Christchurch Fairmile Village LLP

Fairmile Grange

Inspection report

Royal Close
Christchurch
Dorset
BH23 2FR

Tel: 01202476960

Date of inspection visit:
04 March 2019
05 March 2019

Date of publication:
29 March 2019

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 the service:
Fairmile Grange is a residential care home that was providing nursing and personal care to 50 people aged 65 and over at the time of the inspection.

People's experience of using this service:
People and their families consistently described the care as safe. Staff had been trained to recognise and report any suspected abuse, discrimination or poor practice. Records showed us when potential concerns had been identified they had been reported appropriately to the relevant agencies. People had their risks assessed, monitored and reviewed and actions taken to minimise avoidable harm were the least restrictive to ensure people's freedoms and choices were respected. Staff recruitment checks, including a criminal record check, had been undertaken to ensure suitability to work with vulnerable adults. Staffing levels were flexible and responsive to people's changing needs.

People had their medicines ordered, administered, recorded and disposed of safely by trained staff. When a medicine error had occurred, staff were honest and transparent and ensured the appropriate actions were taken to ensure the persons safety and enable lessons to be learnt. Working with other health professionals such as occupational therapists enabled better health outcomes for people. Records showed us people had access for planned and emergency health care including opticians, dentists and audiologists.

Staff completed an induction and on-going training and support which enabled them to carry out their roles effectively. Opportunities for professional development included diplomas in health and social care and opportunities to undertake the registered nurse associate training at a local university.

We observed people receiving kind, compassionate care and having their privacy, dignity and independence respected. People and their families consistently spoke positively about the staff team providing examples of their kindness and patience. Staff were knowledgeable about people's individual communication skills which meant they were able to ensure people were involved in decisions about their day to day care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Pre-admission assessments had been completed with people to gather information about their care needs and choices. The information had been used to create person centred care plans that reflected people's spiritual, cultural and lifestyle choices and were reviewed with people and/or families on a regular basis. People had an opportunity to be involved in end of life care planning which included any cultural requirements. Feedback from families described kind, dignified care at the end of a persons' life.

People, their families and staff spoke positively about the management changes in the home and describing staff morale as high due to good communications and teamwork. We observed an open, honest culture where staff felt able to express their views and opinions and told us they felt appreciated in their roles.

Leadership was visible, promoted person centred care and met legal reporting requirements.

Quality assurance processes were effective in identifying, monitoring and reviewing areas requiring improvement ensuring continued and sustainable improvements. People, their families and the staff team had opportunities to be involved and engaged in developing the service through regular meetings, newsletters and social events. Feedback was used to reflect on practice and improve the outcomes for people. A complaints process was in place and people and families felt they would be listened to and any necessary actions taken by the manager.

Rating at last inspection: At our last inspection carried out on 23, 24 and 25 January 2018 the service was overall rated as requires improvement. Our report was published on 13 April 2018.

Why we inspected: This was a planned inspection based on the previous rating. At our last inspection we found a breach in regulation as actions in place to minimise avoidable harm to people were not always being followed. Medicines had not always been stored, administered or recorded safely. We asked the provider for an action plan detailing how they would improve the service to a rating of 'Good' and checked these actions at this inspection.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was Caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well led.

Details are in our Well Led findings below.

Fairmile Grange

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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:
The inspection began on the 4 March 2019 and was unannounced. The inspection team consisted of 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 used this type of care service. It continued the 5 March 2019 with one inspector and was announced.

Service and service type:
Fairmile Grange 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 had a manager in post who had applied to the Care Quality Commission to become the registered manager. This means that they would, along with the provider be legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:
Before the inspection we looked at notifications we had received about the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We also spoke with local commissioners to gather their experiences of the service.

The provider had completed a Provider Information Return prior to our 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 our inspection we spoke with five people who used the service and seven relatives. We spoke with the quality director, manager, deputy manager, two nurses, six care workers, two staff from the wellbeing team, the chef and a GP who had experience of the service. We reviewed nine peoples care files and discussed with them and care workers their accuracy. We checked three staff files, care records and medication records, management audits, meeting records and the complaints log. We walked around the building observing the safety and suitability of the environment and observing staff practice.

