



## Inspection Report on

**Fairfield House Care Home**

**Fairfield House Care Home  
66 Brithweunydd Road  
Tonypandy  
CF40 2UD**

## **Date Inspection Completed**

28/12/2023

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## About Fairfield House Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Fairfield House Care Home Limited
Registered places	19
Language of the service	English
Previous Care Inspectorate Wales inspection	06/11/2023
Does this service promote Welsh language and culture?	This theme was not considered at this inspection.

### Summary

We undertook an unannounced focused inspection to consider specific areas of non-compliance raised at the last inspection. These relate to the quality of care provided to people, menus and meal provision, management arrangements and provider oversight.

People report having positive relationships with staff and being happy with the care provided. Activities are available to help people positively occupy their day. The care provided to people supports their wellbeing and follows best practice. Meals are of a good standard and menus offer choice and variety.

Staff feel supported by the newly appointed manager and report improvements have been made since the last inspection. The responsible individual (RI) maintains sufficient oversight of the service and takes timely action to address any areas of concern.

## Well-being

People can contribute to day to day decision making. We observed care staff interactions are of a good quality which supports people's overall wellbeing. People are able to choose where and how they spend their day. A range of activities are available, and people can choose to engage in these if they wish. Menus are varied and people are able to make daily choices to suit their dietary preferences. Resident meetings ensure people are consulted about the care provided, menus and the range of activities available.

Systems are in place to ensure people receive positive care and support. People's needs are monitored to ensure any health changes are managed and addressed. We observed staff engaging with people in a positive and kind manner. Timely referrals are made to professionals to ensure people remain as well as they can be. Nutritional needs are considered, and people have access to a home cooked range of meals.

The service protects people from abuse and neglect. The management arrangements in place are sufficiently robust to support the day to day running of the service. Feedback from staff evidences the newly appointed manager addresses concerns in a timely manner. Care staff feel supported and believe people receive positive care in line with their personal plans.

## Care and Support

As this is a focussed inspection this theme will not be considered in full. Consideration will be given to specific areas of non-compliance and general observations made during the inspection visit.

People benefit from positive care and support. On the day of inspection, we saw care staff initiating positive and friendly interactions with people. Staff report they work well as a team and believe the care provided is of a good standard. Comments include *“All staff are getting on and work well together.”* and *“Everything’s much better, it makes a difference coming to work, there’s a nice atmosphere here.”* Supervision records we viewed detailed comments of the positive improvements made. People told us they are happy with the care they receive, comments include *“They are good girls.”* and *“Staff are nice it’s alright here.”*

The service responds appropriately to peoples changing needs. Effective action is taken to monitor people who may be at risk of weight loss or require specialist input from health professionals regarding their nutritional needs. Peoples increased needs and their suitability to remain in a residential setting is fully considered, actioned, and recorded by the management team.

People have things to look forward to. On the day of inspection, we observed people taking part in a number of activities. We were informed the service intends to appoint an activities coordinator to provide people with increased opportunities to participate in activities. Staff report that improved staffing numbers have resulted in activities taking place more frequently. Staff comments include *“We always have something available – dancing, games, in chair exercise.”* and *“We have baking, cooking activities.”*

The mealtime experience is positive, and meals provided are of a good quality. The lunchtime meal provided on the day of inspection was homemade and looked appetising. Menus we viewed consider healthy options and provide choice. One staff member told us *“Meals have drastically improved.”* We found food stocks plentiful and varied with lots of fresh produce. The observed mealtime experience appeared positive with tables nicely presented and staff engaging with people who required support in a kind and sensitive manner.

## Environment

As this is a focussed inspection this theme was not considered.

## Leadership and Management

As this is a focussed inspection this theme will not be considered in full. Consideration will be given to specific areas of non-compliance and general observations made during the inspection visit.

There are clear governance arrangements to support the running of the service. The service has a full complement of staff and on the day of inspection we found sufficient numbers in place. Staff tell us staffing levels are sufficient to allow time to support people in an unhurried manner. The newly appointed manager evidenced meetings have taken place, so that all staff understand expected practice standards. Manual handling training has been arranged for all staff to ensure the use of positive techniques when delivering care. One staff member told us *“Staffing has improved, and meals are better, and the feel of the home is good.”*

Staff feel supported and happy in their roles. We are told the manager is a visible presence in the service and that any concerns raised by staff are addressed immediately. The sample of staff we spoke with told us the manager has made positive changes to the service. Comments include *“The manager is great, very easy to talk to, a concern I had, she reassured me.”* and *“The manager is lovely and very approachable.”*

The RI maintains sufficient oversight of the service. We found effective managerial arrangements in place to support the provision of a consistent and reliable service. The manager provided assurances the RI is *“always available and very supportive.”*

### 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
6	The service provider does not have suitable oversight and governance of the service to ensure arrangements are in place to support best possible outcomes.	Achieved
21	People do not receive a service which promotes or supports their overall wellbeing.	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
N/A	No non-compliance of this type was identified at this inspection	N/A
72	The provider does not have a suitably robust management team in place to oversee practice, ensure outcomes are met and that the service is managed effectively.	Achieved
35	The appointed manager does not effectively challenge and promote positive care practices.	Achieved

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