

Enter and View Visit Report

Provider Name	Coverage Care
Location of Service	Shrewsbury Road, Oswestry
Name of Service	New Fairholme

Type of Service	Residential and nursing home
CQC Details	http://www.cqc.org.uk/location/1-671639158
NHS Choices Service Webpage	http://www.nhs.uk/Services/careproviders/Overview/DefaultView.aspx?id=89972

Date of Enter and View Visit	22/05/2014
Time and Duration of Visit	12 pm - 3 pm
Authorised Representatives in Visit Team	1. Gaynor Evans
	2. Suzanne Hutchinson
Type of Visit	Announced

Purpose of Visit	To explore the quality of care from the patient and family carer perspective, and to explore staff perception & experience of delivering care within home.
Stand-alone visit or Part of a programme of visits	Stand-alone visit

Aims of Visit
<p>The visit to New Fairholme took place over lunchtime and the early afternoon in order to observe a key period of interaction between staff and residents, and to take the opportunity of the early afternoon quiet period to talk to residents, visitors and staff.</p> <p>The focus of our observations and conversations was the quality of the care, including lifestyle experienced by the residents, and the working conditions and quality of the</p>



working environment for staff.

We aimed to:

- 1) Speak to the Manager and staff about their experiences of working and delivering care within the home, including:
 - Training
 - Shifts
 - Quality of service delivery
 - Support mechanisms for staff
- 2) Observe resident - staff interactions
- 3) Talk to residents, staff and relatives in order to explore their perspective on:
 - Staff and resident interactions
 - Whether residents are treated as individuals
 - Levels of choice, independence, control and personalisation available to residents

Outline of Visit

New Fairholme is a purpose-built 88-bed residential and nursing home on the outskirts of Oswestry, replacing the original 40-bed Fairholme. It caters for frail and vulnerable people with and without a diagnosis of dementia, for both long-term and respite stays. Day-care is still provided for a small group of non-residents from the local area; they receive a meal and a bath, and their clothes are laundered.

New Fairholme consists of four 22-bed units. All rooms are individual and en-suite. There are two units for those with a dementia diagnosis, or Elderly Mentally Infirm (EMI), both on the ground floor: one is residential (Skylark) and the other nursing (Nightingale). Of the remaining two units (both on the first floor) one is residential (Kestrel) and the other nursing (Kingfisher). Palliative care is also available, with the home signed up to work to the Gold Standard Framework of palliative care. Each of the units has a communal sitting and dining area with kitchenette and smaller, more intimate seating areas and quiet rooms. There is an accessible formal garden available for residents and visitors, and two less formal gardens.

On arrival representatives met the Manager and the Nurse Manager. They gave a comprehensive description of the routine, activities and staffing of New Fairholme, followed by a tour of the units. The Manager or Nurse Manager was with us throughout the whole visit.

After visiting all areas in the home a discussion with the Manager, the Nurse Manager and Coverage Care's Training and Development Officer, who was visiting the home, took place.



Data

During the course of the visit:

- Conversations were held with approximately 17 residents (some in groups) from a range of units. However in the non-EMI units many residents appeared to have an impaired ability, or reluctance, to communicate
- The visit team spoke with around 10 members of staff (some in groups) including nurses, care assistants and support staff

No family members were present during the visit. The poster advertising our visit was up on the notice board in Reception. Staff said there was one family member who had expressed an interest in speaking to HWS but no contact was made. However, at the end of the visit some visitors arriving kindly agreed to speak over the telephone that evening.

We observed a range of daily activities including:

- various stages of the lunch period in the dining rooms
- general care on both residential and nursing units
- some social activity facilitated by staff
- some housekeeping and catering activities

Staff Perspective and Experiences of Delivering Care at New Fairholme

New Fairholme employs 113 staff, comprised of 14 nurses including the Manager (specialising in Mental Health) and the Nurse Manager (specialising in general nursing); 63 care staff; and 36 support staff. When the home moved premises the number of staff required doubled. Most original staff from 'Old Fairholme' stayed and the Manager credits them with the successful transition, especially for residents with dementia for whom the upheaval could have proved traumatic. Staff retention is good; there are a number of staff who have worked at Fairholme for over 10 years and the manager said three staff recently received recognition for more than 30 years' service.