Good

Is the service safe?

Our findings

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

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

At our last inspection in February 2018 we found a breach in regulation as risks to people were not being managed safely and people's medicines were not administered safely. At this inspection we found that the necessary improvements had been made to provide good safe care.

Assessing risk, safety monitoring and management
• Assessments had been completed to identify risks to people. Staff understood the actions needed to minimise avoidable harm. Risks were reviewed at least monthly or in response to a person's changing care needs.
• Specialist equipment and technology were used to keep people safe. When people had a high risk of skin damage specialist pressure relieving mattresses were in place. Some people were at risk of falls and alarm mats were in place to alert staff they may need assistance with mobilising.
• People with swallowing difficulties had been assessed by the speech and language team and had safe swallowing plans in place that were understood and followed by both the care and catering team.
• Risks to people were reported monthly to the manager as part of their clinical governance oversight and included details of changes and actions taken.
• People had personal evacuation plans which meant staff had an overview of what support each person would require if they needed to leave the building in an emergency.
• Records showed us that equipment, such as hoists, were regularly serviced.

Using medicines safely
• People had their medicines administered by staff trained in the safe administration of medicines. Medicine administration charts included a photograph of people and any known allergies. Topical cream application was detailed on body charts so that care staff were clear about where the cream needed to be applied.
• People or their family representative were involved in reviews of medicines. One relative told us "If they think something needs to be changed they will speak with me first; but they know what (relative) needs".
• Some people had medicine prescribed for as and when needed (prn). Protocols were in place that provided detailed guidance for staff to ensure safe and consistent administration. Additional recording was required to detail the effectiveness of prn medicines but this had not consistently been completed. One person had a prn medicine prescribed for their anxiety which did not have a clear directive and had not been recorded correctly. During our inspection the manager reviewed this with the persons GP who advised they would provide more guidance on the prescription and staff were reissued the correct procedure for administering and recording prn medicines.
• Staff understood the actions needed if a medicine error was identified and records demonstrated transparency in reporting appropriately to GP's, families and safeguarding agencies.

Systems and processes to safeguard people from the risk of abuse

• People and their families consistently described the care as safe. One person told us, "I feel very safe here; they are very caring towards me. The staff are available when I need them; they are marvellous to me". Another told us, "I do feel safe here and my things are kept safe also. The staff are very good; they have time for me always and I'm never rushed".
• Staff had been trained to recognise signs of abuse and understood their role in reporting concerns.
• People were protected from discrimination as staff had completed training in equality and diversity and we observed staff respecting people's lifestyle choices.

Staffing and recruitment
• People were supported by staff that had been recruited safely which included criminal record checks to ensure they were suitable to work with vulnerable adults.
• People were supported by enough staff to meet and respond flexibly to their care needs. A care worker told us "The agency staff have really reduced; we do have enough staff".

Preventing and controlling infection
• People were protected from avoidable risks of infection as staff had completed infection control training and were following safe protocols. We observed the home and equipment was clean and in good order.

Learning lessons when things go wrong
• Incidents, accidents and safeguarding's were seen as a way to improve practice. Action had been taken in a timely way and shared with the staff team when shortfalls had been identified and used to reflect on practice and support learning.

Good

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

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, their families and health professionals, with knowledge of the person, had been involved in pre-admission assessments to gather information about a person's care needs and lifestyle, spiritual and cultural choices.
• Assessments had been completed in line with current legislation, standards and good practice guidance and used to create people's initial care and support plans.

Staff support: induction, training, skills and experience
• Staff had completed an induction and received on-going training, supervision and support that enabled them to carry out their roles effectively.
• All staff completed dementia workshops that included topics such as communication and behaviours that challenge. A relative told us, "The staff do seem well trained here and very supportive of (name)".
• Nurses and senior care staff had completed a leadership course. A senior carer told us, "It helped me with my confidence and leading the shift".
• Opportunities for professional development included diplomas in health and social care and clinical updates and training for registered nurses. Two staff had commenced nurse associate training at a local university. One explained "It bridges the gap between nurses and senior care assistants and at the end we will be a registered nurse associate with the NMC (nursing and midwifery council)".

