



Inspection Report on

Fairleigh House

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

Date Inspection Completed

20/01/2023

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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	This is the first inspection under the new provider.
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

Fairleigh House is a residential care home in the heart of Swansea, that provides support to adults who require assistance with personal care. People are settled and comfortable in the service and are supported by a respectful and caring staff team who are happy in their roles and feel supported and well-trained. People have up to date personal plans and risk assessments in place for care workers to support their needs appropriately. There is good communication with both families and professionals to ensure any changes in needs are addressed quickly. Referrals to healthcare professionals are made in a timely way should additional support be required. Although Fairleigh is an older building, the service is maintained appropriately, and a refurbishment plan is in place to improve the service further. The service is clean, and bedrooms are homely and personalised. The service has a secure garden to the rear of the property. The responsible individual's (RI) visits the service routinely and regulatory reports are completed at the required timescale.

Well-being

People have a voice and are treated with dignity and respect. Although personal plans are not written from the individuals' perspective, they do give a good insight into the person and the assistance they require. Relatives are complimentary of the communication with the service and feel their relatives are receiving good care. The RI visits the service routinely and speaks with people to obtain their feedback and experiences using this information to drive improvements. People also take part in resident meetings to voice their view and preferences on things as well as completing feedback surveys.

People's physical, mental health and emotional wellbeing is promoted. There are good procedures in place to ensure people receive their medication correctly. Care workers and the management team know people well and can identify when they are not well and seek support in a timely way from other professionals. Care plans are updated routinely to ensure people's current needs are noted to enable them to be supported appropriately.

People are protected from harm and neglect. There are policies and procedures in place to ensure the smooth operation of the service. There is a safeguarding policy in place, which needs updating to reflect the Wales Safeguarding Procedures, however care workers are aware of the procedures to follow if they have any concerns. Appropriate safeguards are in place for people who lack capacity to make decisions about their care needs. There are security mechanisms in place to prevent unwanted entry or exiting of the premises. The environment is maintained by a maintenance person and all annual service checks and risk assessments are in place.

Overall, there is good oversight of the service. There is a manager in post who has been in the service several years. They are supported by a dedicated care team who are happy in their roles and feel supported. The provider visit's the service routinely to seek feedback from people to drive improvements. Regulatory reports are completed as required at appropriate timely intervals, although the information on the Quality-of-care review could be enhanced further.

The provider does not provide an 'active offer' of the Welsh language (this means being able to provide a service and documentation in Welsh without people having to ask for it). At present, there is no demand to deliver a service in Welsh to people. Should this change in the future, the provider will re-address this and translation of key documents and recruiting Welsh speaking staff will be prioritised.

Care and Support

People have an accurate and up to date personal plan for how their care is to be provided to meet their needs. Two care files were viewed and personal plans in place reflect peoples' current needs well and routine reviews are in place. Corresponding risk assessments are also available which are also reviewed alongside personal plans. Whilst this documentation reflected people and their needs well, there was no evidence of their involvement. Relatives spoken with however confirmed that "*they are really good at picking up the phone and chatting things through if they have any concerns on X*". The service is paperless which means all records maintained at the service are electronic and are accessible at the touch of a button. We saw this system gives a good oversight of the person in real time and it is easier to monitor things such as weight, fluid and nutritional intake effectively.

Overall, there are safe systems in place for the management of medication in the service and to maintain people's health. However, improvements are needed to ensure safer storage of medication is in place. We saw temperature checks for the medication storage areas are not completed daily as per the guidelines. This is an action for improvement, and we expect the provider to take action. Despite this medication is stored securely in a locked trolley with keys always carried by the senior on duty. Medication Administration Records (MAR) charts seen are completed accurately and checked daily by the manager. Medication audits are carried out routinely by the manager. We saw good records of communication and timely referrals on record to medical professionals and/or specialists as required by people.

The provider has mechanisms in place to safeguard people supported in the service. People have a good rapport with the care team supporting them. We observed care workers supporting people in a friendly and respectful way and from conversations overheard, it was clear that staff know people well. Care workers spoken with are aware of the procedures to follow if they have any concerns about people they support. We saw the training matrix and all care staff have received up to date training in Safeguarding. There is a safeguarding policy in place, however this needs to be updated to reflect the Wales Safeguarding procedures. We saw people who do not have the capacity to make decisions about their accommodation, care and support have appropriate Deprivation of Liberty Safeguards (DoLS) in place for them. These are reviewed as required by the management team and there is an audit tracker that is checked routinely to ensure there is no gap in applications.

