Mrs G L Reeve & Miss D M Reeve

Fairby Grange

Inspection report

Fairby Grange
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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

We inspected Fairby Grange on Monday 27 March 2017. Fairby Grange provides care, support and accommodation for a maximum of 27 older people some of whom lie with dementia. The service provides both permanent and respite place. There were 21 people living at the service at the time of our inspection.

There was no registered manager in post at time of inspection. The registered provider had an acting manager in post that was going through the processes of becoming registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission 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.

At our previous inspection on 14 March 2016, we found three breaches of the Health and Social Care Act 2008 (Regulated Activities). These breaches were in relation to assessing individual risk of people living at the service, understanding of the Mental Capacity Act 2005 and appropriate records and quality monitoring systems. At this inspection, improvements had been made and the service was compliant with all regulations.

The registered provider had systems in place to protect people against abuse and harm. The registered provider had effective policies and procedures that gave staff guidance on how to report abuse. The acting manager had robust systems in place to record and investigate any concerns.

Risks to people's safety had been assessed and actions taken to protect people from the risk of harm. The environment was clean and tidy.

Medicines were stored securely and safely administered by staff who had received appropriate training to do so.

There was sufficient staff to provide care to people throughout the day and night. When staff were recruited, they were subject to checks to ensure they were safe to work in the care sector.

Mental capacity assessments were being carried out and these were decision specific. Staff and the registered manager demonstrated good knowledge of the Mental Capacity Act 2005. However, we found that one area had been missed. We have made a recommendation about this in our report.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options were considered as per the Mental Capacity Act 2005.

People were referred to health care professionals when needed. People's records showed that appropriate

referrals were being made to GP's, speech and language therapists, dentists and chiropodists.

Staff were well trained with the right skills and knowledge to provide people with the care and assistance they needed.

People were being supported to have a nutritious diet that met their needs. People were supported to eat by suitably trained staff.

Relatives spoke positively about staff. Staff communicated with people in ways that were understood when providing support. People's private information was stored securely and discussions about people's personal needs took place in a private area where it could not be overheard.

People had complete freedom of choice on how they wanted to live their lives. Staff supported people to make choices and understood the importance of this.

The provider had ensured that there were effective processes in place to fully investigate any complaints. Records showed that outcomes of the investigations were communicated to relevant people. People and their relatives were encouraged to give feedback through resident meetings and yearly surveys.

The acting manager was approachable and supportive and took an active role in the day-to-day running of the service. Staff were able to discuss concerns with them at any time and know they would be addressed appropriately. The acting manager was open, transparent and responded positively to any concerns or suggestions made about the service. The provider carried out surveys to identify shortfalls with the service and took action as a result.

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.

People were protected from abuse by trained staff who understood the providers safeguarding policies and procedures.

The provider had ensured that the environment and equipment was well maintained by carrying out appropriate safety checks and servicing.

The provider had ensured that there were sufficient numbers of staff in place to safely provide care and support to people.

People had risk assessments in place that were personalised to their needs.

Is the service effective?

Good

The service was effective.

The provider had ensured that appropriate applications were made regarding Deprivation of Liberty Safeguards

People had access to a range of food options that was nutritious and met their needs. People were supported to maintain their diets when required.

Staff received training that gave them the skills and knowledge required to provide care and support to people.

Is the service caring?

Good

The service was caring.

Staff demonstrated good knowledge of the people they supported. Staff treated people with dignity and respect at all times.

Relatives told us they were involved with the planning and reviews of their care plans. Care plans recorded when people and their relatives were involved with their care.

Relatives spoke positively about staff and told us they were happy with the service that they were receiving

Is the service responsive?

Good

The service was responsive.

People's friends and family were made to feel welcome by staff when they visited.

The acting manager ensured that complaints were appropriately responded to and included full investigation and outcomes.

People had a choice of suitable activities available to them.

Is the service well-led?

Good

The service was well-led.

Relatives and staff spoke positively about the acting manager. Staff told us they felt supported and could approach the acting manager with any concerns.

The provider had ensured that quality-monitoring systems were in place to identify shortfalls and make improvements to the service.

The culture of the service was centred on the people living there.

Fairby Grange

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.

We inspected Fairby Grange on 27 March 2017. This was an unannounced inspection. Two inspectors and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. At our last inspection on 14 March 2016, we rated this service as requires improvement.

Prior to the inspection, we gathered and reviewed information we held about the service. This included notifications from the service and information shared with us by the local authority. Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was taken in consideration.

