Mrs M Holliday-Welch

Fairdene Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

Summary of findings

Overall summary

About the service: Fairdene Lodge is a residential care home that was providing personal and care to 32 people aged 65 and over, most of whom were living with dementia, at the time of the inspection.

People's experience of using this service:
The provider had not ensured that we were notified of all safeguarding incidents and when people had been deprived of their liberty, which they are required by law to do.

The quality assurance system had not identified all areas for improvement. However, the provider had recognised that improvements to this system were needed and were in the process of changing to a new system.

People and their relatives told us they were safe and well looked after. Staff understood how to identify and report any concerns about people's safety. Risks to people were considered and appropriate measures put in place to reduce risks.

People were treated with kindness and compassion and their emotional needs were met. Staff respected people's privacy and dignity and encourage independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service did not always support recording of this practice. When other people held legal powers to make decisions on behalf of people, this was known by staff.

The home had been redecorated to meet the needs of people living with dementia. This included signs to help people move independently around the home. Staff had worked with dementia specialists to consider the decoration and design of the home.

People's medicines were managed safely. People's health care needs were supported, and staff worked in partnership with health and social care professionals to ensure people received the right support. The home was kept clean and tidy and staff understood how to prevent the spread of infection.

People enjoyed the food on offer and mealtimes were social occasions. People also spent time pursuing activities both in and outside the home. People's interests and life histories helped staff identify activities and outings they would enjoy.

People were assessed before moving into the home, and their relatives were included as appropriate. Care plans included information on what people liked to do, and their histories, as well as information about how to keep them safe and well.

Rating at last inspection: At the last inspection the service was rated Good. (1 March 2016)

Why we inspected: This was a planned comprehensive inspection.

Enforcement: There was a breach of the Care Quality Commission (Registration) Regulations 2009. Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will continue to monitor the intelligence we receive about this service and plan to inspect in line with our re-inspection schedule.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Fairdene Lodge

Detailed findings

Background to this inspection

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

Inspection team:
The inspection was completed by one inspector.

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.

Service and service type:
Fairdene Lodge 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. Fairdene Lodge is registered to provide care for 32 people, and 32 people were living at the home at the time of the inspection.

Notice of inspection:
This inspection was unannounced.

What we did:
Before the inspection we used information, the provider sent us in the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at information we held about the service including notifications they had made to us about important events. Notifications are information about important events the service is required to send us by law. We spoke with four health and social care professionals.

During the inspection we spoke with two people receiving support, two relatives of people receiving

support, a health and social care professional, the provider, operations manager, registered manager, trainee manager and three staff. 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 inspected four people's care records, three staff recruitment files, records of accidents, incidents and complaints and other records relating to the running of the service.

Following the inspection, we spoke with three relatives of people receiving support.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

● People were protected against the risk of abuse and harm, staff knew what steps to take if they believed someone was at risk of harm or discrimination.
●Staff knew about safeguarding, types of abuse and how to report any concerns they may have. A member of staff described, "Safeguarding is to make sure all residents have the right to live without abuse. They all have their own right to be safe." Safeguarding concerns had been reported to the local authority.
●Staff understood about whistleblowing procedures and how they could raise concerns.
●There was action taken to learn lessons from accidents and incidents. For example, one person had recently fallen, and staff had increased their observation of the person and referred to the falls and fracture team for further support. Following an incident between two people living at the home their support plans about their behaviour and presentation were reviewed.
●Staff contacted people's relatives when things happened. One person's relative said, "They keep me informed if there are any issues." Staff discussed accidents and incidents to help prevent a reoccurrence.

