

# Ideal Carehomes (Number One) Limited

## Fairway View

### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Fairway View is a residential care home providing personal and nursing care to people aged 65 and over. The care home accommodates up to 40 people in one adapted building. At the time of the inspection 37 people were living at the home.

### Peoples experience of the service and what we found

The registered manager and staff were committed to providing high-quality person-centred care that was tailored to people's individual needs. People's needs were met by staff that respected and valued them. Staff were exceptionally caring, and privacy and dignity was promoted.

Visiting health care professionals were very complimentary about the service. Complaints were well managed, and staff were skilled at end of life care.

The service was exceptionally well led, and quality assurance processes were robust and ensured continuous improvement and high standards of care. There was strong engagement with external organisations to improve care. The registered manager was passionate about understanding and improving people's health care conditions.

Staff went out of their way to find out about peoples past lives and link this to activities, special days, events and choice of food, so people lived life to the full. There were high levels of engagement with people, staff were exceptionally motivated and positive about their role and truly demonstrated the provider's vision and values.

The service was safe, and people were very happy living at Fairway View. There were appropriate numbers of trained staff to support people's needs. People's healthcare needs were met, and medicines were administered safely.

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](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was outstanding (published 3 June 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fairway View on our website at [www.cqc.org.uk](http://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 safe.

Details are in our safe findings below

Good ●

### Is the service effective?

The service was effective.

Details can be found in our Effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details can be found in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

# Fairway View

## 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

The inspection team comprised of an inspector and an assistant inspector.

#### Service and service type

Fairway View 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch, which is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. 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. However, we offered the registered manager the opportunity to share information they felt was relevant.

#### During the inspection

We spoke with eight people and two relatives about their experience of the care provided. We spoke with eight members of staff including, the registered manager, deputy manager, quality manager, care manager, two senior care workers, two care workers, and a visiting health care professional.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and people told us they felt safe. One person told us, "I do feel safe living here."
- Staff told us how they would recognise abuse and their responsibility to keep people safe. One member of staff told us that they would raise concerns to the manager or the local authority.
- Staff had training in safeguarding and access to safeguarding policies and procedures to keep people safe from harm.
- The management team understood their responsibilities in reporting concerns to the local safeguarding team and CQC for monitoring purposes.

Assessing risk, safety monitoring and management

- People's risks had been assessed, managed and were regularly reviewed. Risks assessed were holistic and included people's health and wellbeing.
- We saw staff supported people in line with care plans. For example, one person who was at risk of falls, was checked regularly during the night.
- Staff used electronic care plans on mobile devices which meant they could quickly access risk assessments before supporting people. One staff member told us, "You can get the information you need really easily."
- There were environmental safety checks in place to keep people safe. Staff told us there were regular fire drills.

Staffing and recruitment

- People told us there were enough staff to meet their needs. Sickness levels were low, and the service rarely used agency staff.
- We observed there were enough staff to ensure that people's needs were met safely, and the service adjusted staff numbers due to people's dependency needs.
- Staff were always present in communal areas and we saw staff had time to stop and chat to people.
- Recruitment records showed us that checks to employ safe and suitable staff were completed.

Using medicines safely

- People received their medicines in a safe way and systems to manage medicines were well organised and ensured timely administration of medicines.
- People who were prescribed 'as required' medicines had assessments and guidance in place to support staff to administer these safely.

- Senior staff were responsible for administering medicines and had training and their competency checked. We observed staff took time to explain what each medicine was and what it was for.
- Measures had been taken to reduce the risk of medicines errors. For example, staff wore a tabard which said 'Do not disturb' while they administered medicine. Medicines administration charts included a photograph of the person the medicines were intended for to reduce the risk of giving medicines to the wrong person.

#### Preventing and controlling infection

- The service was very clean, and staff had training in preventing and controlling the spread of infection. People who use the service and visitors told us that it was always very clean.
- We saw staff wore personal protective equipment such as gloves and aprons when appropriate.
- The provider had received a food hygiene rating of 5 from the Food Standards Agency, which is the highest rating.

#### Learning lessons when things go wrong

- Staff knew how to report incidents and accidents, and near misses.
- The management team analysed incidents to pick up themes, identify areas for improvement and learn lessons when things went wrong.
- The registered manager told us that a medicine audit had identified that they sometimes ran low on some medications. Because of this, they now complete a daily stock check of medicines to ensure that they do not run low.