As part of the inspection, we spoke with nine people living at the service, four relatives, four care staff, an activities coordinator, the chef, the registered provider and acting manager. As some people who lived at Fairby Grange were not consistently able to tell us about their experiences, we observed the care and support being provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us." We looked in detail at care plans and examined records that related to the running of the service. We looked at nine care plans and eight staff files, staff training records and quality assurance documentation to support our findings.

Good

Is the service safe?

Our findings

People and relatives told us the service was safe. One person told us, "I feel very safe. There is always staff around and when I press the bell someone is around to help." One relative told us, "I know for a fact my mother is safe here, well the whole home, the atmosphere is very friendly, the staff make it feel safe."

People were protected against abuse by staff that had received safeguarding training and could identify the types of abuse and how to appropriately react. One member of staff told us, "We have to protect people from harm. I would report any abuse to the manager but I can also go to the local authority." The acting manager told us, "At the last supervisions I gave out information regarding safeguarding so that this can be a discussion topic at out next one to one." There had been no recent reports of safeguarding concerns at the service but the registered provider had systems in place so that any reports could be actively investigated and tracked by the acting manager.

At our previous inspection on 14 March 2016, the provider was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that that risk to people's health and safety were not appropriately assessed or managed to ensure they were minimised. At this inspection, improvements had been made and the service was compliant with the regulations.

Risks to people's personal safety had been assessed and plans were in place to minimise risk. Risk assessments and support plans were in place that considered any potential risks and some strategies were in place to minimise any risks. Staff told us that, because people's ability to respond to potentially unsafe situations varied from day-to-day, risks to people's well-being and safety were constantly being reviewed by the staff team. We saw that staff communicated well with each other and shared information about any new risks with their colleagues at staff shift handovers. This enabled staff to recognise changes in people's behaviour that could increase the risk of harm or conflict. Risk assessments for those that had behaviours that challenge identified what could trigger this in a person. For example, one risk assessment highlighted how one person could get angry if they felt they could not do what they were supposed to do. It advised staff to discuss with the person their likes and dislikes over a hot drink to defuse the situation. Care plans showed that there were risk assessments for falls, pressure sores and manual handling. However, the systems used did not link the risk assessments to the guidance effectively. This meant that staff were able to see when a person's safety may be at risk but had to look through the care plan for relevant guidance, which may cause delays in the staff response. We discussed this with the acting manager who ensured that the information required was situated with the appropriate risk assessments, for easier access.

The registered provider had ensured that the environment was safe for people living at the service. There were up to date safety certificates for gas, electricity, legionella, portable appliance testing and a recent fire risk assessment. Records showed that the maintenance team carried out tests on the fire systems and water throughout the year. People had a personal emergency evacuation plan (PEEPs) in their electronic care plan. However, no printed copies were available to staff in the event of an evacuation. This meant that staff and the emergency services would have to rely on a computerised system in the event of an evacuation. We discussed this with the acting manager and registered provider. Following our inspection we were shown

evidence to show that PEEPs had been printed and a grab bag obtained with essential items that staff could locate in the event of an evacuation.

There were sufficient numbers of staff to support people's needs and the staffing rota showed that staff were organised in an appropriate way. People and relative told us they felt there were enough staff on duty. One person told us, "Yes, I definitely think there are enough staff." Another person told us, "Yes, I would say enough because I can press the bell and the response is almost instant." One relative told us, "Yes [there are enough staff], I don't think my Mum has to wait for anything at all." The provider had taken steps to protect people from staff who may not be suitable to support them. Before staff were employed, the provider carried out checks to determine if staff were of good character. They took up references from previous employers and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of their recruitment process.

Competently trained staff were managing medicines safely. People's medicine records showed that these were being checked daily by two members of staff to ensure that people were receiving their medicines and stock numbers were correct. We checked the stock numbers of medicines being held by the service and found no discrepancies. Staff were recording the temperatures that the medicines were being stored in. Homely remedies protocols were in place at the service and these were checked by the person's GP. Guidance was given to staff for specific medicines. For example, one person was not allowed tea for 30 minutes after taken their medicine and this information was easily seen in the person's medicine file. Allergies were clearly displayed in people's medicine records. We saw that medicines that were prescribed when required (PRN) were managed correctly by staff. Staff were writing down when PRN medicines were given to people and why.

Good

Is the service effective?