Assessing risk, safety monitoring and management

●Risks to people were considered, assessed and planned for. When people were cared for in bed, due to their health needs, risks around their pressure damage? and isolation, and ways to prevent these, were considered. This included regular repositioning, using a pressure mattress and interaction which the person enjoyed, such as gentle music.
●Some people could display behaviours that challenged when they were anxious and triggers for this behaviour were considered. Staff knew that for one person could become anxious if there were loud noises or other people were in their personal space. Guidelines were in place, which staff understood, to avoid these triggers and how to diffuse the situation by engaging and reassuring the person. We observed staff doing this.
●Environmental risks were considered and monitored. Regular checks were carried out of firefighting equipment and emergency lighting. Specialist equipment such as mattresses, stair lifts and hoists were regularly checked to ensure they were working and in good repair. There were dedicated maintenance staff available to carry out works as needed.

Staffing and recruitment

●There were enough staff available to meet people's needs. We saw that staff had time to spend to engage with people. People's call bells were answered quickly. People's relatives told us that there were enough staff available when they visited.

●Safe recruitment practices were followed which included references from previous employers, proof of identity and checks through the Disclosure and Barring Service (DBS). DBS checks help employers to make robust decision about staff they recruit.

Using medicines safely

●Medicines were managed safely. Staff had training in how to manage medicines and offered people their medicines in the way that they preferred. We saw staff encouraging people when they had a number of medicines to take.
●Medicines were ordered, stored and given to people safely. The temperature was regularly monitored to ensure that when medicines which needed refrigeration, or to be stored at a certain temperature, were.
●Some people were prescribed medicines to be taken 'as required'. These are medicines which are taken for a specific reason, such as pain relief. Guidance on when people should be offered these medicines was available in their care plans.
●Records were kept of when staff gave people their medicines and whether people had refused. This was recorded on a medicine administration record (MAR). The deputy manager checked these records, and the storage and ordering of medicines in a monthly medicines audit.
●Staff worked closely with local pharmacy and had recently changed to boxed medicines, as recommended by the local Clinical Commissioning Group (CCG). The pharmacist told us, "They are very receptive to change. This was a big decision to make, especially as they were always used to using blister packs, however they were happy to embrace the challenge in the best interests of the residents."

Preventing and controlling infection

●The prevention and control of infection was well managed. One person told us, "It's spotless, toilets and everything are so clean." One member of staff told us, "We have protective clothing, masks and aprons available."
●Staff had training in infection control and knew how to control and prevent the spread of infection, including the cleaning of the home and how to prevent cross contamination.
●Staff had training in health and safety and food hygiene. Regular checks were undertaken to check the water system for legionella.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

●People's needs were assessed holistically before they moved into the home, including any needs around equality and diversity such as religion, culture or sexual identity.
●People and their relatives, when appropriate, were involved in the assessment. One person's relative told us, "They interviewed him and said they would accept him. We viewed the room and they answered all the questions we asked."

Staff support: induction, training, skills and experience

●Staff new to the service were supported with an induction. This included being shown around the home, some initial training that include how to support people living with dementia and shadowing more experienced staff. One member of staff who had started working at the service recently said, "I did trial shifts, a week of mornings and week of afternoons to make sure I knew the whole system."
●Staff were supported with training to help them deliver effective care. One member of staff told us about a moving and handling training they had recently gone to. They said, "It gave me more insight into hoists, useful techniques about rolling clients and adjusting beds. Talking to them. The training is quite beneficial, it's a good way of updating you to keep you and your clients safe." A health and social care professional told us, "They are very proactive with keeping staff skilled."
●Staff were supported with regular supervision and team meetings. One member of staff told us, "Supervision is very useful, it allows reflection on strengths and weakness. I can air feelings and feedback on the service." Another member of staff said, "It's really good, you are here every day, but you want to know what you are doing is right and see if you could do better." Minutes of staff meetings evidenced discussions about the service provider, such as changes to the staffing structure and the outcome of an environmental health inspection.

