

Fairfield House Healthcare Limited

# Fairfield House Residential Care Home

## Inspection report

Fairfield House  
Charmouth Road  
Lyme Regis  
Dorset  
DT7 3HH

Tel: 01297443513

Website: [www.fairfieldhouse.co.uk](http://www.fairfieldhouse.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Fairfield House Residential Care Home is a residential care home providing accommodation for persons who require nursing or personal care for up to 36 people. The service provides support to older people, older people with physical disabilities and older people living with dementia. At the time of our inspection there were 24 people using the service. Fairfield House Residential Care Home has a main house split across two floors accessible by a lift or stairs. People also lived in 3 separate cottages in the grounds.

### People's experience of using this service and what we found

People told us they felt safe and well looked after at the home. Comments included, "This is a lovely home, the staff are great..." and "I am happy here, I can't fault it...the staff ask whatever you want, they will sort it out."

Some improvements had been made by the provider since our last inspection in May 2023 to implement changes. The provider's area manager had stepped into the role as manager and was working with the provider and staff team to implement the changes. This included a new electronic care system and call bell system. On the first day of our visit we found staff were using 2 systems to record monitoring and care tasks they had undertaken, the electronic care system and paper monitoring charts. There was no oversight monitoring to ensure people received enough fluids and safe care which placed people at risk.

Action was taken by the management and staff were supported to use the new electronic system and improved management oversight was put in place to ensure people received enough fluids and were regularly repositioned in line with their care plans.

Peoples' paper care plans and risk assessments had been reviewed monthly and some information had been added to the new electronic care system. However, these had not been updated promptly when peoples' needs changed. This meant staff might not always have up to date information to support people safely.

Over the past few years there had been several managers at the home which had caused inconsistency and upheaval for people and staff. Staff were unclear about their roles and responsibilities. This meant tasks were not always consistently completed. The manager showed us new job descriptions they were working on with staff to implement and ensure staff were clear about their job roles and expectations.

A new audit system was being used to identify areas which required improvement. Audits we looked at had identified areas for improvement and some had actions required. We discussed with the manager the need for a more robust process to ensure actions were completed.

Concerns had been raised with CQC regarding the high amount of agency staff being used at the home and that some shifts were covered only with agency staff. We found consistent agency worked at the home and

they were always supported by staff who worked at Fairfield House.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 27 May 2023).

#### Why we inspected

We undertook this targeted inspection to check whether the Warning Notices we had previously served in relation to Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We had also received concerns about staffing levels and skill mix at the home which we reviewed. We did not find people were at risk of harm in relation to these concerns.

The overall rating for the service has not changed following this targeted inspection and remains requires improvement. We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

# Fairfield House Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice's in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also looked at staffing levels and skill mix at the home because we had received some concerns about whether there was safe staffing.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 4 inspectors.

#### Service and service type

Fairfield House Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Fairfield House Residential Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this

location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager. The registered manager from the provider's other home was managing the service. They had put an application in to CQC to add Fairfield House Residential Care Home to their registration.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We had feedback from the local authority quality monitoring team's visits. We used the information the provider sent us following our last inspection, this included a service improvement plan. We used all this information to plan our inspection.

#### During the inspection

We spoke with 11 people who used the service and 3 visiting relatives about their experience of the care provided. We spoke with 14 members of staff including the manager, deputy manager, care lead, senior care staff, care staff, the chef, activity person and the gardener. The provider and quality compliance co-ordinator were also present on the second day of our visit.

We observed support and interactions between people and staff in communal areas. We reviewed 6 peoples' care records. The provider had recently started to use a new electronic care plan system, so information was being transferred to the new system. Therefore, we reviewed people's paper care files and records on the new system. We also looked at paper and electronic monitoring charts.

We reviewed a range of records. This included, staff schedules, staffing dependency tool, service improvement plan, agency information folder, job descriptions, policies and a range of oversight documentation including audits.

We received feedback from the community nurse team and frailty team.

# Is the service safe?

## Our findings

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

At our last ratings inspection this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served and to ensure safe staffing. We will assess the whole key question at the next comprehensive inspection of the service.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People continued to be placed at risk of dehydration. This was because on the first day of our visit there were 2 systems being used for staff to record people's fluid intake. This was a new electronic care system the provider had put in place and paper monitoring charts. The 2 systems were not being monitored and calculated to ensure people had or were offered their required fluid intake in line with peoples' care plans. The deputy manager took action after our feedback. They spoke with staff and staff chose to use the electronic system for all fluid intake monitoring. Between our inspection visits people's fluid intake was monitored by the care lead to ensure people had adequate fluids and where there were concerns they took action. On the second day we saw improved fluid intake recording and monitoring.
- On the first day of our visit we found people in their rooms did not have access to fluids. Staff had taken away peoples' water jugs first thing in the morning to be washed and refilled and these were not returned for several hours. After our feedback the deputy manager took action and ordered additional jugs so water jugs with fresh water were replaced at the same times as the old ones were removed. On the second day of our visit people had access to water jugs in their rooms.
- Improvements had been made to ensure specialist equipment to prevent skin breakdown had been set at the right setting to be effective. The care lead was reviewing peoples' weights and putting the relevant setting needed for individuals on the pressure relieving devices. However, there was not a robust system to monitor these settings daily, to ensure they remained correct, so people were not placed at risk.
- People were being repositioned in line with their care plans. Staff were able to tell us about the people who needed to be repositioned and the frequency. Records showed that staff regularly supported people to reposition, but this was recorded in several places, so it was not clear if people were being repositioned as required. The manager told us once the new electronic care system was fully operational recording would be more consistent. In the meantime they would ensure monitoring records were regularly checked.
- Following our last inspection, for people who had been prescribed high risk anticoagulant (blood

thinning) medicines, risks to their health, safety and welfare had been assessed. In peoples' care records there was no evidence these had been reviewed at the time frequency specified. We were told, the manager had completed them but had not placed them in peoples' folders.

