



Inspection Report on

Fairhome

Fairhome Nursing Home

1-3

Fairy Road

Wrexham

LL13 7PR

Date Inspection Completed

21 July 2022

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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	This is the first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016.
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People living at Fairhome receive good quality care and support and are encouraged to lead their lives as independently as possible. There are a wide range of activities offered and opportunities to go on day trips and access the wider community. People are happy with the care and support provided at the home. Staff support people to access health and other services to maintain their well-being.

Staff who provide care and support are appropriately trained, knowledgeable and treat people with dignity and respect. Staff receive support and training opportunities to help them carry out their duties safely and efficiently.

The service has an ongoing plan for refurbishment. However, action is required to improve health and safety and infection control measures to provide a safe environment for people.

The Responsible Individual (RI) told us they are committed to developing and improving the service, to improve the outcomes for people.

Well-being

People are supported to live as independently as possible and positive risk taking is encouraged. The service involves people in their care planning, ensuring their views and wishes are respected. During the inspection we saw people were free to access the community; staff provide support with this when needed. People can access external activities and groups, should they wish. People told us they are involved with activity planning, day trips and meal choices; we saw evidence of this from minutes of the residents' meetings.

The service supports people with their mental health and emotional well-being. We saw personal plans which clearly described the individual's emotional needs and how best to support them. People told us they are supported to do what matters to them, including work placements and volunteering opportunities.

People are protected from abuse and neglect. There are systems and processes in place to help ensure people remain safe, but some systems relating to the environment are not always implemented. Positive risk taking is encouraged to promote independence. Feedback from relatives includes '*staff have done well throughout the Covid pandemic, to keep everyone safe*'.

The service supports people to maintain relationships with family and friends, visitors are actively encouraged whilst meeting the current guidance relating to Covid-19. People confirmed to us they have regular visits from family and friends.

Rooms can be personalised to create a homely feel. We saw that people are encouraged to bring their own furniture and belongings to display in their rooms. All Communal areas are accessible and most of the communal areas are clean.

Overall, people live in suitable accommodation. There are hygiene, infection control and health and safety policies in place but these are not always followed to ensure people are not exposed to risks.

Care and Support

People are provided with good care and support from a service which supports people to achieve their personal outcomes. We reviewed a selection of personal plans which were detailed, person centred and included the person's preferences. We found that care staff respect these preferences and the care provided is in line with the personal plans. People told us they are happy with the care and support provided and are involved in their own care planning; one person told us "*It's a lovely home*". Risk assessments are specific to the person and clearly detail how any risks are managed.

People are assigned a key worker; we saw that key worker sessions take place regularly. These allow people the opportunity to raise any concerns or discuss their personal goals. A person told us "*X is my key worker. I do a lot with X and X is very good*". People had signed their personal plans as evidence they are involved in the development and reviews of their care and support.

The service works in partnership with relevant health and social care professionals to ensure people's health needs are being met. People are supported to attend medical appointments. We found these records to be up to date and any actions required are clearly documented.

The provider has effective mechanisms in place to safeguard people who use the service. Care and nursing staff receive regular training and have access to the relevant policies and procedures, which are in line with current guidance and legislation. The provider liaises with the relevant authorities when required. We saw evidence of incidents being recorded, including the actions taken and the outcomes.

There are insufficient measures in place to manage hygienic practices and risk of infection in the home. Staff do not adhere to the service's own policies regarding cleaning and infection control. We observed poor hygiene practices on the day of inspection. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

There are systems in place for medicines management at the service. Nursing staff are aware of the medication policy and medication competency assessments are mostly up to date. The service completes regular auditing of the medication and minor errors have been identified. The errors have been discussed during meetings, but continue to happen. These include relevant paperwork not being consistently completed and dates not being written on medication once opened. This is an area for improvement. We expect the provider to take action to rectify this and we will follow this up at the next inspection.

