Mental Health Matters

Fairfield House

Inspection report

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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

The inspection took place on 1 February 2018 and was unannounced.

Fairfield House is a care home in Newcastle that provides accommodation and care for up to 11 people with support needs relating to their mental health. There were nine people using the service at the time of inspection.

At our last inspection in December 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service felt safe and there were appropriate risk assessments and systems in place to ensure risks were reduced and lessons were learned from incidents. People's needs, such as medicines, the premises and staffing levels and pre-employment histories were managed safely.

There was effective liaison with external primary and secondary healthcare professionals, with people achieving good health and wellbeing outcomes. Documentation was generally accessible and sufficiently detailed, with a range of appropriate training and staff support in place.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People who used the service received an excellent continuity of care from staff who knew their needs extremely well and had built mutually trusting relationships with them. Feedback from relatives and external professionals was exceptional in this regard. People who used the service had developed improved independence and confidence with the help of dedicated and compassionate staff. People's emotional wellbeing was respected and supported by staff and a registered manager who consistently exceeded good standards of care and ensured people could thrive in a caring environment.

The atmosphere at the home was welcoming and calm. Staff interacted warmly with people who used the service and demonstrated an in depth understanding of peoples likes, dislikes and individualities. People received a continuity of care from a well-established staff team.

The service had built good community links, which afforded people who used the service a range of learning and social opportunities. There were plans to build on these in the future.

The registered manager and deputy manager lead the service well, combining hands-on day to day responsibilities and accountability with a commitment to pursuing continuous service improvement. Staff confirmed they were well supported and people who used the service interacted comfortably with staff at all levels, including management. The culture was in line with the provider's literature, caring and with a focus on people achieving and maintaining independence.

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 remains good.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Fairfield House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 1 February 2018 and was unannounced. The inspection team consisted of one Adult Social Care Inspector and one 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 service.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams, safeguarding teams and Healthwatch.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a document wherein the provider is required to give some key information about the service, what the service does well, the challenges it faces and any improvements they plan to make. This document had been completed and we used this information to inform our inspection.

We spent time speaking with five people who used the service and observing interactions between staff and people who used the service. We spoke with five members of staff: the registered manager, deputy manager and three care staff.

During the inspection visit we looked at three people's care plans, risk assessments, staff training and recruitment files, quality assurance documents and systems, a selection of the home's policies and procedures, IT systems, meeting minutes and maintenance records.

Following the inspection we contacted three relatives of people who used the service and three external professionals.

Good

Is the service safe?

Our findings

All people who used the service we spoke with and their relatives confirmed the home was a safe location in which people could feel at home and be protected from risks they may face. People told us, for example, "I feel very safe here," and "I feel safe enough to go out on my own and have my own front door key and room key." People had easy read copies of safeguarding information.

Staff displayed a good knowledge of, and had received appropriate training in, risk management. For example, some people who used the service may be at a particular risk of hoarding and self-neglect and we saw staff had received specific training in this area. Staff knowledge and understanding of these specific risks was strong and grounded in an understanding of each person's background.

People interacted in a relaxed manner with staff and we observed staff respond attentively to people's anxieties, so they could be minimised and people feel reassured.

External professionals did not raise any concerns about safety at the service and relatives told us, for example, "He's happy, healthy and safe, that's the main thing," and, "They were really a risk to themselves before but they are out and about and doing things for themselves now."

There were sufficient staff on duty to keep people safe and meet their needs, during the day and at night, with managerial support via an on-call system for out of hours concerns.

Risk assessments were in place, individualised to meet people's needs, and focussed on people maintain and improving their independence, taking positive risks where appropriate. These assessments covered, for example, physical, financial and mobility risks. One person had previously suffered through not managing their finances well and we saw a specific plan was in place to ensure they were regularly able to buy the things they liked without spending all their money excessively early in the week.

Disclosure and Barring Service (DBS) checks had been made, along with other pre-employment checks. The DBS maintains records of people's criminal record and whether they are restricted from working with vulnerable groups.

