skills to carry out their roles effectively. This included first aid, moving and handling and safeguarding.
- Training specific to people living at Fairways had been completed. This included diabetes awareness and dementia training. A staff member told us, "I learnt from my dementia training that people still have choices, I try and think what's best for residents, and make sure I still ask them things such as lunch choices".
- Staff told us they felt supported. A staff member explained, "We have supervision monthly. We are starting to work more closely as a team; the seniors help us".
- Staff had opportunities for professional development including 'champion' roles in areas such as dementia care and moving and handling.

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

- People had their eating and drinking needs understood and met including diets linked to health conditions, allergies and people's likes and dislikes. One person told us, "The chef comes in to see me to see what I think of the food".
- People spoke positively about the food. One person told us, "In the last two days the food has been wonderful, it melts in your mouth". A relative said, "(Name) always has water and is supplied with drinks". We read feedback that said, "Food presentation excellent".
- We observed people being offered a choice of meals that provided a well-balanced diet. When people needed help it was provided at the person's pace with an emphasis on maintaining the person's dignity. A relative told us, "When in the room at lunchtime they (staff) help (relative) eat. He will wink at them and smiles at them too".

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

- Records showed that staff worked alongside other professionals to ensure good care outcomes for people. This included community mental health teams, speech and language therapists and occupational therapists completing assessments which contributed to effective planning of care.
- Staff were responsive to people's changing health needs. A district nurse told us, "Carer had a good knowledge of the (person) they referred to me who appeared in pain. Temperatures are checked regularly. (Carer) said all the right things". One person told us, "They (staff) know what they are doing. They are very good; they call the doctor or the district nurse".
- We observed people having treatments from a chiropodist. Records showed people had access to opticians and audiologists.

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

- Areas of the building were not in use as the home was undergoing an upgrade to meet health and safety standards and provide more accessible accommodation. This was not impacting on people's day to day lives.
- Work had taken place in the kitchen enabling meals to be prepared and cooked on site.
- People had an opportunity to be involved in choosing colours for their bedrooms from a paint chart.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- Records showed us that where assessments demonstrated a person was unable to make a particular decision a best interest decision had been made with the involvement of the person, family and appropriate health professionals.
- DoLS had been requested appropriately and records demonstrated that any conditions were being met.
- We observed staff providing choices to people, listening and respecting their decisions. Examples included choosing where they wished to have their lunch and whether to join an activity.

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 requires improvement. At this inspection this key question has remained the same. 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

- A registered manager had not been in post for 19 months. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The current manager had been in post for three weeks and was in the process of submitting a registered manager application to CQC.
- Staff and families told us that not having a consistent management team had, at times, led to poor communication. A staff member told us, "Downside has been the number of managers. All have different views; one changes things then another changes again. We're backwards and forwards". A relative said, "I have no idea who is who. There needs to be better and more regular communication".
- Staff spoke positively about the new manager. One staff member told us, "(Manager) is strict but she knows what she's doing". Another said, "There's more structure, you know who to go to. We're more confident in our work".
- The service had a good understanding of their legal responsibilities for sharing information with CQC and records showed this was done in a timely manner. The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell CQC about any changes to their regulated services or incidents that have taken place in them.
- Quality assurance information collected by both the provider and local authority had been used to create an action plan. This included priorities, accountability, timescales and outcomes and demonstrated that progress in driving improvements had been made but work was ongoing.

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

- People, their families and the staff team described an open and friendly culture. A relative told us, "Just met the manager the once, very pleasant. I feel I can express my views". A staff member said, "(Manager) is warm and open and has time to talk". Another told us, "Culture feels more positive and feel supported".
- The manager had a visible presence and we observed relaxed, professional interactions with the staff team.

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 manager understood the requirements of the duty of candour. This is their duty to be honest and

open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with families and people.

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

- During the COVID-19 restrictions face to face meetings with relatives were unable to take place. Other means of keeping people informed included telephone and video calls and emails.
- Staff meetings had been held and used as an opportunity to discuss subjects such as dignity and respect, supervision and service improvements.
- The manager engaged with people daily. They told us, "I do a manager walkabout every morning and meet every resident and look at the environment". One person explained, "(Manager) is absolutely fabulous. We have fights (good humoured banter), everyday; she is lovely".

Working in partnership with others

- The service worked with other organisations to ensure people's care and support was in line with best practice guidance. This included being involved in regular quality improvement meetings with the local authority.
- National and local organisations had been accessed to keep up to date with changes to practise including Partners in Care and Public Health England.

We could not improve the rating for Fairways from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.