



Inspection Report on

Fairleigh House

**Fairleigh House
25-27
Sketty Road
Swansea
SA2 0EU**

Date Inspection Completed

05/01/2024

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About Fairleigh House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Spring Meadows Care Limited
Registered places	20
Language of the service	English
Previous Care Inspectorate Wales inspection	20 January 2023
Does this service promote Welsh language and culture?	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

The manager, deputy manager, care workers and the staff team at Fairleigh House know people well. People are treated with respect and kindness.

Care is provided in a timely way and the staff team is at a full complement at present. Referrals are made to professionals as required to ensure the correct assessments are requested when needed. Family and people's representatives confirmed they are involved and kept up to date. Improvements have been made with recording the temperatures where medication is stored.

People are able to maintain levels of independence and safety when in their own rooms with the use of assistive technology, such as motion sensors and door sensors. People's rooms are personalised. Improvements are required to the décor throughout the home and the Responsible Individual (RI) has an improvement plan in place and will prioritise accordingly. Fire and legionella risk assessments are required to be completed by a competent person. This is an area for improvement.

The RI, manager and deputy manager are supportive and accessible to the staff. Team meetings, individual supervision and training are provided to ensure staff can competently deliver care, enabling people's outcomes to be met.

Well-being

People's voices are heard and they are supported to make choices. This includes choices around preferred language, activities and attending church groups. Currently there is not a requirement for the Welsh language active offer but should there be, the provider is able to work towards this. Residents and family and friend's meetings take place regularly. People contribute their opinions around food, laundry, staffing and activities. People requested a cheese and wine evening which was then arranged that month. People's individuality is respected. One person said *"We are all characters here – like liquorice all sorts – all different here."*

People take part in activities and do things that are important to them and make them happy. The deputy manager has set up a social media communication page with consent from people and their representatives. Feedback was good about this platform as a means of capturing how positive the social events are for people. People engage and contribute to their community. We saw people enjoyed a pub meal outing, Christmas social events and a firework event. An activity co-ordinator plans social events for two days a week and care workers organise other activities throughout the week such as quizzes and music therapy. Entertainers and community churches hold social occasions in the home. People told us *"Yes I like it here"* and *"I like it here – took some adjusting but it is pretty good."*

People get the right care and support as early as possible with referrals made to professionals as required such as psychiatrists, district nurses and social workers. Family and people's representatives told us they are kept informed of any changes and the appropriate professional is involved when required. *"They are really informative – they ring me and contact me if any need at all"*. Reviews of personal plans take place as required and we were told people and their representatives are involved. We were told the staff will start keeping records of the meetings held.

The manager and RI aim to support and safeguard people where possible. A safeguarding policy is in place. Further information has been sent to the RI about the 'Wales Safeguarding procedures' so it can be updated further. Staff attend safeguarding training and those spoken to demonstrate good knowledge and understanding of processes to follow as required. Where people have reduced capacity to make decisions the required mental capacity assessments are completed and meetings are held to determine best interest decisions. To safeguard people within the home a fire and legionella risk assessment needs to be completed by a 'competent person' to ensure risks are identified and managed where applicable.

Care and Support

Medication is stored in a locked trolley within a designated secure storage area. Improvements have been seen to the monitoring of the temperature of the storage area however we did note the medication trolley was mostly in the conservatory on the day of the inspection. We were told this was an exception and usually it is stored in the designated area. We could see medications are given as prescribed and on the whole medication administration records are completed as required. We did note one controlled drug had not been signed for on the morning of the inspection but we were told there had been a delay with the signing and this is not usual practice. Monthly audits are completed by the manager and a daily medication count has been introduced. There is now a protocol in place for individuals who have medication as required (prn).

Care documentation is detailed and accessible to all staff. Personal plans and risk assessments have people's outcomes and detail how these are met. Real time recordings of care interventions are made, such as personal care and nutritional intake. Some language used in personal plans could be improved to be more person centred such as the term 'personal outcomes' instead of a 'person's problems or needs' and 'living with dementia' as opposed to 'suffering with dementia'. The deputy manager agreed and face to face dementia training is arranged for later this month. 'Hospital passport' documentation contains very person-centred information with a view to ensuring a seamless transfer of care if required.

People and their representatives told us they are involved with reviews and support their family member with decisions and changes. A relative told us *"I have been involved in family days, meetings, including social services meetings and the home's meetings to review X's outcomes"*.

People are supported to take pride in their appearance and maintain good levels of hygiene. We noted there are two good sized accessible shower rooms that people can use and staff told us these meet the requirements for showering people. There is another bathroom that is currently out of use. The RI updated the Statement of Purpose (SoP) to reflect this.

