

Coverage Care Services Limited

New Fairholme

Inspection report

Shrewsbury Road
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Shropshire
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Tel: 01691684970

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05 February 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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 this service:

New Fairholme is a care home that was providing personal care and nursing to 88 people at the time of the inspection, some of whom were living with dementia. New Fairholme is registered to provide accommodation with nursing care for up to a maximum of 88 people. People are accommodated in four units over two floors. The Kingfisher and Kestrel units are situated on the first floor and provide support for people with physical health needs. On the ground floor are the Nightingale and Skylark units which provide support to people living with dementia.

People's experience of using this service:

Staff followed the provider's systems and processes so that people's needs were safely met.

There were enough staff to meet people's individual care needs.

People received their medicines safely and staff understood each person's abilities and health needs.

People were supported to have control and choice over their lives and staff supported them in the least restrictive way possible.

Staff had a kind and caring approach towards people. They respected people's privacy and dignity.

People enjoyed meaningful activities and there were appropriate opportunities to engage with the activities coordinator in groups or on a one to one basis.

Systems and processes for assessing and monitoring the quality of the provision were robust. Audits identified any issues with service provision. The provider had plans to remedy any issues found.

People, relatives and staff spoke highly of the management team and the way the service was run.

The service met the characteristics of Good in all areas; more information is available in the full report below.

Rating at last inspection: Good (report published 24 March 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service was rated Good overall.

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

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 safe
Details are in our Safe findings below.

Good ●

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 ●

New Fairholme

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out the inspection supported by a bank inspector 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:

New Fairholme is a care home. People in care homes receive accommodation and nursing or personal care. 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:

Inspection site visit activity was unannounced and started on 5 February 2019 and ended on this date.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with 13 people who used the service and four relatives to ask about their experience of the care provided.

We spoke with ten members of staff including the registered manager, unit manager, a nurse, activity coordinators and care staff.

We reviewed a range of records. This included four people's care records. We looked at records relating to the general management of the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were supported to understand how to keep safe and to raise concerns when abuse occurred.
- Staff were aware of the different types of abuse. Staff told us a safeguarding policy was in place with clear instructions for them to follow.
- One person said, "I feel safe because I have a good care plan and caring staff." Another said, "I am safe because I use a stand aid to avoid falls." A third said, "I like it here very much and I am looked after very well. It's nice to feel safe and not worry. This place is just the right fit for me everything is right about it."

Assessing risk, safety monitoring and management

- People's risk assessments were reviewed regularly. Actions were taken when people were at risk to ensure this was minimised. For example, providing equipment to reduce the risk of falls.
- The provider carried out fire risk assessments as well as gas and electrical tests to ensure the premises were safe. Every person had a Personal Emergency Evacuation Plan (PEEP) so staff knew how best to support people to evacuate the premises. Staff attended fire drills to make sure they knew how to evacuate people.

Staffing and recruitment

- The registered manager ensured staffing levels were sufficient and people told us their needs were met.
- At the last inspection we judged the provider recruited staff safely. The provider information return (PIR) informed us that the recruitment procedures they operated remained the same. Staff we spoke with confirmed their recruitment process was thorough and a variety of checks had been carried out before they started.

Using medicines safely

- The provider's medicines systems were organised so that people received their medicines when they should.

One person said, "I get my medicines when I need them. I am never missed."

Preventing and controlling infection

- The home was clean and tidy. The PIR told us there was an infection control policy which staff followed to protect against cross infection. We saw staff followed good practice and wore protective aprons when serving food and assisting people with personal care.
- One person told us, "I cannot fault the home at all, it is always clean and never smells."

Learning lessons when things go wrong

- The registered manager had an electronic reporting system in place that allowed them to record incidents and accidents. Patterns and trends were then analysed and action taken where necessary to reduce the likelihood of the incident reoccurring.

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

Good: 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 were assessed before they started to use the service. Records showed staff carried out assessments to identify people's support needs. This included information about their medical conditions, dietary requirements and their daily lives.
- The provider promoted the use of champions. This supported staff members to develop their skills and knowledge in an area of interest. These champions promoted best practice in their particular area of expertise and shared this with other members of staff to promote good care for people. For example, dignity and dementia care.

Staff support: induction, training, skills and experience

- People were supported by staff who received training in a variety of topics.
- Staff were given opportunities to review their individual work and development needs with senior staff.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles.

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

- People were supported with their nutritional needs. Specific support required was recorded in people's care plans. For example, one person had a small appetite and staff assisted them with eating meals.
- Staff monitored people's weight to ensure they did not lose significant amounts of weight.
- One person said, "The food is fine here and they will always get you something different, something you like and there is always a choice. I have mine in here as I enjoy my room."

Staff working with other agencies to provide consistent, effective, timely care

- The provider was a member of care organisations such as; Shropshire Partners in Care and the National Care Forum. They worked with other organisations that visited the service to complete audits and share good practice. For example, the clinical commissioning group, their medicines provider and the local authority.

