

Enter & View Report

Fairfield Care Home

16th April 2018



<http://healthwatchsolihull.org.uk>

email: enquiries@healthwatchsolihull.org.uk

Freephone 0800 470 1518



Part of the Healthwatch Solihull remit is to carry out Enter and View Visits. Healthwatch Solihull Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Solihull Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Solihull safeguarding policy, the service manager will be informed, and the visit will end. The Local Authority Safeguarding Team will also be informed.

Provider Details

Name: Fairfield Care Home

Provider: Mr D & Mrs S Mayariya

Address: 27 Old Warwick Road, Olton, Solihull, B92 7JQ

Service Type: Residential care home.

Date of Visit: 16th April 2018

Authorised Representatives

Name: Scott Baldwin **Role:** Lead Representative and Author

Name: Natalie Travers **Role:** Observer

Purpose of Visit

CQC visited Fairfield Care Home in February 2017 with a report being published in May 2017, where an overall rating of 'Requires Improvement' was given for the service.

The effectiveness of the service, along with service's responsiveness and how well-led the service was, has been highlighted for being in need of improvement, by CQC.

There are some specific references to Fairfield Care Home within the report of showing good practice and standards, as well as a number of negative references as follows:

Deprivation of liberty safeguards were in place for people whose freedom had been restricted, however these were out of date.

Staff had limited knowledge of the Mental Capacity Act, although they knew the importance in gaining people's consent before carrying out any actions or tasks on their behalf.

People enjoyed their meals and received meals that met their nutritional needs.

People had access to healthcare professionals when required.

Opportunities for people to pursue their hobbies and interests were limited and staff had told CQC inspectors that they did not have sufficient time to provide individual activities for people.

Care plans provided staff with accurate and up-to-date information about each person and people received care that was centered around their preferences and individual needs.

People and relatives knew how they could raise complaints with the registered manager.

Since CQC's previous inspection, there had been inconsistent leadership at the home, with a number of management changes.

The provider had not given the home effective oversight to ensure people were safe, and staff had been managed appropriately.

This had a negative impact on the care and support provided to people who live there.

People and staff felt that the new registered manager was making improvements in the home and thought that they were approachable.

The methodology to be used is to;

- Talk to residents about all aspects of their care and whether this is delivered in a way that promotes their dignity and independence including the ability to make choices about their daily lives.
- Talk to residents about staffing levels and whether they feel safe with the level of the care provided
- Talk to relatives, if they are available to ask if they are happy with the care provided to their relatives and whether they are aware and feel able to report any concerns/ complaints
- Speak to staff about training, turnover, support staffing levels
- Observe interaction at all levels between residents, staff manager, and visitors

Physical Environment

External

During our first visit to Fairfield we observed that the entrance was well signposted, with a large the car park, and a sign making people aware of the building's location.

We were able to gain entry quite quickly into the premises after ringing the doorbell. The entrance was easily accessible and the outside of the front of the building was well maintained.

Upon revisiting the home, we observed all external features remained the same and once again we were able to access the build with ease.

The rear garden of the home was accessible by the residents through a little conservatory type area.

- Please see Further Observations in regard to the rear garden.

Internal

During our first visit we were told that all rooms are single occupancy. There was a signing in book for people to sign in when they arrived.

The building was clean and tidy, with no clutter in the corridors. All furniture being used appeared in good condition and the dining area was bright and clean.

When we revisited the home, we observed that the home was still clean and tidy, and corridors remain clutter free. The dining area was still in a clean and tidy condition.

Resident Numbers

There are currently 18 residents at Fairfield Care Home. However, the home has the capacity to house 21 residents at any one time.

Staff Numbers

There is 1 nurse, 18 carers, 1 domestic staff, 2 catering staff and a manager.

The home also has 2 bank staff.

Agency Usage

The manager told us that they do not use agency staff.

Resident Experiences and Observations

When we arrived at Fairfield we spotted the welcome sign straight away, as it was clearly placed in the car park at the front of the building.

We rang the doorbell and was welcomed inside right away.

We were introduced to the home manager, who we accompanied to the office. We explained the purpose of our visit and what would happen with the information and observations that we would obtain.

We were given permission by the home manager to talk to staff members, residents and any family members that were visiting at the time. We were also given the go ahead to look around the facility and the rear garden.

The manager gave us permission to speak to staff members, residents and any relatives that were visiting at the time. We were also given the go ahead to look around the facility and the rear garden.