The premises were safe and generally in a good state of repair, although both kitchens had old light fittings under the kitchen cupboards that had begun to rust. The registered manager showed us that this had been reported to the owner of the building before our inspection and, during the inspection, confirmed the date when these would be removed. Similarly, the smaller of the two kitchens, which was used by people daily, whilst mostly clean, required deeper cleaning of the under sink cupboards. We saw specific cleaning hours had been introduced since the last inspection and the registered manager had acquired a quote for a quarterly 'deep clean' of areas of the service most in need. They confirmed the area identified would receive a deep clean. One of the bathrooms had been converted into a wet room and, whilst functioning and accessible, the shower curtain required cleaning, as did the shower chair. The registered manager assured us this would be completed as a priority.

Staff undertook regular environmental checks of the premises, for instance checking water temperatures, light fittings and that hazardous materials were safely locked away. They also ensured appropriate external inspection and servicing took place. For example, gas boiler checks, portable appliance testing (PAT), emergency lighting checks, fire fighting equipment and servicing of kitchen equipment. Emergency procedures were in place, such as Personal Emergency Evacuation Plans (PEEPS). PEEPS are individualised plans detailing people's mobility and communication needs, should, for example, the emergency services need to help them evacuate the building.

The storage, administration and disposal of medicines was safe and generally adhered to best practice guidance issued by the National Institute for Health and Clinical Excellence (NICE). Medicines were kept in a locked cupboard in the registered manager's office, with daily temperature checks in place. We reviewed a sample of people's medication administration records (MARs) and found no errors. Where people needed 'when required' medicines, such as paracetamol, instructions in place for staff regarding when this might be needed could have contained more detail, in line with NICE guidance. The registered manager demonstrated they were putting these in place before the end of the inspection. Medicines audits, staff competency checks and refresher training ensured people's medicines needs were safely managed. Controlled drugs were kept in a locked separate unit within the medication cupboard and a stock check identified no errors. Controlled drugs are medicines that are liable to misuse.

Accidents and incidents were consistently recorded and analysed by the registered manager. These and other practices were reviewed to ensured learning could be applied to make future recurrences were less likely. For example, where a fire drill had identified some confusion regarding one exit, new signs had been put in place. Likewise, when a medication error had occurred, this had been identified as part of a potential pattern and additional checks and safeguards were put in place, including requesting the pharmacist to undertake an independent audit.

The service had appropriate safeguarding, whistleblowing and disciplinary policies and procedures in place and we saw evidence of the latter being implemented appropriately to keep people safe.

Good

Is the service effective?

Our findings

People who used the service benefitted from regular support from healthcare professionals when needed and from an established team of staff who understood their needs. People told us, for example, "[Staff names] know me well – they know what's good for me," and "They are always reminding me about things. They are always there." Relatives similarly confirmed they felt staff had the necessary skills and experience to support people, stating, "They are great – they look after each person and are very organised. I think they have to be, so that [person's name] knows where they stand every day."

Staff were well trained in a range of core topics for the service such as safeguarding, first aid, infection control, food hygiene, fire safety, mental health awareness, self-harm awareness, medicines. Staff also received bespoke training where people's needs would benefit from it, for example dementia awareness training and Parkinson's disease awareness. Training was a blend of online courses, face to face training and guest speakers attending the service. This had benefitted staff but also people who used the service, for example sessions on healthy eating and empowerment, as part of World Mental Health Day, and a Questions and Answers session on the Deprivation of Liberty Safeguards (DoLS). The registered manager had embedded these talks as a planned part of staff development and was keen to continue these talks. Training needs were monitored monthly and the registered manager ensured all training was up to date (except where not possible due to staff absence).

Staff ensured people were able to attend regular appointments such as dentist and optician appointments, but also encouraged people to engage with specialists such as psychiatrists and dietitians.