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

●People were supported to eat and drink well. When there were concerns about a person's weight loss, a plan was put in place. This included encouraging the person to eat and drink and adding extra calories to their diet through fortified foods.
●Meal times were sociable occasions. We saw people and staff laughing and singing together in the dining room. People were able to eat in the dining room or wherever they wished.
●People were offered a choice of meals. Pictures were used to assist people's understanding of the options available, as needed. People were also involved in choosing the food purchased for the home. For example,

the provider has arranged a cheese tasting to try out different cheeses to include on the shopping list. We saw pictures of people enjoying trying a variety of cheeses.
●There was coloured crockery to help people distinguish the food on their plates and maintain independence. People who needed specialist bowls or cutlery, or clothing protectors, had these available.
●Drinks and snacks were available throughout the day in the lounge area and we saw that people were regularly offered things to eat and drink.
●Staff had training in food hygiene. One member of staff told us, "It was amazing, I learnt about the medical side of food poisoning, the reason why things need to be that way."

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

●The environment was designed to be supportive for people living with dementia. This included signs to help people understand where they were and to move independently around the home. Colours were used to help people. For example, toilet seats were in contrasting colours to help people see them.
●People's bedroom doors were designed to look like front doors and included photographs or other signs to assist people locate their bedrooms independently.
●The garden was designed as a village and included a tea room and sweet shop, along with places for people to sit. Sheds were decorated as a post office and antiques shop.

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

●People were supported to access healthcare support as needed. Records reflected that people regularly saw GPs, district nurses and other healthcare professionals. A health and social care professional told us, "The staff are caring and try to manage their residents needs in the best manner, even though sometimes this can be challenging."
●Staff worked closely with the Care home In Reach team to ensure people received the right support. The provider explained that the Care home In Reach team offered dementia training and support to staff.
●The registered manager described their approach as 'non-pharmaceutical' and sought to improve people's quality of life, mobility and alertness.
●There was information available about people's core needs, in the event of them needing to be admitted to hospital.

Ensuring consent to care and treatment in line with law and guidance

●The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
●People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
●We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. People had been referred for DoLS when this was needed, and staff were meeting the conditions of their authorisations.
●People were offered choices throughout the day and their choices were respected. Staff had training in

MCA and DoLS and understood the importance of people making decisions about their care and about fluctuating capacity. Fluctuating capacity is when a person's ability to make decisions varies throughout the day or depending on the situation. Mental capacity assessments were completed, with the involvement of people and their relatives. However, these did not reflect the persons involvement in this process. This had a low impact on people, as staff were involving people in the assessment process, but not recording this accurately. We have reported on the improvement required in the recording of mental capacity assessments in the Well-Led section of the report.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported; respecting equality and diversity

●Staff were caring. One person told us, "I really like it here and am very well looked after." Another person said, "I've never met a cross one yet. It's like a family. Nothing is any problem for them." Another person's relative told us, "The care they receive is the important thing, and there is a really nice atmosphere in the place."
●People were treated with kindness and compassion. Staff took time to speak people and reassure them. For example, we saw that one person became confused about whether or not they had eaten breakfast that morning. Staff checked with the kitchen to ensure they could reassure the person correctly. A member of staff described they would, "Look at how I would want my nan or grandad to be treated."
●Emotional support was offered to people. One person became anxious, and we saw staff spend time with them to help them become less distressed. Another person told staff they were worried about falling. Staff encouraged the person to stand independently, reminding them that they could.
●Another person became upset as they were missing their family. A member of staff spent time with the person explaining their family would visit later and then engaging the person in conversation with them and another person living at the home.
●People's relatives told us people were well treated. One person's relative told us, "I know he's well looked after, anything we need to know, they phone us up." Another person's relative said, "Every time I go and see her she is so happy. Seeing her happy is such a relief. They are so patient. She gets on with everybody and they seem to love her as well."
●Visitors were welcomed to the service. They were offered refreshments and meals whilst spending time with their loved ones. One person's relative told us, "As soon as you come, you are offered tea or coffee." Another person's relative said, "They all know my name and straight away the tea is made. There is no don't come at lunchtime or anything. I always feel welcome."

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

●People's views about the service and their care were sought and respected. One person had their walking frame with them in the dining room. A member of staff asked if they could move it out of the way, to make a clearer path for others. The person was clear they wished their frame to remain with them, and this was respected.
●Peoples wishes were understood and respected. One person told us, "It's great here, everyone wants to help you. Getting your pillows if you want and if you want a newspaper." A member of staff told us, "People's choices are valued and taken into consideration."