We saw evidence of activities being tailored to the individual needs of the residents and there was a board in the hallway with pictures of residents taking part in activities. The manager told us that special events are celebrated within the home for special occasions including birthdays and Christmas.

When speaking to the manager we were advised that individual residents' religious preferences were taken into consideration and that a priest visits the home once a week and a reverend visits the home once a month for prayer.

During our second visit we asked whether other religious and cultural festivities were celebrated within the home for residents of faiths. We were told that as there were currently no residents at the home that were of another culture that other festivities weren't currently celebrated. We were advised however, that if a resident of another faith or culture came to stay at the home, then celebrations would take place for their cultural identity too.

A GP comes out to see a resident if they are unwell, and usually a family member will accompany them on visits to the hospital.

We were told that the approach that they take is a very person-centered approach and that families are involved with the care planning.

Residents are able to go out, accompanied, if this is what they want to do. We were told that they do not go out on their own because of risks but that the appropriate DoLS is in place.

Activities

During our first visit we were told that there were a variety of activities for residents to take part in, including games and exercise activities.

The deputy manager told us that the home arranges singers to come in regularly, which we witnessed during both of our visits and the residents also have the chance to take part in exercise sessions, which we also saw in photographs on the wall.

When we revisited the home, we observed a new detailed activity plan, which is reviewed on a weekly basis and each resident is considered when planning.

We were told that the implementation of more staff has improved the time management of care staff. Staff told us they felt they now have more time to provide activities as well as care duties.

We also observed slots for 'one to one room activities' on the new plan, giving residents a chance to have some one on one time and choose an activity of their choice.

Staff explained they will speak to residents daily to see how they are feeling and see what they would like to do on that day. The manager expressed the importance of promoting individual independence.

Family and Carer Experiences and Observations

We spoke to a family member who told us that she was happy with the home and felt that her mother was happy living there. She said that she felt welcomed at the home and was always kept informed about how her mother is.

Catering Services

The home manager advised us that at meal times the chef will come out and speak to residents to see what they would like to eat from that day's menu. There is also an alternative on the menu in case any residents change their mind on what they would like to eat.

Special dietary needs are catered to.

The manager told us that residents' nutrition is supported through food charts and that is required for the residents is given.

Staff Experiences and Observations

The staff members that we spoke to felt adequately trained and support by the home manager.

It was confirmed that the home has full in-house training sessions for staff members. The manager confirmed that this will cover whatever is required e.g. if a resident has certain needs then training will be provided for this. This is provided by the home manager.

We were told that staff also do the training that is needed via an online training matrix.

Summary, Comments and Further Observations

The home had a very positive atmosphere about it and all the information that we were provided with showed that the care provided by this home is very person centred.

The rear garden was quite cluttered with various pieces of equipment, including walking frames, a spade and concrete slabs. There was also quite a large amount of refuse in the garden, including things like an old bed, glass frames, bits of wood and general garden rubbish.

The manager of the home explained to us that the rubbish had accumulated of the winter period but would be cleaned up as the weather improved.

On the upper level of the building there is a fire exit near several residents' bedrooms. The exit leads straight outside, onto a steep metal stair case, which leads into the rear garden.

Residents can access this fire exit. When anyone opens the exit, a buzzer is triggered, and staff downstairs are alerted that the fire exit has been opened. We exited the fire exit to get a view of the garden, which set off the buzzer downstairs and it took a couple of minutes for the nurse to arrive at our location.

While we feel that it's good that there is some kind of procedure in place, we feel that the time frame from the buzzer first being triggered, to the nurse arriving at the fire exit, would be more than enough time for a resident to wonder out of the fire exit and potentially fall down the metal stairs.

Recommendations and Follow-Up Action

We suggest that consideration should be given as to bringing someone into the home to conduct a health and safety assessment regarding the fire exit on the upper floor.

We also recommend that the rear garden of the home be cleared of any potentially dangerous debris and clutter as soon as possible, in the interest of residents' safety.

Provider Feedback

DISCLAIMER

Please note that this report only relates to findings we observe on the specific date of our visit. Our report is not a representative portrayal of the experiences of all residents and staff, only an account of what was observed and contributed at the time.



Healthwatch Solihull

Enterprise Centre,
1 Hedingham Grove
Chelmunds Cross
Chelmsley Wood
Solihull
B37 7TP

<http://healthwatchsolihull.org.uk>

email: enquiries@healthwatchsolihull.org.uk

Freephone 0800 470 1518

Part of (ECS) Engaging Communities Staffordshire