External health and social care professionals we spoke with were generally positive about how individual staff and the service more generally met people's needs. One told us, "Staff were very knowledgeable when I was completing the social care need assessment…they were familiar with the person's support needs, as well as their backgrounds and interests."

There was a consensus that the new IT-based care plan recording system was not yet ready to be relied upon as the sole means of information recording in terms of people's care. The IT system did have a range of auditing benefits that the registered manager was making use of and demonstrated these during the inspection. We reviewed a sample of the content of information on the IT system in relation to people's care the inspection and found it was not always as detailed as the paper care plans. The registered manager acknowledged sole use of the IT-based system would need to be managed gradually to ensure there was no impact on people's care. We found the paper-based care plans in place to be detailed, accurate and accessible. People had clear plans in place to support specific areas of need, such as alcohol cessation, voluntary work in the community, managing finances and shopping. Goals were clear and staff had supported people to achieve good health and wellbeing outcomes over a period of time. We observed the handover between night and day staff and found all staff displayed an in depth knowledge of people's needs and communicated relevant information effectively.

Improvements had been made to the premises since the last inspection, such as new flooring throughout

the downstairs communal areas, new sofas, as well as a wet room on the ground floor. The registered manager had a plan in place detailing further improvements planned in 2018. The premises were generally appropriate for the needs of people who used the service, with ample bathing facilities, kitchen and dining spaces and living rooms.

In addition to training, staff were well supported through regular supervision meetings and appraisals. The provider had recently implemented new supervision documentation, which linked in to the provider's business plan as well as the fundamental care standards. We found these were detailed documents and the registered manager and deputy manager may require initial support in terms of supernumerary time to ensure they are as effective for supporting staff as evidencing links to corporate objectives.

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. The application procedures for this in care homes and hospitals are called DoLS.

We checked whether the service was working within the principles of the MCA. The registered manager had a strong understanding of capacity and people's consent was documented in care documentation. Staff had received the relevant training and the registered manager had booked staff to attend more in depth training to increase their skills. Staff assumed people had capacity unless there was reason to think otherwise, in which case appropriate assessments were in place.

We observed people enjoying meals together in the smaller of the two kitchens, which had a dining space and was popular at lunchtime. People helped themselves to drinks and snacks throughout the inspection and confirmed to us they were supported to cook the meals they wanted. Staff cooked a Sunday lunch with people who wanted to each week. One person had been helped to diet in a controlled manner to lose the weight they wanted to in order to fit into clothes they liked. Where people needed greater levels of support and appreciated a routine, we saw timetables were drawn up to help them improve such skills as making meals and tidying the kitchen area afterwards.

Good

Is the service caring?

Our findings

The atmosphere at Fairfield was relaxed, homely and welcoming. Staff were professional at all times but demonstrated the necessary ability to engage with people on a warm, human level which was based on their knowledge of people's backgrounds, likes and dislikes. People interacted comfortably with all members of staff and staff, likewise, were enthusiastic about supporting people and demonstrated tactful and caring demeanours throughout the inspection visit.

Relatives told us, "If they are happy I am happy – and they are very happy there. They [staff] have made such a difference," and "I would recommend the service to anyone, I can't speak highly enough of the staff and what they do."

People were made to feel part of the home. For example, they had recently been sitting in on the interview panels for prospective members of staff. People's rooms were decorated to their tastes whilst communal areas were used at various times by people to watch television, with people coming and going to the local shops and into town.

People confirmed they were asked about their care and encouraged to take part, with monthly one to one meetings with their keyworker in place. One person had a specific timetable in place so they could visualise how much time per week they could spend doing certain activities. One person's relative did not speak English as a first language so the service had organised a translator to attend care review meetings.

People's preferences and beliefs were respected. Staff demonstrated a good knowledge of the importance of praying five times a day for one person, whilst the registered manager confirmed halal meat was sourced for people where required. Positive links had been made with a local mosque, who had invited staff and people who used the service for a meal, with the hope that a visitor from the mosque would also give a talk at the home. This demonstrated the registered manager had ensured people's religious beliefs were respected but also that the service was able to form longer-term links with important members of the community.