Environment

The provider ensures that individual's care and support is provided in a location and environment with facilities and equipment that promotes achievement of their personal outcomes. Fairleigh house is situated in the busy uplands area of Swansea. Whilst there is a secure outdoor area for people to use and enjoy the fresh air, there is no allocated parking for people. The service layout is over four floors, with the communal areas, kitchen office and laundry situated on the lower ground floor. The communal lounge and dining room overlook the garden. The lounge is a busy area in the service and people appeared relaxed and comfortable in these areas watching TV and speaking with visitors. The provider having only purchased the service last year has a refurbishment plan in place to improve the environment. We saw some of these actions have already taken place, such as replacing cooking facilities and updating areas in the home. We saw peoples' bedrooms which are personalised, however some furniture needs replacing which is being addressed. In one bathroom we saw some clutter of toiletries which were later removed by the manager to a dedicated draw in the office for safe keeping.

The service provider has procedures in place to identify and mitigate risks to health and safety. There are maintenance procedures in place and a maintenance person employed by the provider to carry out remedial works as they arise. We saw the maintenance audit logs with lists of tasks required and dates of completion, this includes fixing leaks, replacing tiles, doors etc. Environmental safety checks take place routinely. All mandatory utility servicing and fire safety service checks are up to date and certificates were viewed, this includes gas, electricity, and fire safety equipment. People have individual personal evacuation plans (PEEP) in place should an emergency evacuation situation ever arise. There are several fire escapes around the property and a lift in the service which is serviced routinely.

There are procedures in place for the management of infection control. As we arrived at the service, we were asked to sign in the visitors' book and our Identification badge was viewed. Hand sanitiser is available to all on entry to the service. The service manager is aware of the current guidance in relation to Covid-19 and adheres to it. The service is clean and domestic staff work hard to always maintain this, there is a designated laundry room where there is a system in place for soiled laundry and clean laundry to be kept apart through a rotation system.

Leadership and Management

The service provider has systems in place to support the safe operation of the service, to ensure the care and support of individuals enables them to achieve their personal outcomes. We saw the service's Statement of Purpose (SOP) has been reviewed by the new provider and accurately reflects the service. There are policies and procedures in place that have been reviewed as required, however some available on the electronic system need updating to the new provider's format. There is a manager in post who is visible in the service daily and has been in post a number of years and knows supported people well. All feedback received from people, care workers, relatives and professional was positive about the service: comments included: *"They are all so lovely very caring genuinely they really care about the residents"* and *"They are always friendly and professional in person and over the telephone"*.

People are supported by a well-recruited, committed, and dedicated care team. We viewed two personnel files and noted that pre-employment, and recruitment checks are in place prior to employment. This includes up to date Disclosure and Barring Service (DBS) checks We saw that there is one form of required photographic identification (ID) in place, however this should always be accompanied by a birth certificate and or passport if available. The manager assured us that multiple forms of ID are seen to complete DBS checks. We saw that most care staff are registered with Social Care Wales, the workforce regulator and those not registered were new staff and working towards this. Care workers receive routine supervision and appraisals, there was a small discrepancy noted for a period of two months earlier last year. The manager explained there was an issue with the system when transferring over initially but this has since been resolved. We saw the training matrix and almost all training is up to date via the e-learning programme in place, however manual handling training needs completion. The manager explained this has already been addressed and is booked to take place the end of this month. All care staff spoken with were complimentary of the training received however, would appreciate more face-to-face training where possible.

The provider has arrangements in place for the effective oversight of the service through ongoing quality assurance procedures. We saw the first bi-annual quality of care report from the provider which has been completed in the required timescale. This report is a little short and would benefit from further detail. We have alerted the provider to the available template and guidance for this from the CIW website and they have confirmed that they will utilise this for future reports. The RI visits the service routinely and completes quarterly reports to correspond with these visits. During these visits people are spoken with to give their feedback on the service and drive improvements.

The service provider has good oversight of financial arrangements and investment in the service. Since the new provider has been in place, improvements have commenced in the environment in Fairleigh house, with more planned in coming months. The chef confirmed that there are always sufficient stocks of food available and no restrictions on orders of food stuffs. Staffing levels seen on the day of the inspection visit and on planned staff rotas appear to be adequate to meet the needs of people and staff spoken with confirmed that the current staffing levels with occupancy rate was good overall. The manager told us they are currently recruiting for new staff, however, are managing any shortfalls due to staff sickness or leave, with existing staff and have no need to use agency at present.

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
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58	Numerous gaps were seen in temperature logs for medication storage areas.	New
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