



## Inspection Report on

**Fairfield**

**Fairfield  
Haverfordwest  
SA62 6QH**

## **Date Inspection Completed**

11/10/2022

**Welsh Government © Crown copyright 2022.**

*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](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About Fairfield

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	St. Davids Care in the Community Ltd.
Registered places	7
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

People who have made Fairfield their home are supported by a small team of staff who are experienced and know those they support well.

The property is clean, comfortable and homely. It is a short walk to the shops and other amenities. People who live and work in the service take pride in their environment.

People are happy and mostly able to do things they enjoy, but staffing levels sometimes prevent this.

The governance arrangements to monitor quality lack rigor and the provider is not fully meeting their regulatory responsibilities.

## Well-being

People are safe and protected from harm. Care workers know what they have to do if they suspect a person is at risk or is being abused and are confident their managers would take the appropriate action to make sure people are safeguarded. The front door is locked to make sure no one is in the service without the knowledge of staff. People feel safe living in Fairfield.

Well-being is enhanced because of the environment. The property is centrally located and in a good state of repair, with those living and working in the service taking pride in their environment. The outside space enhances the environment further.

People can do some things that matter to them. This includes going to church, to a local college, to groups in the community and some voluntary work. There are some limitations, however, due to staffing, especially in the evenings and at weekends.

Physical health is seen as a priority and people are encouraged to eat a healthy diet as well as take regular exercise. People attend for routine health appointments and are up to date with general health checks and vaccinations.

Relationships with each other and those supporting them are very good, and it is evident staff are genuinely motivated to provide people with the best standards of care and support possible

## Care and Support

Paper records are maintained and show people are involved in their care planning. Care plans and daily records are up to date, detailed and person centred. Each person has a pen picture which provides helpful information about the person; their background and what matters to them.

Relationships between people and those supporting them are very good. Those living and working in the service are friendly and supportive towards each other. Staff know people well and are motivated to providing the best care and support they can.

People are able to do some things that are important to them. One person is responsible for looking after the chickens and fish, as everyone helps to keep the property clean and tidy. Some people enjoy meal preparation and cooking and during the inspection people were making a picnic to take out, and also planning the meals for the coming week. One person, when asked what they wanted to do, said they would like a trip to the beach and the picnic they were making was for that outing.

Whilst everyone living in the service sees themselves as friends, there are times they would like to do things on their own and not as a group. Staffing levels mean everyone has to agree to a certain activity because there is only one member of staff on duty. We discussed this with the RI who said the staffing levels are due to difficulties in recruitment. Some people enjoy going to a local knitting group and other activities include going to college, yoga, quizzes and bingo.

Physical health needs are met with people attending for dental and opticians appointments. Weights are monitored where necessary. The knowledge staff have of the people they care for means they are able to recognise when a person is becoming unwell.

Choice is encouraged. People are able to choose where to spend their time in the service, when to go to bed and what to eat. Staff are flexible in their approach, and this is evidenced by the relaxed and inclusive atmosphere throughout the service.

There is an understanding of the importance of good nutrition. Meals are prepared using mostly fresh ingredients and there is little reliance on processed food. Fresh fruit is available. Staff and people work together to make healthy meal choices and understand the importance of maintaining a healthy weight.

## Environment

People live in a service which is suitable for their needs. Those living and working in the service take pride in the property which is comfortable; clean and homely.

People can spend time in their bedroom; lounge; dining room or conservatory.

The property retains some original and attractive features.

People are proud of their bedrooms which are personalised and decorated in the colours and furnishings they chose.

The front door is kept locked to reduce the risk of any unauthorised access and visitors are required to sign into a visitor's book meaning staff know who is in the home at all times.

The gardens are large and well maintained with a fish pond and secure area for the chickens. There are plans to build a greenhouse as one person enjoys gardening.

## Leadership and Management

There are some governance arrangements in place to monitor quality but these lack rigor and do not fully meet the regulatory requirements. There is evidence the RI maintains regular contact with the service both by telephone and in person visits. However, reports are not written and there is no evidence the views of people and staff are sought. We discussed this with the RI who is aware of these shortfalls and plans to use the standardised CIW template for future reviews.

There is also no evidence that managers are completing Quality of Care reviews. This is an area for improvement and will be followed up at the next inspection.

Staff are appointed following a safe recruitment process. Staff files contain the information needed, including references and photographic identification. They are generally easy to navigate but they do contain a lot of old and out of date information including training certificates for expired training. DBS checks are carried out and are all up to date. However, a volunteer sometimes helps, and the provider is required to ensure they have a valid DBS before carrying out any further voluntary work.

Most staff consider they have effective supervision from their line manager. Some gets feedback on their work, but others do not meet with their manager for supervision. The supervision rota we were given shows some staff are up to date, but the list was not a complete one.

Staff feel they have the training they need to safely and effectively carry out their duties. Due to the pandemic, most training took place as elearning, but face to face training is now starting back up with staff being booked to attend in the coming months. Training is done covering a range of areas including safeguarding; medication awareness; dementia awareness and record keeping. Staff are able to request additional training if they feel this will help them in their work.

There are some effective processes to make sure equipment and services are safe and appropriately checked. There are valid electrical and gas certificates. A pest control company was carrying out routine checks during the inspection.

Most staff feel able to speak to their manager about any ideas or concerns they have and are confident of receiving a helpful and timely response. However some staff say that despite them bringing up issues, no action is taken.

Staffing levels are a concern for workers. We discussed this with the RI who said efforts are being made to recruit. Managers are working as care workers and some staff are working very long hours, up to 60 hours a week. This does consist of waking and sleeping shifts and care workers are generally happy with the hours they work. There is an adverse impact on

people as they may not be able to spend time away from their home if there are not enough staff. Some staff feel the situation is getting worse.



### 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. 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	The provider is not fully meeting their responsibilities in relation to Regulations 73 and 80.	New
----	------------------------------------------------------------------------------------------------	-----

**Date Published** 04/11/2022