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

- People were involved in decisions about the décor of their environment.
- People's preferences, culture and support needs were reflected in adaptations of the environment.

Supporting people to live healthier lives, access healthcare services and support

- People were supported with their health needs. Staff supported people to attend health appointments

when needed and we saw health professionals visited people. One person told us, "They [health professionals] are all available if you need one. I go to the opticians. If I needed a doctor they would get one."

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found they were. We saw one care plan that explained why a DoLS was in place and gave instruction to staff on how to engage with that person. It was clear that decisions were made in their best interest for their day to day care.
- Information regarding consent was provided in formats that suited people's needs, with family, friends and advocates involved where appropriate.
- Staff described how they always asked people and gave choices. One member of staff said, "We always assume that people have capacity to understand so we always ask them first." They said even if people did not respond, they always talked to them and explained every step of care process. One person told us, "Staff always explain what is happening before anything is done."

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed warm interactions between staff and people living in the home. People appeared relaxed and engaged in their conversations with staff.
- People told us they were involved with their care planning and said staff knew how to support their needs.
- Staff were given training in equality and diversity and person-centred approaches. This helped them recognise the importance of treating people as unique individuals with different and diverse needs.
- The provider promoted 'safe ageing, no discrimination' (SAND). Management had attended training in preparation for working with this initiative in the home to support service users and staff. We observed staff demonstrated a sound understanding of their duty to promote and uphold people's human rights.
- A person told us, "I have been here for four and a half years and everything is consistently very good. The care, kindness and thoughtfulness of all of the staff is wonderful. They care for each one of us so well. Nothing is ever too much trouble at any time."

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

- Some people were not able to express their views and be fully involved in making decisions about their care. Where appropriate, relatives or advocates were included in the decision-making process. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Respecting and promoting people's privacy, dignity and independence

- Information about people was kept securely in lockable cupboards at all times. The provider was compliant with the Data Protection legislation. Staff told us they were aware of keeping personal information confidential and they knew how to access this information.
- Staff gave people as much independence as possible but they reacted promptly when they needed help.
- A relative told us, "I am very happy with the care (person) receives here. They keep them clean and dignified and (person) never smells and (person) can be quite awkward so it is not an easy job but they do it well."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Reasonable adjustments were made for people with communication needs in line with the Accessible Information Standard (AIS). The AIS places a responsibility on the provider to identify, record, share and meet the communication needs of people with a disability or a sensory loss.
- Staff understood the Accessible Information Standard.
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- Care plans contained information specific to the person and identified the support they required. These were reviewed regularly. Our observations confirmed people received person centred care in line with information in their care plans.
- People were supported to continue with their interests and were provided with opportunities for social stimulation. For example, people receive a visit by the Jehovah witness bible group.
- A staff member said, "The Pat Dogs come in two afternoons a week and everyone enjoys that. The four-year olds come in every week and that is great fun. The relationships that develop are really heart-warming to see. We go to the pub for lunch and to the garden centre and we are now making decorations for Valentine's day. We always have something happening."

Improving care quality in response to complaints or concerns

- Complaints were responded to with written letters of apology, investigations and lessons learnt to avoid future occurrences. People told us they knew how to complain and felt confident to do so.
- One person said, "I have only had a few little issues since coming here. I mentioned them to my son and he had a word with staff and they have been very quickly resolved which is very reassuring."

End of life care and support

- When we visited there was nobody receiving end of life care. Care plans assessed people's needs and wishes. These were detailed and included people's preferences and who they wished to be involved in their care. They recorded people's beliefs and spiritual needs.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The management were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- The registered manager understood their responsibilities of their registration. The previous inspection rating was on display in the home and on the provider's website. Notifications of incidents, events or changes that happen to the service were sent to us within a required timescale and as required by law. These included deprivation of liberty authorisations, safeguarding referrals and death notifications.
- The provider had auditing and quality monitoring systems in place that identified any concerns relating to the safety and quality of the home.

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

- People, their relatives and staff all told us there was a positive culture within the home and the management were approachable.
- Staff team meetings were held regularly and staff told us that they could approach any member of the management team at any time.
- The registered manager adopted a reflective and questioning style of management. This ensured that incidents were reviewed and discussed in detail, including the perspective of the person who used the service and their relative.

Continuous learning and improving care

- Staff told us that they could contribute to the development of the service and their ideas were welcomed.
- Notes from staff meetings showed that staff had made suggestions about improvements that could be made. They contributed to discussions about planned developments at the home. Notes from residents' meetings and surveys also showed that management sought people's views about the home. For example, one person had written, "When new carers use the hoist it makes me feel unsafe." The action the provider took was to increase new staff training and monitoring in moving people safely.

Working in partnership with others

- The registered manager worked in partnership with health and social care professionals to achieve good outcomes for the people who lived at the home. These included the local authority safeguarding team, GP's and community psychiatric nurses.