Staff Training

The Manager said a successful staff team begins with recruitment and there are strict criteria for acceptance. All new staff members undergo a standard level of training as a minimum, which includes a company induction course, mandatory training in care delivery, a two-day training course in Kind and Compassionate Care, and then Buddy Shifts for periods varying from 3 days to several weeks until they are considered competent and confident enough to work independently.

Sixty of the care assistants are qualified to at least NVQ Level 2, and some are qualified to Level 3 and Level 4. All care assistants are encouraged to study for care qualifications, and, even if they do not wish to study, are given the same opportunity



to participate in further instruction and training tasks as those who do. The Training and Development Officer for Coverage Care stated she was visiting New Fairholme to discuss how training could be tailored to meet the home's requirements.

A cleaner on a dementia unit was asked whether they had received dementia awareness training: they had not received it, but believed others had. A care assistant said they would value more dementia training.

Shift Work

On each unit is a set of core staff dedicated to the unit to provide continuity of care and familiar faces for the residents; the rest of the staff are allocated as needed.

The care staff work rolling shifts on a Week 1, Week 2 and Weekend basis. They are deployed as follows:

- Nightingale and Kingfisher units (nursing), 5 care assistants to one nurse during the day (a patient-carer ratio of just under 4:1) and 2 care assistants to one nurse at night
- Kestrel and Skylark units (residential), 4 care assistants to one nurse during the day (a resident-carer ratio of 4.5:1) and 2 care assistants at night.

One carer said that they worked 12-hour shifts, during which they had three different managers (Managers work 8 hours shifts).

Since the visit took place the Manager of New Fairholme has added that the home "operates a mixture of 6, 8 and 12 hour shifts. Staff often work different lengths of shifts, and these are agreed at the point of recruitment and regularly reviewed at supervisions and appraisal. We operate these shifts in order to offer the maximum continuity for service users across a 24 hour period and this is the vast majority of cases is welcomed by the staff."

Quality Assurance

When asked how they act to ensure a quality service is delivered the Manager stated that problems were picked up immediately. All complaints, however minor, from residents and family members are investigated, on the basis that they may be pointers to more serious issues. She gave an example of a complaint from a family member of an EMI patient that a pillow-case was badly ironed. This might have been an indication that the staff member concerned did not think that the same standards need apply to people who would not notice as to those who might.

She said, she and the Nurse Manager are very 'hands-on' and regularly work alongside staff in the different units. The visit team did not see any signs that it was unusual to see the managers on the units - staff appeared to take it in their stride, and there was no indication that the residents found it unusual.

The Manager and Nurse Manager said that residents rarely complained, but some relatives routinely complained about relatively unimportant things. Although every complaint was investigated and put right, they felt that some relatives struggle with



having placed their family member in a care home and a belief that no-one could provide the quality of care that they themselves had previously provided.

The Manager said problems involving staff are explored and staff spoken to. If the situation is not too serious they are monitored for a period. If suspected of a serious failure of care they might be suspended pending a full investigation, and if necessary dismissed.

The Manager also explained that the home is subject to frequent and regular internal and external audits of all aspects of the home's activities.

Posters were observed on the notice-boards encouraging anyone with a problem or complaint to talk to senior staff or ring a confidential helpline.

Staff Support

The Manager and the Nurse Manager appeared to take real pride in their staff team, saying that it comprised genuinely kind and caring individuals. The Manager also seemed protective of the staff. A situation involving multiple complaints from the family of one resident, she said, had been very difficult for the staff, causing high levels of anxiety and stress.

The Manager said there is no formal provision for staff who were finding aspects of the work stressful, or who were emotionally affected by incidents or events such as the death of a resident. The Manager is available for staff to talk to, and they sometimes rang her at home to discuss issues.