Our findings

People and relative were confident in the staffs approach to effective care at the service. One person told us, "They sure know what they are doing." Another person told us, "The staff know what they are doing and this makes me happy." One relative told us, "I am sure they know how to support my Mum." One visiting nurse told us, "The staff attend to us straight away. They go around with you and respond well to our advice and guidance. There are always improvements in people's health."

Staff were supported in their role and received a full training programme to ensure that they had the knowledge required to provide effective support. New staff undertook a six week induction programme under supervision to gain the necessary skills for their role. One member of staff told us, "I got the right level of support from the team when I started. The manager was very supportive as well." Staff were supported to share their views with the acting manager at individual one to one supervision sessions and yearly appraisals were scheduled to take place. All staff spoken with said that the support from the provider was always there for them. One staff member said, "We can talk to the head of home [provider] whenever we want to." On-going staff training included safeguarding, the principles of the Mental Capacity Act (MCA) and dementia awareness. Staff were also supported to complete the care certificate. The care certificate incorporates a set of standards that social care workers adhere to in their daily working life. Staff were also supported to obtain their National Vocational Qualification (NVQ) in social care.

At our previous inspection on 14 March 2016, the provider was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the principles of the Mental Capacity Act 2005 were not fully understood or met. At this inspection, we found that the provider was compliant with the regulation.

The provider took into account the principles of the Mental Capacity Act 2005 (MCA) when assessing people's capacity to make decisions. The 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. The acting manager had made appropriate applications for Deprivation of Liberty Safeguards (DoLS) for people living at the service. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. The acting manager had a DoLS file and audit system to ensure that any applications sent to the local office were followed up until an outcome was received. However, people's records showed that some mental capacity assessments were not being carried out concerning certain specific decisions, such as regarding the use of specific equipment. Following our inspection, we were given evidence to show that an appropriate assessment had taken place along with a best interest meeting with associated parties to discuss the least restrictive options for a person.

People told us they enjoyed the food they received at the service. One person told us, "I love the food." Another person told us, ""No problems about the food, they know exactly the right portion I need." One

relative told us, "X speaks highly of the chef." People had access to a nutritious diet when staying at the service that took into consideration their likes, dislikes and needs. Staff we spoke with demonstrated a good knowledge of the diets of people living at the service and could identify which people were on special diets. Some people were on soft diets and these people were catered for on the four week menu plan. Referrals had been made to speech and language therapists team (SALT) and dieticians when required. One person had been assessed by speech and language therapists team as requiring a soft food diet. Following the assessment, the chef at the service had obtained food moulds for different types of meat, fish and vegetables so that the food still looked like the meal they had asked for. Any initial changes to people's needs was communicated through a kitchen notice board, such as one person requiring their lunch at a different time due to a meeting that was taking place. Adaptive cutlery and plate guards were being used where required. Staff were assisting people in an unobtrusive way. Staff were fully engaged with people when assisting them with their meals. Care records had included risk assessments for malnutrition and people's weights were appropriately monitored. Staff recorded how much people ate where they may be at risk of malnutrition. Staff described how food was made available throughout the day and the benefits of snacks when people were reluctant to eat.

Staff were supporting people with their routine health visits. People told us that they had no problems getting assistance from staff when they needed to see a doctor. Professional health visits and their outcomes were being recorded effectively. These visits included GP's, nurses, dentists, opticians and chiropodist. The acting manager had systems in place to ensure next appointments with health care professionals were scheduled effectively. One visiting nurse told us, "They never make inappropriate referrals, they always listen to our guidance and we always see improvements in people's health."

Good

Is the service caring?

Our findings

People and visitors spoke highly of the caring nature of staff. One person told us, ""They could not be better you know, I really like them." Another person told us, "I really like them; they help me ever so much." A third person told us, "I love them just like family." One relative told us, "I do like the staff here." Another relative told us, "I like the staff that look after my mother." A visiting nurse told us, "Every time I visit people always seem happy to be here."

People we spoke to told us staff had time to listen to them. One person told us, "I feel very much listened to." One member of staff asked if a person was okay because the person was not acting themselves. When the person said that they were not feeling great the member of staff sat with the person to find out what the problem was. We observed staff to be confident in how they supported people. They interacted with people in a kind, caring and happy manner. We saw that people were relaxed and content as they spent time with staff. Staff were able to anticipate their needs, because they knew the people very well. Staff were seen to support both people in a discreet and dignified way. This was because staff understood the body language people used when they needed personal assistance and responded appropriately. We observed a care worker entering the lounge and asking people if they wanted a newspaper to read. People had the choice to have their preferred newspaper delivered to the home on a daily basis. Once the newspapers were given to people, the same member of staff came with a tea trolley. It was clear the member of staff knew each person individually as they addressed people by their preferred names. The member of staff asked each person if they still wanted their preferred drink or something else. People were given a choice of biscuits to have with their tea and morning newspaper.

