



Inspection Report on

Fairfield House

CARDIFF

Date Inspection Completed

02 July 2019

Welsh Government © Crown copyright 2019.

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.

Description of the service

Fairfield House is operated by Perthyn Limited who are registered with Care Inspectorate Wales (CIW) to provide care and accommodation to a maximum of six adults with a learning impairment. The service is located in the Llandaff area of Cardiff within easy walking distance of shops and other amenities. There are public transport links to the city.

There is an appointed manager who is appropriately registered with Social Care Wales (the workforce regulator). The responsible individual is Sharon Donovan, nominated by Perthyn Limited to be responsible for providing operational and strategic oversight of the service.

Summary of our findings

1. Overall assessment

Generally, Fairfield House provides people with safe and secure accommodation where their needs are appropriately met and where they are able to do things that make them happy. They are supported by respectful staff who have been robustly recruited to ensure they are fit to work in a care environment. Some issues with the quality of paperwork were identified during our visit. The building, and its décor, would benefit from updating. Nevertheless, these issues did not detract from the overall positive experience of the people living there.

2. Improvements

This was the first inspection under the Regulation and Inspection of Social Care (Wales) Act. (RISCA) 2016.

3. Requirements and recommendations

Section five of this report outlines areas where the service is not meeting regulatory requirements. It also sets out our recommendations for improvement which include:

- The quality of care documentation
- The need to ensure required documents are available for inspection
- Refurbishments to the building and its decor

1. Well-being

Overall, Fairfield House supports the emotional well-being of people living there. The inspection visit demonstrated people had daily opportunities to do things they enjoyed and to access the local community and shops. We saw people treated with dignity and respect with people making choices about how they spent their time. We observed residents and staff chatting and laughing together in a relaxed manner. Conversations with staff showed they understood how to assist the people they cared for. This was not reflected in the documentation and improvements are required in this area. However, the service provider operates a service where people's rights are recognised and they are able to exert control over their day-to-day lives.

People's well-being is protected. We found the service provider had appropriate mechanisms in place for reporting and investigating allegations of poor practice or abuse and these were followed when required. The staff we spoke to understood their duty to report concerns and were confident in the management and leadership of the service to address these. A review of health and safety documents showed that appropriate checks were completed to ensure that environmental risks were assessed and mitigated where necessary. The service provider takes all necessary steps to ensure that people are supported to feel safe.

Fairfield House offers people suitable accommodation. We found rooms were large and appropriately furnished. People's bedrooms contained items of importance to them. A range of facilities were available for people to use and the outdoor space was well maintained. The building would however, benefit from refurbishment and redecoration. This had already been identified by the provider and we saw plans were in place to address this. Overall, we found that people live in a home that supports them to achieve their well-being.

2. Care and Support

On the whole people receive the support they need to do things that matter to them and which make them happy. The manager explained the rota was designed to maximise people's opportunities for activities and community access. Throughout the inspection visit we saw individuals and the support staff coming and going from the property. We spoke with residents. One told us he had "*been shopping*". Another said he had been for a walk. Both told us they were "*happy*". Another resident told us it was "*nice*" because they were in their room watching music videos. A review of the care documentation for two residents did not however demonstrate a clear personal plan of care outlining for staff what the person needed, the actions they should take to meet those needs and the outcome the person wished to achieve. Nevertheless, it was clear the service makes every effort to ensure people have access to activities they find fulfilling.

The lack of specific care plans for activities was echoed in other areas of need so we find people cannot be confident the service has accurate, up-to-date information. We reviewed the care documents for two residents. We saw each resident had a detailed positive behaviour management plan where risks for the individual were outlined and the actions staff should take to mitigate those risks were specified. We were unable to identify clear personal plans however. Plans should be in place which set out:

- The actions required to meet all an individual's well-being, care and support needs on a day-to-day basis.
- The support that will be provided to assist an individual to meet their personal goals, wishes, aspirations and beliefs.
- Risks to the person associated with an area of need and the remedial steps required taking into account the need to support positive risk taking.
- Steps to maintain and promote independence.