Supporting people to eat and drink enough to maintain a balanced diet
• People had their eating and drinking needs understood and met by both the catering and care staff teams. We observed people being offered choices of well-balanced meals. One person told us "I do like the food here. I need my food cut up for me and the carers do that for me at mealtimes". A relative said "My (relative) likes the food here and they will make them something special if they want it". Another explained "They (staff) have actively and positively tried to tempt (relative) with food".
• When people required full assistance from staff with their eating and drinking we observed this being carried out at the person's pace and respectful of their dignity.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Records showed us that staff had worked with other health teams when people to enable consistent, effective care. This included mental health teams and occupational therapists.
• When people were transferred to another agency such as hospital key information about their care and communication needs, medicines and key contacts was provided to ensure consistent care.
• People had access to a range of healthcare services including chiropodists, dentists, opticians and

audiologists for both planned and emergency situations.

Adapting service, design, decoration to meet people's needs
• The building design and garden space provided accessible space for people and their families to spend time privately or in social groups. Staff had created themed sitting areas in quiet areas that reflected people's interests and included a gardening theme. People had fed back they would like a library area and this had begun to be developed. A group of people enjoyed reminiscing with music and dance and space was being used to create a 'dance hall'.
• Glass cabinets were outside people's rooms which contained photos and objects reflecting the persons past history, hobbies and interests and provided orientation prompts for people.

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.

• Staff had completed MCA training. The manager told us "We have introduced 1-1 sessions to establish staff's understanding and relate the training to actual residents".
• People had consent and capacity care plans that provided guidance to staff on people's level of consent and decision making. We observed staff offering people choices and gaining consent before providing support. Examples included joining in with activities, deciding where they wished to spend their time and before offering care.
• Records showed us that when a person lacked capacity to make certain decisions a best interest decision had been made which included input from family and professionals who know the person. Examples included for the administration of covert medicine and dental treatment.
• DoLs had been submitted to the appropriate legal authority and at the time of our inspection it was unclear which people had authorised DoLs in place. The home had recognised this was an area that needed urgently reviewing and the review was underway at the time of our inspection. After our inspection we received confirmation that the review had been completed and three urgent applications had been submitted to the local authority.

Good

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

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
• People and their families consistently described the staff as kind and caring. One person said, "The staff are very good; they have time for me always and I'm never rushed". A relative described staff as "Brilliant with (person)". Another told us, "Staff have time for (relative)".
• We observed people enjoying time with staff, chatting and sharing time together. Staff had a good understanding of people's past history and interests which enabled conversations that were relevant to people. Staff used appropriate non-verbal communication to demonstrate listening and to check people understood them such as talking with people at eye level and using hand gestures and facial expressions.
• Families and friends could visit at any time and told us they always felt welcomed.
• We observed staff respecting people's individuality such as the time they chose to get up and how they wanted to spend their day.

Supporting people to express their views and be involved in making decisions about their care
• People had their communication needs understood by the staff team which meant people were able to be involved in decisions about their day to day care. This included the use of technology such as computer applications to assist a person express themselves. One person said, "The staff do know how I like things done and they look after me".
• Care plans included details of a person's preferred daily routine and we observed these being followed by staff. One person had requested female staff only and this had been respected.
• People had access to an advocate when they needed somebody independent to support them with decision making.

Respecting and promoting people's privacy, dignity and independence
• People told us, and we observed them, having their privacy, dignity and independence respected. Staff knocked before entering people's rooms and one person told us "The staff do treat me with respect and they always use my first name". On national dignity day people had been asked what dignity meant to them and one person had written, 'I'm asked every morning what shirt I would like to wear and that's dignity to me'. Keys were available so that people could choose to keep their room locked when not being used.
• Staff recognised and respected people's skills and encouraged inclusiveness and independence. We observed a carer supporting one person to wash the breakfast dishes, using encouraging tones and checking the person was happy. A second person joined them and helped with the drying up. The carer said, "Great team work ladies".
• Confidential data was accessed by electronic passwords or stored in a secure place ensuring people's right to confidentiality was protected.

