



Inspection Report on

Fairfield nursing home

**Fairfield Nursing Home
Church Road
Johnston
Haverfordwest
SA62 3HE**

Date Inspection Completed

30/01/2023

Welsh Government © Crown copyright 2023.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Fairfield nursing home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	fairfield nursing home limited
Registered places	43
Language of the service	English
Previous Care Inspectorate Wales inspection	12 November 2021
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

The environment is clean, safe and well maintained. The ongoing programme of re-decoration will enhance the environment further.

The management team has reasonably good oversight of the service and there are some detailed and reflective quality audits carried out. However, some of the checks lack rigor as the gaps in recording within the care records has not been identified.

Care workers know the importance of good nutrition, but the records do not always demonstrate people have had enough fluids throughout the day. This is not being picked up by the nurses as expected by the manager.

People receive their care and support from a team of workers who feel valued and appropriately trained. They feel they work well together and can rely on their colleagues to help out to make sure people receive person centred care. The atmosphere in the service is relaxed and friendly.

Well-being

Staff know their responsibilities in relation to safeguarding and are confident their manager would take any concerns seriously.

Access to and from the service is monitored by staff and an alarm is activated when people go into the secured garden areas.

The physical environment contributes to people's well-being. Many rooms are personalised with items of furniture; ornaments and pictures and most have ensuite facilities. The service is light and spacious and there are different areas for people to spend their time. Some parts would benefit from some general maintenance, but this has already been identified by the provider as part of their routine quality assurance monitoring.

Choice is important and care workers understand the principles of person centred care. People are encouraged and assisted to make decisions about aspects of their care and support.

The value of meaningful activities is recognised and there are more activities taking place, with time being offered to people in groups as well as individually.

We saw some friendly interactions between people; their relatives and those working in the service which shows a rapport has been built up. One relative said "*I can't fault them*" when describing the staff, but some other relatives expressed more negative views about the service and some staff working there.

Care and Support

People's physical health needs are generally met. Care workers know how to recognise signs of pressure damage and are able to get advice from a qualified nurse and a district nurse. Pressure relieving equipment is available. Call bells are not always answered in a prompt manner. One person had been calling for assistance for over five minutes and another told us they had been waiting for "ages". One person told us the response to calling for assistance was "not very efficient". We tested this and staff attended promptly however.

There is a good understanding of the importance of nutrition. Meals are made using fresh ingredients and there is very little reliance on processed food. There is a choice of meal and also alternatives if people do not want what is on the menu. Special diets are catered for and meals are fortified as necessary. One relative considers the meals to be "very well done". The chef takes pride in their work and recognises the importance of a person-centred approach to meals. Special events are celebrated with homemade cakes. Food is available outside mealtimes. People's views of the food is mixed. One person described the meals as "good" but one relative said a person was "always moaning about it (the food)". The lunchtime meal appeared and smelt appetising and was well presented. People needing assistance are appropriately supported.

There are some opportunities for people to do things to help motivate them. Care workers describe those responsible for activities as "brilliant". The number and quality of activities has increased recently. Activities include those to improve co-ordination; gentle exercises and quizzes. We heard music and laughter which shows people are enjoying the activities. The activities staff spend time with people in bed, offering hand massages and nail care. Activities are recorded in a separate diary and do not provide any details about the outcome for the person who has participated.

Paper records are used and there is a plan to move to electronic notes. There are a range of care plans and risk assessments, and care workers find them helpful. Some care plans are repetitive and not always relevant. Although they are reviewed monthly, the content of the care plans remains largely unchanged. Care plans are not always updated following changes. Daily records provide a summary of the care offered but these do not always reflect what is written on the daily care sheets. There are some instances when concerns are followed up on, such as referrals made to specialist services. However, in some instances, for example, reduced fluid intake is not recorded in the notes. Daily totals are not recorded on the records which could act as a prompt for staff. We discussed this with the manager who agreed to review this and discuss it at the staff meetings. A personal pen-picture is not available for everyone who has made Fairfield their home. The manager told us this is being addressed. Care workers told us they would find this helpful, especially for those people who are living with dementia.