Respecting and promoting people's privacy, dignity and independence

●People's privacy and dignity was protected. Staff knocked on people's doors, used their preferred names and understood how to protect their dignity when supporting people with personal care.
●One person's relative told us that their relative had "flourished" since moving into the home. They said, "They treat her with respect and dignity and can have a good laugh."
●People's independence was promoted. We saw staff encourage people to do things themselves. One member of staff told us, "We try to promote independence. For example, with eating or drinking, they may tell you they can't do it. We just encourage them."

Good

Is the service responsive?

Our findings

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

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

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

●People received personalised care. Care plans included information about the life history and interests, which helped staff to tailor their support. A member of staff said, "This job requires you to know the clients, taking into account what they like." Another told us, "We very much try to do person centred care. Knowing people's likes and dislikes in personal care, food and activities. We work with them as an individual. Everybody is different, with different needs." Another member of staff said, "We get information from care plans, from families and what we get to know about people as staff."
●People's individual needs were supported. One person who was living with dementia became anxious. Staff supported them by spending time with the person and holding their hands. This support reflected the person's care plan.
●Activities were tailored to people and their interests and focussed on people living a full and meaningful life. One person's relative told us, "He likes helping the staff, putting away toilet rolls and shopping." We saw people enjoying the back garden, which was designed as a small village. People spent time in the tea room and used the area to undertake an exercise class, led by a personal trainer.
●People were supported to access events in the community. For example, on the day of the inspection people were preparing to see the Ladyboys of Bangkok who were performing locally. One person's relative told us, "They can take them out when the weather is good. My relative has been out for coffee, to the beach and thrown pebbles in the water."
●People were supported to follow their interests. One person living at the service had worked in boxing during their working life. The provider had arranged for them to attend the gym with another ex-boxer and to attend a monthly meeting for ex-boxers. A member of staff told us about a person who they had accompanied out for a coffee, and how they had enjoyed looking at the tennis courts. The member of staff discussed this with the provider who agreed to hire a tennis court in the summer for the person. The member of staff said, "That sort of response is giving them quality of life. The joy that you see is very rewarding."
●People were offered activities within the home. One person told us, "There is always something going on." We saw people singing together, taking part in a game with balloon, reading, looking through reminiscence books and spending time with a visiting musical entertainer.
●People's religious or cultural preferences were discussed and recorded. For example, whether someone had particular beliefs and whether they liked to attend the regular service at the home. People from the local city mission visited the home regularly.
●There was a 'make a wish' program which meant that every month one person living at the home was sked about a wish they would like to fulfil. Most recently someone had wanted to see Elvis. Staff had arranged for an impersonator to visit the home, perform and take photographs with the person. Staff were in the process of arranging for a Doberman rescue to visit a person whose favourite animal was a Doberman.

●Staff supported people to use assistive technology, such as video calls, to keep in touch with family and friends. They were also in the process of installing voice activated digital assistants throughout the home. These were loaded with personalised playlists for people and audio books, so they could access their favourite songs and books.
●Staff understood the Accessible Information Standard (AIS). From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the AIS in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs.
●People's communication needs were considered within their care plans. For example, pictures were used with some people to assist them understand choices offered at mealtimes.
●Another person living with dementia could no longer speak English. Staff had designed a picture booklet with pictures and words in the person's mother tongue and English and used this to help them communicate with the person. The provider had also employed two members of staff who spoke the person's language and used an electronic translation application to assist communication.

Improving care quality in response to complaints or concerns

●People and their relatives knew how to raise any concerns they had. One person's relative told us, "I'd talk to the carers, and [registered manager's] door is always open if you need to have chat. They recently sent me a questionnaire, so I know they are open to feedback."
●There was a complaints policy in place and opportunities for people to express any complaints were available. There were complaint forms and a complaints box in the hallway.
●The provider had not received any complaints since the last inspection.