All staff members we saw were able to demonstrate in-depth knowledge and understanding of both the physical and emotional needs of each person as they spent time together. Staff asked people's views about what they wanted to do and encouraged them to be involved in decisions. A member of staff told us, "I feel as a staff team we are well trained, and you can see this by how we look after the residents." Staff we spoke with could tell us about the people they cared for. One member of staff told us that one person liked to get up a certain way each day. Another member of staff told us, "You have to sit in front of this person so that she can see and hear what you are saying." This specific communication method was in the person's care plan.

People and their relative were involved in the reviews of their care. The acting manager would print copies of the updated care plan to go through with people and their relatives. Once this was read all interested parties signed it. Where people could not sign the reviews of their care the acting manager would send these to relatives following telephone or email contact for families to read and return. The acting manager had systems in place to ensure that these were responded to. Responses were filed in people's care files.

People were encouraged to be as independent as possible. Staff understood the importance of independence in people's lives. One member of staff told us, "Being independent is important and it can be the small things like brushing your own teeth, picking what you want to wear. One person here takes themselves down to the local shops." During our inspection, we observed that people were freely moving

around the home, taking themselves outside in the garden and helping themselves to drinks and snacks. Staff respected people's dignity. Staff told us that it was important to treat people with privacy and dignity they deserved. All staff we spoke with told us that they ensured that they knocked on doors before entering and kept doors and curtains closed during personal care. During an observation of the medicine round, we saw that staff were knocking on doors and introducing themselves to people and telling them why they were there. It was also observed that the provider [owner of the service] took an active role engaging with people in conversation each morning. People and relatives we spoke with could identify the provider and told us they were friendly and approachable.

People's private information was respected and kept secure. People's personal information was kept in a locked cabinet and on a computer system that only staff had access to. Staff were not seen to discuss people's individual needs in public areas. Handover of information took place in a private area of the home that could not be overheard by people, relatives or visitors.

Good

Is the service responsive?

Our findings

People told us that they were given choice at the service. One person told us, "They always ask me what I want to eat and stuff like that." Another person told us, "They always ask us about everything, which is a good thing. A few weeks ago, I asked for different cereals they did not have and this week guess what, I have got it." A third person told us, "Yes I do have choice here." All staff we spoke with demonstrated the people were given people choice about their daily routine. One member of staff told us, "We are developing a new pictorial menu for when the menu is changed next week as this will help people choose what they want to eat." We saw staff giving people choices throughout the inspection. Choices included what people wanted to eat and drink, taking part in activities, and options of support with going to other areas of the home and outside. The chef had good knowledge of people's mealtime preferences. The chef told us, "One person prefers brown bread but this can cause a bit of indigestion. I always talk to people to find out what they like as this can change. One person asked if they could have carrots in the soft moulds as they preferred this and it was done at the next meal." Care records were detailed and contained people's personal histories, likes, dislikes, preferences and included people's preferred names, interests, hobbies and religious needs. One person's care file read, "I like to be called [their preferred name]". Four people were identified as having an interest in reading the newspapers. The acting manager had a list of people's preferred choice of newspaper so that these could be ordered on a daily basis.

People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had influenced the plan of care. Care plans were personalised and helped staff provide person centred care. Care plans were constructed on an IT system and the home had a range of tablets that staff could use to update care records. The care plans covered a number of areas such as continence, hearing, nutrition and hydration, oral, sight, skin condition, sleep, physical health, medication, communication, general, dressing, and end of life. The acting manager had systems in place to ensure that care plans were created within a reasonable time scale after a person had moved in. People's records were also being updated when required by staff. One person's care plan identified that the person had an infection and as a result a change in physical health. The care plan gave guidance to staff on how to support the person during this time.

