



# Inspection Report on

**Fairhome**

**Fairhome Nursing Home**

**1-3**

**Fairy Road**

**Wrexham**

**LL13 7PR**

**Date Inspection Completed**

07/08/2024

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## About Fairhome

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	PARTNERSHIPS IN CARE LIMITED
Registered places	23
Language of the service	English
Previous Care Inspectorate Wales inspection	9 December 2022
Does this service promote Welsh language and culture?	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

People are very happy with the care and support provided at Fairhome. People spoke positively about the service and could not think of any ways the service could improve. People are involved in the ongoing development of their care and support and work closely with their allocated key worker to review their personal goals. People are supported to do what matters to them, including pursuing hobbies, education and employment opportunities. The service supports people to manage their health and well-being, including accessing relevant health services.

The environment is safe and overall is maintained. The service provider continues to invest in the service and has further plans to improve the building and facilities available for people living at the service.

Care staff are supported in their roles and are enthusiastic about working at the service. They are supported to access regular training and qualifications to progress in their roles. They spoke positively about the support provided from management. The Responsible Individual (RI) has good oversight of the service and is eager to further improve the home.

## Well-being

People have control over their day to day lives and are supported to achieve their goals. People told us they feel listened to, they said, "*there is always someone around to talk to*" and they are involved in the development of their care and support. People decide how they spend their day, they told us they are supported to access the community. Monthly resident's meetings take place which provide people with the opportunity to make suggestions on the running of the service. The service is working towards the Active offer of the Welsh language, there are two members of staff who can speak fluent Welsh. Currently there are no policies available in Welsh, the manager said they plan to install bilingual signage around the home as part of the ongoing decoration. The Welsh national anthem is on display in one of the corridors.

People are supported to maintain their health and well-being. We saw people go on regular trips out and people spoke positively about these. People told us they enjoy the food and can request an alternative if they do not like what is on the menu. People told us how they are supported to access health services, including arranging and attending appointments. Nursing and support staff record correspondence with health professionals. Any medical advice obtained is included in people's personal plans to ensure people receive the right support. People are supported to achieve their personal goals and these are reviewed regularly with the person and their allocated key worker. People are supported to maintain relationships which are important to them, people and their relatives told us they are enabled to see each other.

People are protected from abuse and neglect. There are policies in place which make clear to all staff how to raise a concern and how they are dealt with. There are systems in place to record any incidents and these are reported to the relevant authorities. There is very good oversight of incidents, audits are completed regularly and the RI analyses incidents as part of their visits. Most staff are up to date with safeguarding training. People told us they feel safe at the service and said all staff are friendly and approachable.

The accommodation provided enables people to maintain their independence. People are supported to undertake activities of daily living, such as laundry and tidying of their rooms to give them a sense of ownership. People can choose where they spend their time. Health and safety checks are up to date and there are plans in place to further improve the building and facilities.

## Care and Support

People are provided with very good care and support, through a service which consistently involves people and considers their preferences and personal goals. Pre-admission assessments are completed before people move to the service; these assessments gather the relevant information to ensure the service is suitable to meet people's needs. Personal plans are person centred, promote independence and reflect people's care and support needs. Care staff document the support provided and we saw people receive support in line with their personal plans. Key workers work closely with people to review their support and personal goals. We spoke with staff who are very familiar with people's needs and preferences and know them well.

People told us they are happy living at Fairhome. Comments from people include *"It's the best placement I have ever had"*, *"I have as much freedom/independence [as possible]"*, staff are *"very nice and supportive"*, *"[I] can have a good laugh and joke"* and *"The staff have kept me going"*. People told us they are supported to participate in activities they enjoy and could not think of any ways the service could improve. We spoke with relatives who told us they feel the service meets their relatives needs and they are involved with reviews of the care and support. Relatives said they can visit as often as they wish, feedback includes *"the door is always open"*. We spoke with visiting professionals, they said the staff are *"really good at communicating"*, *"they are patient and understand X's needs and tailor support to X"*. They said the staff are proactive, follow advice and engage well with their service.