Independence was a key theme for the service and people were encouraged to build on their levels of independence on a daily, weekly and monthly basis. People spoke with us at ease as they went about their daily errands and staff respected people's varying levels of independence.

There was a communal atmosphere and people had formed bonds with people they lived with, as well as staff. One relative told us, "They have made friends there and have become a bit of a leader, helping others. I've seen a real difference in them."

Staff consistently demonstrated an ability to communicate with people in ways that they were easily able to understand. For example, where people benefitted from staff speaking slowly, this happened, and where people were known to be particularly anxious about certain things (for example, their finances), staff were aware of this and able to reassure people to ensure their anxieties were minimised. People who did not have

family members supporting them had advocates in place, who attended care reviews. This meant people's best interests could be fairly represented.

Easy read information and posters in the service had been designed and developed with people to ensure that people were able to feel empowered to raise concerns because they had help to develop and understand the guidance in place. We saw this contributed to a culture where people who used the service felt able to raise queries or concerns openly.

People were consistently treated with dignity and respect throughout the inspection. We viewed recent thank-you cards which provided further feedback about staff attitudes: "Thank you all so much for the compassion shown to me – I don't know how I would have coped without your help," and "Thank you for all the extra care and support you have given my mum over the last few weeks."

People's care records were stored securely in a locked office whilst IT systems were password protected.

Good

Is the service responsive?

Our findings

People who used the service enjoyed a range of hobbies and interests meaningful to them and were actively encouraged to do so by staff. People had access to a range of local amenities that proved popular, such as the bowling alley, shops and transport links into the town centre.

More strategically, the registered manager had invited speakers into the home from the Recovery College Collective, a local peer-led educational and vocational centre. The registered manager told us they felt the visit was important to demonstrate to people using the service, from other people in similar positions, that there was a wide array of opportunities available and that these were accessible and relatively informal. We saw a number of people had registered an interest in enrolling in courses. People's engagement in in-house and wider activities had had a demonstrably positive impact on them in terms of reducing social isolation and increasing self-esteem. This was in line with the mission statement the provider had on its website and other corporate literature.

Staff demonstrated a good knowledge of people's needs and requested additional support and advice from external professionals when required. We saw input from dietitians, mental health teams and others and staff were aware of when people's needs had changed and new advice was to be followed. Professionals told us, for example, "They were very good at responding to their changing needs, appropriately contacting health services and ourselves when there was a change or a concern." We saw that in the previous year one person had successfully moved into an independent living scheme with the help of staff.

Staff worked flexibly to meet people's needs. For example, one person wanted to attend the gym in the morning after the inspection so their keyworker agreed to work additional hours to ensure the person could be supported by the member of staff they had built a strong bond with.

Relatives meetings were not arranged but relatives we spoke with agreed they were involved in people's care and updated when there were any changes. The registered manager told us that a number of people did not have relatives who remained in contact, but agreed more could be done to encourage participation from relatives. They planned to put in place a family charter, which would set out what relatives could expect from the service and how they could be more involved.

Whilst the service was using a mixture of paper and electronic documentation, care plans were person-centred and reviewed regularly with the involvement of people who used the service and those who knew them best. Person-centred care means ensuring people's interests, needs and choices are central to all aspects of care. Each care file contained a 'grab sheet' with key pieces of information about each person, for example, some of their favourite things, and how best to communicate with them. The registered manager agreed to incorporate photos on to these sheets, as they were largely for the benefit of external health or emergency services workers who may not know what people looked like.

A keyworker system was in place and when we spoke with staff they demonstrated a sound knowledge of people's individualities.