People enjoyed fish and chip Friday lunch time with alternatives of sausage or ham if they preferred. There was a nice atmosphere. Staff were observed gently encouraging people back to the dining table to meet their nutritional requirements if they went for a walk or took a break during the meal. People talked amongst themselves during the meal and feedback included: *"She made a nice pudding"* and *"The fish is tasty isn't it."*

Family feedback includes *"They go above and beyond"* and *"They do so much for them and they arrange lots for people's birthdays celebrations"*.

Environment

People are supported to achieve their personal levels of independence. There is an accessible enclosed rear garden with outdoor seating, a cabin and artificial grass. The RI told us of further plans to landscape the front and rear garden. There are door sensors and motion sensors in people's rooms that are used if they have been assessed as requiring a level of monitoring to support their safety and independence. People's bedrooms are personalised with things that are important to them. People have mattresses to suit their skin integrity requirements. We saw call bells for people to access when they are in bed and call bell audits are completed regularly. Family told us *"There is a lovely little nook in the back downstairs and sometimes we can sit in there with the cat"*.

Environment checks such as electricity installation and a gas annual service are completed. The lift required repair recently and has six monthly checks. Manual handling equipment also has the required checks. We noted people have their own manual handling glide sheets in their bedrooms. Hoists had been checked on the day of the inspection. We saw a hoist on charge downstairs and it had several slings draped over it. The deputy manager assured us they were unused slings and are usually in a storage cupboard that was temporarily out of use.

We were told weekly water temperature checks are completed and a nominated member of staff who will be responsible for Legionella checks, is due to receive training. The RI told us they had not been successful finding a professional to complete a Legionella risk assessment. When we requested a Fire risk assessment the RI and manager completed one using a Mid and West Wales Fire and Rescue Service pro forma. The fire service highly recommended a fire risk assessment should be completed by a 'competent person' (registered on the Institute of Fire Engineers). The RI confirmed they would follow this up. People's health and safety is at risk because the provider does not have Legionella and Fire risk assessments (completed by 'competent people'), that identify risks and how these can be reduced or managed. Whilst no immediate action is required, this is an area for improvement and we expect the provider to take action.

A good standard of cleanliness was evident throughout the home. We saw most staff wearing personal protective equipment (PPE) as required. We were told foot stools (identified as an infection control risk due to rips in the material), are due to be replaced. This is an ongoing action. We were told the sluice had been decluttered and appeared fit for purpose however was still used as a store for hoovers. The RI shared a refurbishment plan with us. Works such as the lift repair and installation of sensors to maintain the safety of people has been prioritised. We were told some furniture has been upgraded and plans to commence a redecoration programme will be prioritised accordingly.

Leadership and Management

There are clear lines of accountability within the service. We met with the RI, manager and deputy manager over the course of the inspection. Staff told us there is good support in place. *"I do enjoy my job"*.

Staff meetings take place quarterly and good discussions are had around the service provision at Fairleigh House, feedback from agency visits and upcoming plans. Most staff receive individual supervision quarterly. The provider has a staff development policy in place. Required training for most staff is up to date. This includes manual handling practical training which has been completed since the last inspection. Additional courses such as Challenging Behaviour, Pressure care, Prevention of falls and Oral Health have also been completed.

The manager and RI liaise with professionals and other agencies as required. Whilst most notifications are submitted to Care Inspectorate Wales (CIW) as required we did note improvements are required with some notifications, such as for renewals of Deprivation of Liberty safeguard (DoLs) authorisations and staff disciplinary action. We also advised of the requirement to notify us of any update or changes to the Statement of Purpose (SoP). The SoP was updated upon request during the inspection process and the provider assured us the other notifications would be completed as required.

Staffing levels are good and as stipulated within the SoP and as per identified dependency levels of people living in Fairleigh House. Recent recruitment has taken place meaning a full team is currently in place. Staff told us *"We are fully staffed. We get things done on time"*. Dependency ratings are completed and helps staff identify changes and staffing requirements to meet people's needs. We saw a recent increase in staff allocation to ensure people's outcomes are safely met.

Overall recruitment practice is good. Identification is checked and as noted in the last inspection, we advised of the requirement to have a birth certificate as a form of identification. Disclosure Barring and Service (DBS) checks and reference checks are completed prior to staff commencing employment. We saw staff are registered with Social Care Wales as required and this is monitored.

The RI is accessible to all staff, visits the home at least quarterly and completes a six monthly quality care review report. The RI has good oversight of the home and has an ongoing plan to work towards improving outcomes for people who live at Fairleigh House.

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
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
57	The provider does not have a fire risk assessment in place that has been completed by a 'competent person' nor a Legionella Risk Assessment. The provider must ensure that both assessments are completed to identify and mitigate any risks in relation to these areas of Health and Safety.	New
58	Numerous gaps were seen in temperature logs for medication storage areas.	Achieved

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