



# Inspection Report on

**Fairhome**

**Fairhome Nursing Home**

**1-3**

**Fairy Road**

**Wrexham**

**LL13 7PR**

## **Date Inspection Completed**

9 December 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	21 July 2022
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

This was a focused inspection, and, on this occasion, we did not consider care and support and leadership and management in detail.

People living at Fairhome receive good quality care and support, with a strong focus on supporting people to maintain their independence. People are happy with the care and support provided at the service and spoke highly of the regular one to one key worker sessions.

Staff are competent in their roles; staff receive regular training which enables them to provide the best care and support to the people living at the service.

Refurbishment works at the premises are ongoing, the service provider has long term plans to further improve the environment. There are effective measures in place to ensure the environment is safe and suitable for the people living at the service.

There are good governance measures in place to support the running of the service. Staff are supported in their roles and have regular training to help support the people living at the service. Improvements are required to ensure issues identified during the auditing of medications are addressed.

## Well-being

People are encouraged to maintain their independence and practice daily living skills, such as keeping their rooms clean and tidy. People told us they are able to make their own decisions about how they spend their day.

People are supported to maintain their physical and mental health. Staff accompany people to healthcare appointments where required. People are supported to do what matters to them; people told us they are supported to access the local community.

People are protected from abuse and neglect; the service provider has effective mechanisms in place to ensure any safeguarding incidents are recorded and reported to the appropriate agency. People told us they feel safe at the service and are able to approach management with any issues that may arise.

The service supports people to maintain relationships. People told us they are supported to have visitors and to visit family and friends who live further afield.

People are happy with their rooms. We saw people are able to personalise their rooms, with their own furniture and belongings on display. People are able to choose where they spend their time, bedrooms provide privacy and dignity. There is an ongoing plan for refurbishment at the service.

## Care and Support

As this was a focused inspection, we have not considered this theme in full.

People we spoke with told us they feel happy with the care and support provided at the service. People told us they feel involved in their care planning and value the regular one-to-one key worker sessions. Staff support people to do meaningful activities and encourage independence, this includes supporting people to do their own laundry and cooking.

Feedback from people we spoke with included *“I don’t want to leave”* and *“It’s nice, you get well fed here. It’s a nice home”*.

The service has effective mechanisms in place to safeguard the people living at the service. We found incidents are recorded and reported to the relevant agencies when required and in a timely manner. People feel safe at the home and told us they feel able to approach staff with any concerns they may have. The people we spoke with told us there are plenty of staff available to provide support. The safeguarding policies and procedures are in line with current national guidance and legislation.

Staff work from personal plans which are detailed and person centred. We saw people are involved in the ongoing development of their personal plans, this was evidenced through the recording of the frequent key worker sessions and the documentation being signed by the person. Staff review personal plans on a monthly basis, and they are updated when there are changes.

The service has mostly safe systems in place for the management of medicines. Areas which require improvement are effectively identified during the monthly medication audits. However, the issues remain unresolved. Whilst the issues are not currently having a negative impact on people living at the service, they remain an area for improvement, and we expect the service provider to take action. We will follow this up at the next inspection.

Since the last inspection, the service provider has improved their hygiene and infection control practices. Staff complete regular checks of the toilets and bathing/shower facilities. The manager assures us they are taking measures to improve the malodour in the wet room. Communal areas are clean and tidy with appropriate infection control bins in place.

## Environment

Since our last inspection, the service provider has made improvements to the premises to ensure the care and support is provided in a safe and suitable environment. The improvements made to the environment help promote the achievement of people's personal outcomes. The service provider has put in place measures to ensure the safe storage of cleaning equipment. Improvements have been made to the shower and bathing facilities and these are clean and suitable for their intended use. New bins have been purchased, which have appropriate lids to prevent cross contamination.

The service has systems in place to monitor the cleanliness and staff record the cleaning tasks completed on a daily basis. Most of the flooring in the building is clean, the service has a plan in place to improve the cleanliness of one of the stairways, which is a heavy traffic area.

There are systems in place to identify works and repairs around the home, staff record when works are identified. Once tasks have been completed, the documentation is updated to reflect this. There is an ongoing refurbishment plan for the home, including the staff area, communal areas, bath and shower rooms.

The service provider identifies and mitigates risks to health and safety. When risks are identified, detailed risk assessments are put in place which include the measures required to mitigate the risks. Window restrictors and radiator covers are in place to ensure the safety of the people living at the service. The cellar has a key coded lock to prevent unauthorised access. Confidential documentation is securely stored, including archived paperwork.

Most of the actions required following the latest fire risk assessment have been resolved. The main cellar requires the ceiling to be filled in with fire resistant material, the service provider assures us this will be completed.

Grounds are attractive, there is a bird feeder in place and a planting area. A new shed has been purchased to safely store cleaning equipment and to increase storage for outdoor items. People are encouraged to help maintain the grounds, for example people assisted with the laying of the new garden turf. People help keep the grounds clean and tidy on a daily basis.

## Leadership and Management

As this was a focused inspection, we have not considered this theme in full.

People are supported by a service which provides appropriate numbers of staff who are suitably fit and have the knowledge, competency, skills and qualifications to support people to achieve their personal outcomes. Staff receive regular training in the core areas and specific training is undertaken by most staff to meet the needs of the people living at the service. The current manager is registered with Social Care Wales and is due to undertake the relevant qualification.

The service employs bank staff to cover staff absences and annual leave, providing continuity for people living at the service. There is always a nurse on duty, as documented in the service's statement of purpose (SOP). Staff told us there are sometimes not enough support workers on duty, which can have an impact on the amount of support they can provide to people living at the service. The service provider assures us they are currently recruiting an additional support worker.

The service provider has governance arrangements in place to support the smooth running of the service and ensures there is a sound basis for providing good quality care and support for people living at the service. Monthly auditing of documentation, medication and the environment are carried out as part of the services quality assurance processes. Nearly all issues which are identified, are relayed to the relevant staff during staff meetings.

The Responsible Individual (RI) has good oversight of the service, we saw evidence of regular contact between the RI and the manager, including governance meetings. The RI completes their regulatory visits every three months.

Staff we spoke with told us they feel supported by the management team and are provided with regular formal supervisions and staff meetings. Most staff we spoke with, told us issues are resolved by management in a timely manner.

Feedback we received from external professionals was positive, the service supports people to achieve their personal goals.

### 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
56	The provider must have arrangements in place to ensure satisfactory standards of hygiene in the delivery of the service.	Achieved
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.	Achieved

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.	Reviewed
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.	Achieved

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