- We were given assurances following our last inspection that staff had been provided with instructions to reduce the risk of any potential harm to people using anticoagulants. However, we asked a member of staff if anyone was taking anticoagulants and they told us no.
- Peoples' care plans and risk assessments had been reviewed monthly and reflected peoples' needs. However, these were not updated promptly when peoples' needs changed. Some records were on the electronic care system and other information was recorded in a handover book. This meant information was in different places, so we were not assured that staff always had up to date information to support people safely. We discussed our concerns with the manager who told us they would work with staff regarding responsibilities for updating care records. They told us the new electronic care system would improve how they identified and reduced the risks of harm to people.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- People told us they felt safe and well looked after at the home. Comments included, "This is a lovely home, the staff are great...it's a very stressful job for them but they always want to do their best", "The staff are really very nice to me. They do their very best" and "I am happy here; I can't fault it...the staff ask, whatever you want they will sort it out." Relatives also spoke positively about the home. Comments included, "All staff are kind and caring, all very interested in (persons) health and wellbeing" and "Quite happy a lot of things implemented."
- Improvements had been made to ensure that risks posed to people due to their environment had been assessed. This included stairs which people used to move between the ground and first floor.
- Accidents and incidents were well recorded by staff and the management team were aware of all accidents and incidents at the home and actions that had been taken. The manager told us they were going to input all the accidents and incidents in 2023 onto the new electronic system. This would enable them to look more clearly at themes and trends as accidents and incidents happened.

#### Staffing and recruitment

- Concerns had been raised with CQC regarding the high amount of agency staff being used at the home and that some shifts were covered only with agency staff. The deputy manager gave us assurances that they used consistent agency staff from 2 agencies. They told us there was always a Fairfield House member of staff at the home to undertake medicines. At times this staff member might be working a non waking night but could be woken at any time. Records confirmed this.
- The deputy manager confirmed they were actively recruiting to fill vacant positions and had 4 new staff either starting or waiting for employment checks to be completed.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.



- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

#### Visiting in care homes

- The provider was supporting visiting to the home in line with current government guidance

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last ratings inspection this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the well led key question at this inspection.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess the whole key question at the next comprehensive inspection of the service.

At the last inspection the provider had failed to have good governance of the home, and this had placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- At the last two inspections we found there was a lack of oversight and governance to ensure a safe, quality service. There had been 3 managers over the last 18 months at the home which had caused inconsistency and upheaval for people and staff. Staff comments included, "Things are difficult as we are changing over" and "Feel that carers are running the home today as systems not working."
- To address this the provider's area manager had stepped into the role as manager and had applied to the Care Quality Commission (CQC) to add Fairfield House to their registration and become the registered manager. This meant the manager split their time across the 2 homes approximately 180 miles apart. Staff were positive about the new manager. One staff member said, "Very approachable but not here enough." Another said, "It's alright, we need a manager here all of the time." On the second day of the inspection, we met with the provider and manager. They told us the manager would be spending more time at Fairfield House and the quality compliance coordinator would also be working alongside staff regularly at the home.
- The manager had started implementing new systems. This included a new audit system to identify areas which required improvement. This was still being set up and the audits we looked at had identified areas for improvement and some had actions required. We discussed with the manager the need for a more robust process to ensure actions were followed up and completed.
- The manager was supported by a deputy manager and care lead. However, staff were not clear about their roles and responsibilities and were not certain who was responsible for certain tasks, which placed people at risk of not receiving safe care. For example, senior care staff were not clear about the checks they were required to undertake and whether it was their role or the care lead's role. Other examples included, who was responsible for updating care plans and risk assessments when peoples' needs changed, and the menu boards, which were updated by the administrator who worked 3 days a week. This meant on the other 4 days people did not have a menu to refer to.

- The manager showed us they had been reviewing staff job descriptions and were meeting with staff to discuss their jobs roles, responsibilities and expectations.
- A new monitoring chart had been implemented following our last inspection to monitor people's fluid intake and output. This had been superseded by the new electronic care system which had been introduced, which staff were less confident in using. We found staff were still using both systems which were not being fully monitored. The provider's quality monitoring systems had not identified this risk.
- At the last inspection we raised that the provider had not always responded in a timely manner to feedback from people. At this inspection we heard that the provider, manager and care lead regularly met with people to discuss their concerns. However, one person did raise that staff were not following the correct manual handling techniques when repositioning them which had caused them some bruising. The manager acted upon this feedback and met with the person and put in place measures to ensure staff followed the correct manual handling techniques.

At our last inspection the provider had failed to have good governance of the home, and this had placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Staff recruitment folders contained the required recruitment checks and documentation. The manager had put in place an audit process to monitor that recruitment checks were undertaken before new staff started work at the home.
- At the last inspection we had concerns about the call bell system at the home not working effectively. Since the last inspection the provider has had a new call bell system installed. This system enables the management team to monitor staff response times.
- The manager had a service improvement plan (SIP) setting out what needed to be done and the time scales, which they regularly reviewed and updated.

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 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to robustly assess the risks relating to the health safety and welfare of people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to have good governance of the home, and this had placed people at risk of harm