Good

Is the service responsive?

Our findings

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

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
• People had care and support plans that reflected their individual needs and choices, understood by the care team, reviewed regularly and responsive to changes. A relative told us, "I've been involved in my (relative's) care plan and it's updated regularly".
• Care plans reflected people's diversity and included information about how a person's cultural and spiritual needs were met. Religious services held at the home were reflective of the spiritual needs of people living at Fairmile Grange.
• People's communication needs were clearly assessed and detailed in their care plans. One person had limited verbal communication and we observed staff asking simple questions requiring a yes or no and giving the person time to answer.
• Activities were both planned and responsive to people's well-being. We read a person's daily diary which recorded one person had been awake in the night and had played a word search game with a night carer. We observed people enjoying jigsaw puzzles, ball games, and walks with staff. Boxes of activities had been created for staff and families to use and were relevant to people and their past interests. The wellbeing manager told us, "(Name) loves to have their nails painted red and we talk to them about cats which they love". A relative told us, "They (staff) sit and talk to (name) and chat. They do try and involve (name) in ball games but he doesn't always understand. They keep him happy".
• Links with the local community had been developed and reflected people's interests and past memory's. People and their families had been involved in ideas for trips into the local community which included fish and chips at a local beach and a trip to the local theatre. A local business provided flowers each month which were used for a flower arranging activity. On national storytelling day children visited and sat with people and read them stories.

Improving care quality in response to complaints or concerns
• People and their families were aware of the complaints process and felt if they raised a concern appropriate actions would be taken. A relative said, "The manager is approachable, very much so, and I would be OK with making a complaint". The complaints policy included details of external agencies complainants could contact if they felt their complaint had not been dealt with appropriately.
• Complaints received prior to the new manager taking post in November 2018 were not available at our inspection. No complaints had been received to date. The quality director told us, "Little niggles need to be included and will be introduced into the process to support learning".

End of life care and support
• People had an opportunity to develop care and support plans detailing their end of life wishes which included any cultural requirements and decisions on whether they would or would not want resuscitation to be attempted. We read feedback from families thanking staff for their kindness and dignified care when they

had supported people at the end of their life.

Good

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

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 with openness; and how the provider understands and acts on their duty of candour responsibility

• People, their families, staff and visiting professionals consistently spoke positively about the management of the home. A care worker told us, "Morale is second to none. Everybody happy and if a problem we say how we feel; the manager is really approachable". A relative told us, "The home has a very nice atmosphere; very calm. A situation with my (relative) has shown the management to be very proactive and helpful". A visiting GP told us "The new manager seems lovely and has their head screwed on in the right place; looking at patients as a whole".

• The culture of the home was open and transparent. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

• The manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about, any changes to their regulated services or incidents that have taken place in them.

• Staff had a clear understanding of their roles and responsibilities and understood the parameters of their decision making. One senior carer told us, "The definition of my role initially seemed blurred but it was reviewed and is now much clearer". Staff told us they felt appreciated. A 'golden ticket' award scheme had been introduced that recognised staff contributions to people's wellbeing and awarded a monthly prize of appreciation. One golden ticket read 'Read a postcard from daughter about her holidays'.

• Quality assurance processes effectively captured service delivery, identified areas requiring improvement and provided opportunities for learning and improving care to people. An example had been a review of mental capacity assessments that led to additional staff training and support and paperwork being reviewed and completed in line with legislation. The manager described the dining audit as a "multiple approach that includes the views of family, carers and people". Audit results and action plan progress was shared at daily departmental meetings and with the provider at board level ensuring continual review and improvement sustainability.

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

characteristics
• People, their families and staff had opportunities for developing the service and sharing information and learning through regular meetings, newsletters and social events. Topics had included feedback from staff on new paperwork and feedback from people requesting a library. Both had been introduced at the time of our inspection.

Working in partnership with others
• The staff team worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This included national organisations linked with clinical and social care practice.
• Professional training opportunities had been accessed with a local university for staff to complete registered nurse associate training.