We were unable to identify personal plans for a number of areas of need which included, for example, maintaining physical health and food and fluid needs. Therefore, the service provider is not meeting legal requirements.

Personal plans should also be subject to review whenever a change in need is identified or at least every three months. This ensures that staff working with people have the most current information about the actions they need to take to positively support people. Involving the individual, or their representative where appropriate, within the review is also important to ensuring care and support is delivered in line with the wishes of the person. The lack of plans as outlined above also means the service provider is not meeting legal requirements in relation to this matter. The service provider needs to take action to address these issues to ensure staff have sufficient detail to inform and enable them to meet the individual care and support needs of each person they support.

Overall, people are protected from abuse because the service provider has processes in place to safeguard people. We spoke with two members of staff during the inspection. Both were clear about their duty to report any instance of poor care or abuse. They said they felt confident to bring such matters to the attention of the manager and equally confident any issues would be investigated and addressed. There is a policy outlining the service provider's approach to safeguarding. However, we recommend this policy is reviewed to ensure it contains the most up to date information and legislative provisions. We also reviewed records relating to complaints and safeguarding referrals made. This review

demonstrated the service provider took appropriate action to investigate matters. Where failings were identified, the service provider took action to learn from this and made appropriate changes. Thus the service provider has good mechanisms in place for safeguarding vulnerable people.

Overall, people receive care and support from staff who are focused on the needs of each individual. The staff we spoke to knew individuals well. We observed day-to-day life within the home and saw staff chatting and laughing with people living there in a relaxed and open manner. The rota was organised so that each person had one-to-one support which further promoted a focus on the individual. The manager explained her emphasis for the next six months would be on actions aimed at further promoting a person-centred approach to care and support. The sense people were recognised as individuals was also evident in the service's ability to communicate with people in Welsh, where this was the person's first language. We therefore conclude that the service provides the Active offer of the Welsh language and generally the service provider works to ensure people are treated with respect and feel valued.

3. Environment

Overall, Fairfield House offers people safe and secure accommodation where their needs can be appropriately met. We saw that each person had their own room decorated as they wished and where items of importance to them were evident. The communal areas of the home were large and appropriately furnished. Corridors were wide and could easily accommodate people with mobility needs. We saw plentiful bathrooms which offered people the choice of a bath or a shower. The grounds were secured behind locked gates which provided safety and privacy for people living there. However, we noted that whilst functional, Fairfield House was not decorated in a homely manner and some areas, such as the bathrooms, had a clinical feel. This was also pointed out by some staff with one person telling us that if they could introduce any change it would be to the homes decorations. This person said they would want Fairfield House to be “*more homely*”. We discussed this with the manager who highlighted that a number of refurbishments were planned for the building and she acknowledged a change of décor was needed. She explained that she planned to include people living there in choosing items such as carpets and curtains.

This was confirmed by people from the estates department who were visiting the home at the time of the inspection. We were told that changes were due to start on the laundry room to make it large enough for people living there to comfortably use it. We were also introduced to a member of the health and safety/estates team who had been assigned to work closely with the home on making improvements. Therefore, the service provider takes steps to ensure people receive care and support in an environment that seeks to promote their personal outcomes.

Generally, people are protected from unnecessary risks. We reviewed the documents relating to health and safety checks conducted at the home. These demonstrated that, on the whole, all required checks are undertaken. We noted however, there were no records that showed inspections of window restrictors were carried out. We advised this should be done and received an assurance that checks would be completed and recorded. Overall therefore, we were satisfied that the service provider identifies and mitigates risks as far as is practicable.