Since the visit took place the Manager of New Fairholme has said: "We are careful to give onsite debriefing and support after an actual or potential traumatic event; this is led by the senior team on site at the time of the incident and followed up again later. On top of this we have arrangements with our Occupational Health contractor that enables more general emotional support for those who have work related (and in some cases personal) needs."

The Nurse Manager commented that Coverage Care do not put pressure on their Home Managers to keep all beds filled all the time; they are free to make decisions based on the capacity of the home to meet the needs of prospective clients.

A staff member told us they had worked for Coverage Care for seven years, which they pointed to as proof of their satisfaction with the work and found Coverage Care a good company to work for. Another member of staff, a cleaner, explained they enjoyed working on their unit and found it rewarding.

Staff Suggestions

One staff member had several ideas about how the living environment might be enhanced. Another member of staff thought that a sensory garden, and sensory rooms in the EMI units, would be a good idea, and said there had been suggestions that some of the smaller seating areas could be themed, i.e. given a flavour of the 1940s, 1950s



etc. in line with current good practice in dementia care.

Staff said that new ideas can be shared at staff meetings.

Quality of Care

Staff-Resident Interactions

We saw many examples of respectful and kind care.

- One Senior Care Assistant cut our conversation short mid-sentence to assist a resident in difficulties in the toilet: this response was swift and respectful to the resident's privacy and dignity.
- During lunchtime a number of people were being helped to eat. One carer, who was helping a resident sitting in an armchair to eat by feeding small spoonfuls at a time, said that the resident would sometimes eat everything very quickly, but on other days, as today, needed to be encouraged. Every now and then the carer touched the resident gently to recall their attention to the meal.
- We saw a resident sitting in front of an untouched meal: the Nurse Manager attended to this person.

Because of these observations the visit team felt the staff approach to residents was cheerful and friendly and respected the residents as individuals.

One resident was very complimentary about the staff, commenting on how well they knew the residents; their ability to tell when someone was unwell or unhappy. The resident cited a recent occasion when they had been feeling very homesick for their previous life, and staff immediately noticed their low mood. Staff on the EMI units explained how they avoid escalation by watching out for signs of distress or discomfort. Another resident said that they had got to know the staff well, although with the shift system they did move around a bit: they found them very kind and helpful.

The family of one resident stated that the most important aspect of choosing a home for their relative had been the quality of the care they would receive. Detailed discussions with the Manager indicated she was genuinely committed to providing that high quality care. It had taken a while for their relative to settle in, but they seemed to be becoming more content. Overall they were happy with the care, although there were concerns about pressures on staff time. This relative had experienced delays in staff attending following 'accidents', so they attended to the resident themselves, but wondered how often and how long the wait was when they were not there.

Despite the examples of attentive and good care mentioned above mealtimes appeared to place heavy demands on the time and attention of staff and some residents had to wait for help:

- A resident was observed having to wait ten minutes for assistance with eating
- A resident was attended to by the Nurse Manager, who was there by chance, as the other staff were busy

Another resident was seen to only pick at their food but received no help or



encouragement from staff.

Since the visits the Manager of New Fairholme had added that “all support staff and activity staff are trained to provide care and support if called upon. At mealtimes these staff (seven available at any time) can be called upon by the staff on the individual units, at their discretion. It is often felt that more staff (in addition to the five or six on the individual units) do not help and in some cases adds to confusion. Where an individual is not keen to eat their meal, this is always noted and the individual is always encouraged to “try again later”.”

Treating People as Individuals

Staff said the home caters for religious observance, having regular visits from Church of England and Catholic clergy: the only two religious groups currently represented at New Fairholme.

In the communal areas residents appeared well cared-for, tidy and appropriately clothed. Residents were always addressed by name.

Choice, Independence, Control and Personalisation

Residents are offered breakfast, ‘elevenses’, lunch, afternoon tea, high tea and supper. There is a daily menu residents select from: the menu is on each table to offer those with memory problems the choice again. The Catering Manager stressed alternatives are made available for anyone with dietary requirements for any reason. Themed meals are put on; recently a Chinese meal had proved popular. An Italian-themed meal was being planned. Drinks can be prepared as required and visitors are welcome to make tea and coffee etc. in the kitchenettes in each unit. One resident said, “They certainly feed you very well here!” Another said the vegetables were ‘beautiful’. One said the food was ‘OK’. The visit team thought the meals they saw looked appetising and were well presented. All food is produced on site.