People were asked about whether they wanted end of life care plans in place and we saw these discussions were documented. There had been a death of a person who used the service the previous year and we saw the registered manager and staff had ensured people who used the service were able to express their feelings and understand the grieving process, as well as take part in the eulogy, following a visit from the minister. The registered manager valued the importance of people being able to explore their emotions and help them deal with them in an open and positive way. The organisation also provided confidential counselling via a telephone helpline, a counsellor attended the home and the organisation's CEO visited to offer support.

No formal complaints had been received since the last inspection, although we saw the registered manager had ensured, where people who used the service raised concerns, these were appropriately responded to. There were appropriate, accessible policies in place regarding complaints. People had the opportunity to raise concerns at monthly catch ups with their keyworker, or by approaching any member of staff. The format of house meetings had changed recently after feedback from people who used the service and covered broad topics such as the level of involvement people would like in recruitment drives, and the organisation of activities. People who used the service were therefore continually involved in decisions about the service. People and their relatives confirmed communication was good from staff and that they could complain if they needed to. Formal compliments had not been received but we saw the registered manager displayed thank-you cards in the office area. They acknowledged there was an opportunity to better record and celebrate the opinions of visitors.

Good

Is the service well-led?

Our findings

The registered manager had been in post and registered with CQC since 2015 and had relevant experience of caring for people with mental health needs. They demonstrated a sound knowledge of the changing needs of all people who used the service and a passion for identifying ways for the service to continually improve.

People who used the service interacted comfortably with the registered manager and deputy manager, who had been at the service for seventeen years and played an active role in supporting the registered manager in their duties, and all members of staff. People told us, of the deputy manager, "They're a good one," and of the registered manager, "They are always here," and "They are always nice to me." Relatives expressed confidence in the management of the service, stating, for example, "They are very good in terms of communication. Nothing is ever a shock and they keep us involved."

The registered manager and deputy manager were on site every weekday and were also part of an out-of-hours on-call rota, should major incidents occur. They took a lead role in the day-to-day running of the service but also took an interest in the strategic development of the service. For example, the registered manager had suggested improvements to organisation-wide policies, whilst a recent team meeting had reviewed a range of 'Outstanding' and 'Inadequate' Care Quality Commission (CQC) reports so the team could benchmark their service against these. The registered manager had a service plan in place based on feedback from external professionals, internal auditing and information, and CQC.

External professionals we spoke with were positive about the way the service was run. One stated that there had been improvements in the past year and that they had no concerns. Another professional told us they had formed strong working relationships with the staff to help meet one person's changing needs.

Auditing and oversight was strong, with the registered manager and deputy manager undertaking a range of regular audits, such as medications and health and safety. Additionally, the service was subject to auditing by the Head of Social Care of the provider. This included site visits and monthly checks of training compliance, for example. This meant the registered manager was directly accountable regarding the standards of the service.

There was an ongoing service improvement plan in place with actions planned and recorded. The registered manager was accountable to senior management who were based within the region to ensure objectives on this plan were met. We saw this included person-centred details such as people's involvement in interviewing processes and the procurement of new curtains, to more strategic matters such as training themes for the coming year and links with external agencies.

Whilst the registered manager did not hold formal meetings with relatives as a group, they were in regular contact with people's relatives and sought their feedback at care plan reviews and via surveys.

All members of staff we spoke with told us they were well supported and that there was an open culture in

which they could raise any questions or concerns. One said, "It's fantastic here – it's rewarding and you know where you stand – they trust you." Team morale was high and staff turnover was low. The registered manager had recently utilised an internal award scheme to recognise and celebrate the good practice demonstrated by a member of their team. The registered manager did on occasion use agency staff but we found this was the same agency staff, to ensure people who used the service did not receive support from a wide variety of people. This meant people received a good continuity of care.

Good community links were in place, for instance with a local college, mosque and voluntary services such as a café. The registered manager ensured that staff were able to support people to remain part of their community and to learn new skills. This was in line with the provider's literature and the ethos of the service.

The registered manager's office was well organised, as was the staff room, and appropriate notifications had been made to CQC. Care records and policy documents were accessible, accurate and in good order.