4. Leadership and Management

Overall Fairfield House is clear about its role in supporting the people who live there. We reviewed the statement of purpose for this service. The statement of purpose is an important document which should accurately describe the service provided, explain where and how the service will be provided and outline the arrangements to support service delivery. We found the statement of purpose contained all the required information. However, we noted some discrepancies. The manager named in the statement of purpose was not the person managing the service at the time of the inspection. We were advised by the manager of Fairfield House they were also responsible for managing another service. The service provider is not meeting legal requirements in respect of this issues. We also noted that the statement of purpose explained that personal plans were reviewed every quarter but as noted earlier could not evidence this at inspection. Nevertheless, the issues noted with the statement of purpose did not detract from the overall quality of care and support provided at the home.

Despite the issues outlined above we found that generally, people are supported by a service with effective oversight. The manager displayed a good understanding of the service and the people living there. Through conversation we established she was clear about the improvements required at the home and about the priorities for the service in the short to medium term. The staff we spoke to were complimentary of the manager. We also reviewed the record of the recent visit by the responsible individual. This demonstrated some consultation with the people living there although the input from staff members appeared limited. We recommend the responsible individual seek more in depth views about the operation of the service from the people working there. The report from the responsible individual outlined a significant number of improvement actions which demonstrated an emphasis on ensuring a quality service for people living at Fairfield House. However, we recommend the report is improved by specifying who is responsible for completing identified actions and the timescale for completion. This will allow for a better analysis of the quality of care and support provided at the home. However, the service provider does have processes which allow for continuous development and improvement of the service.

People receive support from staff who have been appropriately recruited. We received documents from the service which demonstrated all necessary checks were conducted to ensure the people working at Fairfield House were fit to work in a care environment. This included carrying out checks with the Disclosure and Barring Service. The records were not immediately available at the time of the inspection though. This was because they were held centrally at a head office and copies were not held at the actual service. We recommend that the provider consider how this might be rectified as such records must be available to the inspector. Nevertheless, we were satisfied the service provider has in place a rigorous selection process which allows for sound decision making on appointments.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This was the first inspection under the Regulation and Inspection of Social Care (Wales) Act.

5.2 Areas of non-compliance identified at this inspection

This inspection identified the following areas where the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 were not met:

Regulation 15 (1) (a) – the service provider must prepare a plan for the individual which sets out how on a day to day basis the individuals care and support needs will be met. We saw that many areas of need were not outlined in a personal plan. This included activities, nutritional needs, health care needs amongst others.

Regulation 16 (1) – The personal plan must be reviewed as and when required but at least every three months. We were unable to identify that people's plans and therefore needs were reviewed within the specified time limits

Regulation 69 (2) (a) – The responsible individual must not appoint a person to manage more than one service unless the service provider has applied to the service regulator for permission for a person to manage more than one service. We were advised by the appointed manager that she was also managing another service

We have not issued notice in relation to any of these matters as we did not identify any adverse effect upon the people using the service. Nevertheless, we expect the service provider to take immediate action in relation to each of these matters which will be considered at a future inspection.

5.3 Recommendations for improvement

In addition to the above, we make the following service improvement recommendations:

- The service provider ensures that staff recruitment documentation is available for inspection
- Reports by the responsible individual specify who is responsible for completing improvement actions and the timescale within which the action should be completed
- Policy documents are reviewed to ensure they are up to date and consistent with current guidance and law
- The service provider consider how the home's décor can be updated and improved to provide a homelier feel for people living there

6. How we undertook this inspection

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Perthyn
Manager	There is an appointed manager who is appropriately registered with Social Care Wales (the workforce regulator)
Registered maximum number of places	6
Date of previous Care Inspectorate Wales inspection	This was the first inspection under the Regulation and Inspection of Social Care (Wales) Act
Dates of this Inspection visit(s)	02/07/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service which is able to offer the Welsh language 'Active Offer' as it employs staff who can communicate in Welsh and has some people living at the service for whom Welsh is their first language.
Additional Information:	

Date Published 20/08/2019