# 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 physical, mental and social needs were holistically assessed before moving to the service to ensure that they could be met. The registered manager told us it was very important to involve people and their families in this assessment to ensure they received the care they wanted. Needs in relation to people's age, gender, religion and disability were included.
- The service worked in partnership with other organisations and kept up to date with research and changes in guidance, to ensure staff followed best practice. The registered manager told us care, treatment and support was delivered in line with legislation, standards and evidence-based guidance, such as NICE guidelines for oral health which we saw in people's care plans. Nationally recognised tools were in use to assess people's needs around skin care, falls, and nutrition.
- People were supported to make choices about what care and support they required on a daily basis. One person told us, "They pop their head round the door and if I want a lie in they come back later to help me."

Staff support: induction, training, skills and experience

- People told us they thought that staff were skilled and experienced for their role. Staff told us when they started there was lots of training and they could shadow experienced staff as much as they needed to. Staff told us they had regular 'coffee chats' with a mentor when they started to sit and discuss issues.
- Training records showed staff had up to date training. Staff received regular supervision which they told us they found helpful as it was used as a learning tool. Yearly appraisals were booked to review staff progress.
- Staff told us Fairway View was a great place to work, and this was reflected by a stable workforce with very little sickness.

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

- People were supported to eat and drink and maintain a healthy balanced diet. People told us the food was very good. One relative told us, "[Name] even requested brown bread rather than white, which is now always on the menu."
- People's cultural and religious preferences were met, and various festival were celebrated. There were 'pop up' cultural restaurant events and seasonal menu changes to orientate people to different times of the year.
- Mealtimes were relaxed, food was transported from the main kitchen in heated trolleys. We saw people drift in for a cooked breakfast at a time that suited them, joining each other at sociable tables. The kitchenette facility allowed staff to prepare fresh drinks and other breakfast options whenever people wanted.
- Staff monitored people's dietary needs and weight loss issues in conjunction with other healthcare

professionals. At lunch people were shown plates of food to assist them to make a choice. Staff told us they were encouraged to have lunch with people and provided with meals free of charge.

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

- People had regular access to healthcare professionals such as GP's and opticians.
- People's oral care assessment and practice was excellent and was embedded in people's care plans.
- The service used the vanguard red bag scheme. This ensured that if people were admitted to hospital in an emergency all their information and essential belongings were in the red bag to ensure their essential care was continued.

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

- People were very positive about how the home was decorated and the facilities available, one person told us they had all voted about which wall paper to have in the lounge. People had personalised their rooms to their tastes, we saw one room that had a wall covered with a beach scene. The registered manager told us the person wanted to be able to see the sea.
- The building was easy for people to access, clean, light and well maintained. There was a patio area off the lounge with chairs and tables and bird feeders. We observed people watching the birds and squirrels and chatting about them. In reception there was a box for post, newspapers available and cards people could buy for family birthdays.
- People could access various areas small and large, including two lounges, a cinema room and a tea room. The registered manager told us families often used the areas for family parties.

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.

- Best interest decisions and mental capacity assessments had been completed for individual decisions that people were unable to make themselves. DoLS applications were submitted and the registered manager had a record of dates and conditions.
- There was a mental capacity champion at the service who had empowered staff to be confident in questioning information in care plans and constantly reviewing people's capacity.

# 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 now improved to Outstanding.

This meant people were truly respected and valued as individuals. Ensuring people are well treated and supported; respecting equality and diversity

- People's cultural backgrounds were celebrated. Staff, and people (with the help of families) had completed a "This is me" booklet which contained detailed information about their past life, including likes, dislikes, and hobbies. This information was used to buddy up staff and people with shared interests to create stronger bonds.
- The registered manager told us that as a result of this information gathering, staff suggested setting up clubs for people linked to their hobbies. One member of staff had set up a ballroom dancing club, another had started a singing group. This group had been a great success and had engaged people with dementia. One member of staff told us they were very proud that the group was 'going on tour', and concerts had been arranged at other care homes for people to sing at.
- People were also offered the opportunity to video themselves to talk about their life before Fairway View. This ensured a record was kept of the person in case illness affected their ability to communicate. This video was shown to new staff when they started at Fairway View. This ensured staff could connect with the person and got to know them, (possibly some years later), when they were no longer able to express their views or preferences.
- This information was then used to celebrate the 'Resident of the day'. Night staff would identify whose day it was. At the morning meeting, staff reviewed the person's 'This is me' information, so all staff got to know the person well. The person then had a special day where they choose what they wanted to do. This was linked to wishes the person had tied to the 'wish tree' in reception. For example, recently one person who had requested afternoon tea with friends after having their nails painted and getting dressed up for the occasion. Staff told us this was something they liked to do previously.
- The culture of the home was visibly person centred and staff were passionate about providing excellent care. One member of staff said, "If someone wants to sit with their feet up on the sofa, they can, it is their home." Another member of staff said, "Everyone has their own opinions and we encourage people to be nice to each other and talk to each other in a way they understand to promote friendships." People and relatives spoke very positively about the service and care provided.
- Staff told us they really enjoyed working at the service and were proud of the care they provided. We saw staff treating people with kindness, compassion and empathy, people were frequently asked if they were uncomfortable or in pain and reassured. One member of staff told us, "Just knowing little things like someone's favourite biscuit when they are not feeling well can make such a difference to how people feel, knowing we understand what they want."
- People told us they were treated with respect and staff knew them well. We heard staff explaining things to people in a way they understood. People told us that staff were very good and did not rush them. One