There are safe systems in place for the management of medicine. We completed a count of a selection of medications, we found these aligned with the documentation. The room where the medication is stored is kept at an appropriate temperature and daily checks are completed to ensure it remains safe to store medication. Medication audits are completed regularly, these help to identify any issues should they arise. The medication policy is up to date and in line with guidance and legislation. Nursing staff have regular medication training and are assessed to ensure they remain safe to administer medication.

People are supported to manage their money safely. There is a policy in place which is clear how people are to be supported to manage their money. Where people require support with their money, transactions are recorded, and care staff are familiar with the procedures.

## Environment

People receive support in an environment with facilities which promote the achievement of their personal outcomes. The building is as described in the Statement of Purpose (SoP). Overall, the environment is clean and tidy. People make their own decisions about where to spend their time, communal areas provide opportunities to socialise, and they can also have privacy in their own rooms. We saw people can personalise their rooms, with their own furniture, belongings and choose how it is decorated. Where people are assessed as being safe to do so, they are supported to use the rehab kitchen to build and maintain skills in cooking. There is a drinks station where people can make their own hot drinks. People have a choice of a bath or a shower, the downstairs shower room is due to be moved to a more suitable part of the building. People can participate in maintaining the grounds, there are lots of plants and flowers and various outdoor seating areas for people to enjoy. People are approached for their views on the environment as part of the monthly resident's meetings.

The service provider identifies and takes action to mitigate risks to health and safety. There is a visitor logbook in place, for fire safety purposes. There are regular checks of fire safety equipment and fire drills are up to date. The Personal Emergency Evacuation Plans are in place which are up to date and are reviewed regularly. A maintenance person works at the service, staff told us it is easy to report any required works, and these are resolved quickly. There is an infection control policy in place which is up to date and reviewed regularly. The service has achieved a rating of five (very good) from the Food Standards Agency.

## Leadership and Management

There are effective governance arrangements in place to support the running of the service. There are policies and procedures in place which are mostly in line with guidance and legislation. Thorough audits are completed regularly, which highlight the oversight of the service. Where issues are identified, it is clear when progress has been made. The RI visits the service regularly, visits are documented and the RI documents speaking with people, staff, inspecting the premises and reviewing relevant documents and records of events. The quality-of-care reports are completed every six months, these reports highlight what the service does well and identifies areas to improve. There are systems in place to deal with complaints and records show these are handled in a timely manner.

People are supported by a service which provides appropriate numbers of staff, who are suitable to support people to achieve their personal outcomes. We reviewed a sample of staff personnel files, we found all staff are robustly vetted before they begin working at the service, appropriate references are obtained. All staff have an up-to-date Disclosure and Barring Service (DBS) checks, to ensure they remain safe to work at the service. Nursing staff are registered with the Nursing and midwifery council (NMC) and support staff are registered with Social Care Wales (SCW), the workforce regulator. We reviewed a sample of staff rotas and found there are sufficient staffing levels at the service, which are in line with the SoP. Staff spoken with and people living at the service told us there is sufficient staff on duty. The provider uses a team of bank staff to cover staff sickness and holidays, this provides continuity to people. Overall, staff are up to date with training and training is monitored as part of the service providers governance. We saw staff are supported to access specialist training to help meet people's individual needs. Care staff we spoke with told us they feel supported in their roles, we found all staff have regular supervisions and annual appraisals. Staff meetings take place regularly, these provide opportunities to share information and discuss any issues staff may have. Care staff told us they enjoy working at the service. Feedback includes *"The service is absolutely excellent"* *"I come in to here with a smile and go home smiling"*. Management are *"Absolutely brilliant"*, [there is] *"Good teamwork"*, and *"There is always someone willing to help"*.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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.

### Area(s) for Improvement

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



	inspection	
58	The provider must have arrangements in place for the effective recording, handling and disposal of medicines.	Achieved

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