People and relatives told us they liked the activities that were on offer at the service. One person told us, "I join in and I enjoy it too." Another person told us, "The activities are not bad, I do not get bored." One relative told us, "I know they do activities here." Activities were provided by an activities coordinator and included pamper days, quizzes, movie days, reminiscence, afternoon tea and music health. One member of staff told us, "We have an usher box for the movie days with a range of snacks." Another member of staff told us, "We do external activities like boat trips and we are having a garden party in May." The chef told us, "We have themed days; for good Friday there will be smoked haddock and on Easter Sunday roast lamb. On Halloween last year, there was jacket potato with chilli, hot dogs and burgers. Families are always welcome to join people for dinner." People's care plans identified what people like to do during their spare time. One person's records told us that they had a fondness for model railways. The acting manager told us, "We have approached a model railway club to see if they can send a volunteer. Initial feedback is positive as they are trying to locate someone." The acting manager also confirmed that the provider will be increasing the time

per week for activities. We saw records to show that this had been agreed and was to be implemented the following week of inspection.

People were supported to maintain their relationships and relatives we spoke with told us there were no restrictions on visiting times. One person told us, "My friends and family come in whenever they like there is never a problems." One relative told us, "I can visit when I like." People's records identified the people most important to them.

The provider had a clear complaints policy and procedure that informed people of how to complain and who else they could contact to discuss any concerns. People told us they could approach the acting manager and the provider with any concerns. One person told us, "I can approach the manager but, I have had no problems living here." Another person told us, "I have never had to make any complaints here, but the manager is always about." One relative told us, "We have never had any problems here but, I would mainly talk with the manager or the owner." The complaint procedure was displayed in written form in the reception area. Complaints were recorded and responded to appropriately and there have been no recent complaints. Relatives told us that they knew how to make a complaint if they needed to and most people using the service understood the process.

Good

Is the service well-led?

Our findings

People, relatives and staff spoke positively about the acting manager. One person told us, "She is very good, always tried to help." Another person told us, "She is nice and helpful." One relative told us, "She knows what she is doing and she is also very approachable and so are the owners." Another relative told us, "The manager is easy to chat and understandable." One member of staff told us, "The new manager is very good and listens to what we have to say." Another member of staff told us, "There have been a lot of positive changes since the new manager has been in post." The acting manager had been in post for three weeks prior to inspection and was going through the processes to be registered with the Care Quality Commission (CQC).

People relatives and staff told us that they believed that the culture of the home was base around the people living there. One staff member told us that they would never just 'do' things to people. They would always involve people in making decisions and maintaining people's independence. Another staff member added, "Even if it is just about the colour of the curtains or what we are eating – we always involve them because it is their home." People we spoke with told us they felt the home offered a relaxed and supportive environment. One relative told us, "The home is homely, bright, caring, everyone is so nice, I feel good when I leave here because I know they are really well looked after. It makes me happy coming here." The registered provider had created good links with the local community. Large events such as fetes, garden parties and summer barbecues were used to invite people's friends, relative and members of the local community to the service. These events included fundraising to go towards external activities. Last year the fundraising was used to take those that wanted to on a boat trip.

The acting manager had ensured that all notifications required as per the Health and Social Care Act 2008 legal requirements were made to the CQC. A notification is information about important events that the provider is required to tell us about. The acting manager was open and transparent and was happy to discuss the notifications made and any improvements from them. The registered provider had ensured that copies of our previous report were clearly on display as people entered the home.

At our previous inspection on 14 March 2016, the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the registered provider did not always operate effective systems for monitoring, improving and maintaining the quality of the service people received. This was concerning the cleanliness of the service and fulfilling the requirements of the Mental Capacity Act 2005. At this inspection, improvements had been made and the registered provider was compliant with the regulation.

The registered provider had ensured that auditing systems took place every four weeks. The audits included care plans, food planning, staff supervision, medicines and cleaning schedules. The provider had carried out an audit that had identified minor shortfalls within the service which had been remedied as a result. In an audit in December 2016, it identified that some staff supervision records were missing and water temperatures being recorded in some areas were a bit high. Records showed that this had been remedied. The registered provider had also carried out a redecoration of the service that included new carpet

throughout. The service was visibly clean and cleaning schedules showed no gaps. People's records were being updated on a monthly basis and this included the risk assessments.

The acting manager used surveys and meeting as methods for gathering views of people that use the service, their relatives and staff. A person, relative and professional questionnaire was sent out yearly. The 2016 survey had identified no concerns with the service received. Staff surveys were completed yearly. In the 2016 survey, one member of staff had commented they would like to have the opportunity to train staff and this had been implemented. There were regular meetings with people and staff at the service. At a recent managers meeting, the refurbishment and redecoration plan of the premises had been discussed. Changes in food menus, and people's preferences, had been discussed at a cooks meetings in March 2017. It was agreed that the service should move to a four weekly menu instead of the current three, and the new four week menu included people's preferences. This meant that people's views were valued and taken in consideration.