End of life care and support

●People's end of life needs were considered and planned for, including any preferences on resuscitation. One person's relative told us they had spoken to staff about their wishes for their loved one, such as wanting them to remain at the home to be cared for, rather than going to hospital.
●No one living at the home was receiving end of life care at the time of the inspection.

Requires Improvement

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations have not been met.

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

●Providers are required to notify CQC of any incident of abuse of allegation of abuse in relation to a service user and when a person is deprived of their liberty, under Deprivation of Liberty Safeguards. This enables CQC to monitor types and numbers of allegations of abuse at the location, and how many people are deprived of their liberty, and take appropriate action as needed. The provider had not ensured the correct notification of all incidents notifiable to us and had never submitted notifications about allegations of abuse and deprivation of liberty safeguards.
●The provider was not aware of their responsibility to notify us of allegations of abuse and deprivation of liberty safeguards. However, they had contacted the local authority to report allegations of abuse and referred to appropriate authorities to authorise DoLS.

This was a breach of Regulation 18 Notification of Other Incidents of the Care Quality Commission (Registration) Regulations 2009.

●This was discussed with the provider and registered manager who thought the local authority would advise us. During the inspection, the registered manager submitted notifications regarding these incidents to us.

●The quality assurance system had not identified all areas for improvement. For example, records of mental capacity assessments did not always evidence the involvement of the person and other people's views, relevant to the decision.
●Incidents had not always been recorded correctly and reported to the registered manager. We found records relating to an incident two people living at the home. This was a one off and no further similar incidents had happened between the two people.

These areas were in need of improvement.

●The provider had recognised the need to improve their quality assurance framework and were changing this when they moved to a paperless system. The operations manager told us that the new system would look more in depth at people's support and how this was being met and recorded.
●The quality assurance framework in place included falls maintenance, care plan, housekeeping, catering and personnel audits. The falls audit assisted the registered manager to have oversight of how often people

were falling and to take appropriate action to reduce the risk of these reoccurring. Actions included referring for specialist advice.
●The provider explained the service were looking to move toward being paperless and were in the process of training staff and checking the accuracy of information before making this change. The provider explained they hoped it would give staff more time to spend with people.
●Staff felt well supported by the registered manager and provider. They told us that there was always someone on call if they needed support. One member of staff said, "I am exceptionally supported." Another told us, "There is an open-door policy, any concerns, you can knock on the door."
●The registered manager was in the process of appointing member of staff as 'champions' for different areas of care. For example, one member of staff had been appointed as the 'dementia champion'. They told us, "I look at new ideas and theories, I've been reading about frontal lobe dementia and the link to sexual inhibitions."
●There were systems in place to recognise staff. For example, the registered manager awarded an employee of the month who was rewarded with a voucher. The provider had also arranged for regular sessions with a personal trainer for staff to improve their fitness.

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

●There was a positive and person-centred culture. Staff knew people well and had positive relationships with people. The provider, registered manager and staff team were always looking for ways to improve the experience of the people living at the home. For example, the provider told us about a welcome pack which people received when they moved into the home. This included a new pair of slippers, a box of chocolate or tin of biscuits small box of toiletries and a welcome card.
●The registered manager understood their responsibilities under duty of candour.

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

●People, their relatives, staff and professionals are engaged with and their views inform the service that is provided. One person's relative told us, "They are always looking to do something better." Satisfaction surveys had been sent out to people and their relatives and the responses were positive. Surveys had recently been sent to staff and other professionals involved with the service, and no results had yet been received.
●Regular meetings where held with people living at the home. People talked about upcoming events and which activities they enjoyed doing.

Working in partnership with others

●Staff worked in partnership with other agencies. One health and social care professional told us, "Staff are very cooperative. They update us about the patients. They are very responsive to us and update about how people respond to treatment."
●The registered manager took part in meeting with other local registered managers and attended meetings run by the local authority.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not ensured that we were notified of all authorised deprivation of liberty safeguards or safeguarding incidents.