The service provides an 'Active Offer' of the Welsh language. Some care staff can speak Welsh and relevant documentation is available in Welsh for people who request this. Staff are aware of people's language preferences.

Environment

Care and support is provided in an environment which mostly promotes the achievement of people's personal outcomes. There are facilities in place to promote independence and encourage people to develop their daily living skills.

Communal areas are accessible to people, we saw that communal areas are generally well-maintained and provide a safe environment to socialise with others. People can choose where they wish to spend their time, either in communal areas or in the privacy of their own room if they prefer.

We found there are areas within the home which require maintenance, cleaning and improvement. There is an ongoing maintenance plan in place to refurbish the home and make improvements. Some bathing / showering facilities are not fit for purpose and require refurbishment.

The service has systems in place to identify risks, most risks to health and safety are mitigated, but action is required in some areas to make improvements. We found that some hazards have not been identified and / or addressed. This is placing people's health and safety at risk and we have, therefore, issued a priority action notice. The provider must take immediate action to address this issue.

Overall, the grounds are well kept. Some people living in the home have developed areas of the garden where they have planted vegetables with support from staff. There are outside seating areas where people can enjoy the outdoors if they choose to do so. There is insufficient storage for unused equipment, which has been stored in one corner of the garden. We raised this with the responsible individual, who informed us that external storage will be put in place.

Leadership and Management

The service provider has governance arrangements in place to ensure people receive good quality care and support, to enable individuals to achieve their personal outcomes. We saw that personal plans are reviewed monthly by the key worker and when changes are required. The RI has oversight of the service, to ensure the best possible outcomes are achieved for people using the service. We saw evidence that the RI completes their regulatory visits and evidences their oversight of the service. The care and nursing staff files reviewed demonstrated that people are supported by staff who receive the appropriate training, including training to meet people's specific needs. The staff we spoke with during the inspection told us they feel well supported and confirmed they receive the relevant training to enable them to fulfil their role. Feedback from staff included that they feel valued and supported and there are good training and development opportunities. Comments from staff include the service is good at "*creating a community that makes people quite comfortable and at home*". Staff told us that they are proud of the activities they offer, and these are tailored to people's preferences.

People are supported by a service that provides appropriate numbers of staff. Staff have the appropriate knowledge, skills and qualifications to support people to achieve their personal outcomes. Care and nursing staff are knowledgeable about the needs of the people they are supporting. We found the majority of staff receive regular supervisions and annual appraisals. Staff we spoke with told us they can access policies and procedures and demonstrated knowledge of these. Staff meetings take place regularly, mostly monthly, and in line with the service provider's Statement of Purpose. The provider completes appropriate recruitment checks to ensure staff are suitably fit to work with vulnerable adults, this includes Disclosure and Barring Service (DBS) checks, identity checks, relevant registration, along with appropriate references. However, the current manager is not yet registered with Social Care Wales. This is an area for improvement. We expect the provider to take action to rectify this and we will follow this up at the next inspection.

People are supported to manage their money. Appropriate assessments are undertaken to ensure people have support to manage their money as independently as possible. If people need support to manage their own finances, this is included in the personal plan. We saw evidence of the appropriate assessments taking place, with documents being reviewed regularly and signed by the person.

The service provider has oversight of financial arrangements in the service, the service is financially sustainable and supports people to be safe and achieve their personal outcomes. The service completes regular audits of the service's finances, repairs and replacing of equipment and supplies. A member of staff is employed to complete maintenance work and improvements are ongoing.

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
56	The provider must have arrangements in place to ensure satisfactory standards of hygiene in the delivery of the service.	New
44	The provider must ensure that the premises is free from hazards to the health and safety of individuals and any other persons who may be at risk, so far as is reasonably practicable.	New

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
58	The provider must have arrangements in place for the effective recording, handling and disposal of medicines.	New
68	The provider must ensure that the person who is employed by the service provider to manage the service is registered as a social care manager with Social Care Wales.	New

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