person said, "The staff are very jolly."

Respecting and promoting people's privacy, dignity and independence

- One person told us they had come to the home very fed up and depressed due to the loneliness of living on their own. Living at Fairway View had massively improved their quality of life within a few weeks, and they decided to stay. They told us about all the jobs they had to do each day, helping with household tasks, and administration jobs. We also saw them helping other people living at the home at meal times.
- We saw very positive feedback from lots of relatives about the care their family members had received. We spoke to a healthcare professional during our visit who told us Fairway View was an excellent home, "One of the best."
- People were treated with dignity and people told us staff maintained their privacy. We observed staff talking discretely to people about personal care.
- People told us staff helped them to maintain their independence by supporting them when they wanted help. We saw one person who had codes for the doors freely moving around.

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

- People's needs were assessed, and people were encouraged to be involved with how much support they required.
- People were offered choice and encouraged to make decisions about daily routines and expressing their views around what they wanted to do. Staff asked people for consent before helping them.
- People who could not make decision had access to advocacy services. Advocates speak up on behalf of people who may need help to make their views known.
- Meetings for people and their relatives were held regularly, providing them with the opportunity to decide on things that happened within the service and giving people choice and control. One person told us there was a social committee to decide on activities and days out. There was a general committee to discuss the environment, food and other issues.

## 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 now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The registered manager had gone out of their way to promote links to people's past and follow interests that were meaningful to them. Documentation called 'This is me' was used to link people's needs and care to choices they made. Staff told us that for one person they linked the information from their 'This is me' information to their 90th birthday celebrations. After discovering the person had been in the police force for years, they arranged for the day to be police themed and asked the local police force to visit as a surprise.
- There were two full-time activity coordinators that arranged activities seven days a week. They were passionate and enthusiastic about the activities being meaningful to people. They were supported by two volunteers who visited each week and spent 'one to one' time with people who were cared for in bed, taking activities or pamper treats into people's bedrooms.
- Staff told us about one person who had been very withdrawn and the work they had done to engage with the person using sensory displays and pictures of animals. This had brought them out of their room and in contact with people who shared their interest of animals. One person had a budgie in their room and a therapy dog visited the home each week.
- People living at Fairway View had a social committee that met regularly to plan local trips out, in house activities, entertainers and long-distance trips. There was a wish tree in reception for people to place a wish on which linked to the social committee. One person's wish was to go bowling but there was no one else interested. In order to accommodate the person's wish, the registered manager had contacted another home to connect them up with another person who also enjoyed bowling.
- A number of people had previously lived close to the service and still accessed local facilities such as cafes, the market, the library and the golf club to maintain their normal lifestyle. One person had enrolled in a cookery course at a local church, staff had risk assessed the journey for them to ensure there was easy access. The home was full of old photographs of the local area for people to recognise.
- The registered manager told us they had established good local contacts in the community to bridge the intergenerational gap following an educational meeting they had attended. As a result, a local mums and tots group met weekly in one of the communal rooms. We saw people sitting in the corridor playing with children. A local nursery and a school also visited, and people went out to the library to select books to read to the children prior to the weekly visit.
- Relatives told us they were very welcome to visit and provided with drinks and meals if they wished. If people's families were far away the home used a computer to help them keep in touch with their family.

End of life care and support

- There was no one at end of life care during the inspection. There were a number of people who had

previously been on end of life care, but who's condition had improved, and they still lived at the home.

- People had detailed end of life information recorded in their support plans. People's preferences and choices, cultural, spiritual and protected characteristics had all been considered. The registered manager had recently written to all relatives to review all end of life plans, to ensure they were up to date.
- The registered manager told us extra staff were called in if someone was receiving end of life care. Gold standard principles were used for staff to debrief after the death of a person. This allowed staff to discuss what went well and how the service could continually improve things for the person and their families.
- Staff told us, "We treat people like a member of our family that has passed away, with respect and dignity. We give families space to spend time with the person. They can stay over, and we provide them with food, drinks and comfort, and we always follow people's end of life wishes."