Because the above was discussed at the previous inspection in November 2021, this is now an Area for Improvement, and will be followed up at the next inspection.

Staffing levels are good. There are usually two registered nurses on duty plus four care workers during the day. Staff do not appear to be rushed. Person centred care is practiced, with workers telling us care takes as long as necessary and they work well together to make sure care is not rushed. Care workers recognise the importance of choice, saying people can go to bed and get up when they want to, as well as spend time in their rooms or the communal areas as they choose. People appear to have a positive relationship with staff with some friendly interactions between workers; people and their relatives, which shows a rapport has been built. Most people and their relatives, describe good relationships with staff. One relative describes the staff as *“amazing”* and another said the staff *“are all very good”*. However, some relatives are more critical, describing some staff as *“lazy”*. Some relatives spoke about difficulties getting through to the service by phone which has a negative impact on them.

Environment

People live in a service which is suitable for their needs. Accommodation is provided on one floor making it easier for people to mobilise throughout the property.

People are safe as access to the service is monitored by staff, with visitors having to be allowed entry to, and exit from the property by staff. Visitors are also required to show evidence of a negative lateral flow test (LFD) to reduce the risk of the spread of Covid.

The service is clean and there are no malodours. There is a dedicated housekeeping team, and the manager is satisfied with the quality of the cleaning products used. They are stored in a cupboard which can be locked.

The laundry is small but has the equipment needed. The laundry worker takes pride in their work, making sure clothes are ironed and returned to people the same day.

The communal areas are light and airy. There is a lounge; conservatory; reception area and dining room for people to spend time communally.

Bedrooms have room for people to sit if they prefer to be alone. Most bedrooms have en-suite facilities and there are additional bathrooms and toilets throughout the service.

Some areas, although clean, would benefit from some redecoration and the RI has already identified this as a need. Trades workers have been appointed but are yet to start the work. Some curtains have been noted to need replacing and during the inspection, the provider and manager were discussing the suitability of the new ones which have recently been delivered.

There is some outside space and the manager told us this is well used when the weather allows. The gardens are in a reasonable condition, but some maintenance would enhance this further. One person said they would like to spend more time outside.

The kitchen has been awarded the maximum score of five by the Food Standards Agency. It is well equipped and the cupboards are well stocked.

Leadership and Management

There is reasonably good oversight of the service. The RI visits the service regularly and the CEO is there each week to monitor quality and to support the team. A comprehensive and reflective report is completed which identifies what improvements are needed, but the summary section at the end of the report has not been completed.

A report from a recent quality audit shows a high level of satisfaction with the service, but there are opportunities to improve people's understanding of their ability to make choices about aspects of their care and support. The author of the report has acknowledged where changes are needed to enhance people's experience.

There are checks in place to make sure equipment and services are in good working order.

Staff are appointed following a safe recruitment process. References are obtained and appropriate checks carried out. Staff files are well organised and easy to navigate, but some contain old and out of date information.

Staff training is a priority and the training matrix shows most staff are up to date, but there are some gaps. A dedicated trainer offers sessions to staff covering a range of areas and can be flexible to ensure workers have the training necessary to meet people's needs. Most relatives consider staff to be suitably trained and skilled, but some felt more training is needed to understand specific conditions and how these effect people.

The matrix shows workers receive supervision in accordance with the requirements set out in regulations. Care workers are able to discuss any ideas or concerns with their manager and are confident of having a helpful and timely response.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
------------	---------	--------

66	<p>Personal profiles/pen pictures are not available for everyone living at the service. This means care workers are not always aware of people's backgrounds as well as who and what is important to them. Daily care sheets are not used to inform the daily records. When people's daily fluid intake is insufficient this is not reflected in the care records. The daily care records and care sheets do not always inform people's care plans. Outcomes from participation in activities is not recorded. Participation is recorded in a separate diary which is not always available for staff to refer to. Gaps and omissions have not been picked up as part of the general quality monitoring. The same issues were identified at the previous inspection in November 2021 and no progress has been made.</p>	New
----	--	-----

Date Published 20/02/2023