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

- People's needs were pre-assessed by a senior member of staff before arriving at Fairway View, to ensure the service could meet people's needs. People and their families were involved in the care planning on admission and at updates. The service used electronic care plans that were up to date and regularly reviewed.
- The registered manager and staff went out of their way to find out information about people, detailed information was gathered including information about their history, care planning was then centred around them as a person.

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.

- Staff knew people's communication needs extremely well. We saw staff supporting one person with great communication difficulties who used eye and hand gestures to communicate. Staff could tell us how they recognised if the person was feeling unwell by small gestures the person made.
- Another person had communication difficulties following a stroke and staff described how they gave them time and space to communicate at their own pace.
- Information was available in large print and pictures format for people to aid understanding.

Improving care quality in response to complaints or concerns

- People had access to complaints procedures via information in their rooms.
- Complaints we saw were dealt with in a timely manner. The quality manager did a monthly snapshot of complaints audits, staffing, safeguarding and surveys and generated a weekly action plan for the service. As a result of this issues were followed up.
- The registered manager told us about one complaint which had resulted in improved documentation. "If I have any concerns now, I know I can just print out information for families to reassure them because our documentation is up to date."

# 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 now improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

### Continuous learning and improving care

- The registered manager told us how she introduced extra training for staff after attending a manager's forum to promote best practice. Recent training included, stroke and dementia awareness.
- The registered manager had recognised that oral healthcare was an important issue and had devised her own standards for oral health before recent NICE guidelines had been issued. A local dentist had been engaged to train staff in oral health and help to produce information that led the way and was shared as best practice with other services.
- The service had staff champions in different areas and it was clear to see the ongoing impact of these roles. For example, the dementia lead had implemented new digital clocks to help people tell the time and new toilet signs for easy identification. The end of life lead person had implemented gold framework debriefing sessions. The mental capacity lead had improved staff confidence in assessing people's capacity on a regular basis.
- Staff were very positive working for the provider and said it was a forward-thinking organisation that invested in staff and recognised how valuable good staff were and offered incentives to progress. Staff were promoted from within the service, offered training and encouraged to develop.
- The provider had an annual awards ceremony, Fairway View had been nominated as a finalist, for all the provider award categories including one for resident of the year.

### Working in partnership with others

- The registered manager went out of their way to engage with external agencies and establish community links. The service engaged with a local university into various research projects such as falls prevention and the effect of admission to a care home on the family.
- As a result of these links, the service had implemented kick-boxing exercises to promote people's stability and prevent falls. The registered manager told us they were involved in research into why people with dementia express certain types of behaviour, this had given staff and families a greater understanding of people's behaviour and helped families cope.

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

- The registered manager told us they were very committed to providing high quality, person centred care. Staff told us they were a good team that worked well together. It was clear staff and the management team shared the same values to put people at the heart of the service.
- Staff were motivated, passionate and proud of the service. Senior members of the team were always

available and visible even when doing other roles such as administration tasks. We saw senior staff sitting in communal areas rather than offices. Staff told us this meant they could observe and support staff and people at all times.

- Staff told us they liked their new uniform, "It has made it easier for people to identify who is who when they need help."

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

- There were numerous regular audits of the service to ensure quality was monitored and improved. The registered manager gave us examples of improvements that had been made following audits. For example, a falls audit identified that there were more falls at handover time, so staff shifts were changed to stagger staffing numbers. Call bell response times were reduced from three to two minutes to ensure a fast response time. Shift checks on sensor mats were introduced to ensure it was everyone's responsibility. This resulted in a reduction in falls.
- The registered manager understood their responsibilities of what they need to report to safeguarding and CQC and understood they had a duty of candour to be open and honest about mistakes. There was a hierarchy of staff who understood their roles and responsibilities on a daily basis.
- The registered manager had excellent oversight of the service and people knew who they were. One person told us, "She walks round each morning during breakfast to check everything is ok." Staff told us they felt able to approach the registered manager with concerns.

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

- The service performed regular surveys of people who lived there, this included questions on cleanliness and how caring staff were, we saw very positive feedback.
- There were regular meetings for residents and relatives. Relatives comments included, how clean and tidy the home was, what a great atmosphere there was, and how lovely staff were.
- Staff told us meetings were open and they could bring things up, one person told us about equipment they had requested and had been immediately agreed to.