Staff said there are no professional interventions during mealtimes. Visitors are welcome to take meals with their relatives, at a small charge and with notice. There is no pressure on residents to eat at the set mealtimes, or to eat at a table. One person sitting in an armchair was approached by a carer and asked whether they were ready to eat, and where they would like to sit. The resident opted to have their meal in the sitting area.

We visited two residents’ rooms and saw little evidence of personal belongings, although one person had a silver frame of wedding photographs on the windowsill and a book on the bedside table. Staff told us that residents are allowed to bring some items of furniture and personal possessions into the care home if they wish: one resident was off to visit their old home and choose what to bring.

Staff commented that residents who are mobile get up and have breakfast when they wish. If someone stays in bed later than usual they may be given encouragement to rise, or be given food in their room. One resident who was still in bed had a wheelchair by the bed, but said they disliked using the hoist needed to transfer. The



resident said they were happy to stay in bed, and enjoyed the view from the window.

The EMI units have locked doors between them and the Reception area, accessible via a keypad code; elsewhere in the home residents and visitors are able to move freely and to go outside. The garden is secure, but EMI residents are accompanied if they go out to it, and there are signs warning visitors to lock the exit doors on their return. Staff explained residents who are mobile and independent can come and go as they please. Relatives can take their family members out whenever they wish. Reception is continuously manned, and a code is needed to enter and exit the building, to protect the safety of residents.

A resident said they were happy with the decision to move to New Fairholme, though having lived alone for many years they found it necessary to retire to their room from time to time for some peace and personal space. Another resident said they lead an active lifestyle, going into town regularly on their own.

Providing a Simulating Environment

Two Activities Organisers, one full-time and one part-time, organise formal activities at least twice a week. The Reception notice board displayed a four-week activity schedule, including a dominoes session, a film to sing along to, and a walk if the weather allowed. A poster advertised an exotic zoo visit, and the Manager explained there are regular Pets as Therapy visits. We saw a resident having their hair done in the Hair Salon, and noted manicures and facials are also available. 'Extend' sessions (specially designed movements and exercises for people with limited mobility) take place. A resident said they enjoyed spending time in the garden and a staff member said recently some residents had helped to plant up tubs with vegetables.

Representatives saw staff engaging in a range of informal activities as an integral part of the daily routine. The visit team were offered cupcakes from a cake-decorating session during the morning; a resident was 'playing ball' with a care assistant who gently took and passed back a large soft ball.

Family members of a resident stated they were concerned that their relative was not getting enough exercise to prolong mobility. Visiting friends and relatives encouraged walks round the building and garden, but were concerned staff were not always available to give time and attention to keep active between visitors. They felt that more staff on the unit would enable more attention to be paid to residents' needs for exercise and movement.

An 'activity room' for residents includes a computer. Magazines and newspapers were available in the communal areas.

One resident's family members told us they were concerned that there wasn't enough social interaction and stimulus for their relative because many residents were unable or unwilling to communicate. The family felt it should be possible to encourage residents who are still able to communicate to interact, developing a social environment.



Since the visit the Manager of New Fairholme has added the following: The social stimulation available in the home includes work with local church(s), intergenerational work with local schools and colleges, partnership work with the Qube, the appointment of two activity coordinators, local support therapists and various arrangements with entertainers. The programme of activity is very regularly reviewed.

Additional Findings

- Several residents commented approvingly on how clean the place was kept. A clean, uncluttered and tidy environment was observed in all four units. On one unit a cleaner was seen in the sitting room. Communal toilet and en-suite wet rooms seen were clean and well maintained.
- The physical environment of the home was impressive.
 - Although we did not see the smaller sitting areas being used during our visit the Manager informed us they are well used, with some residents enjoying watching the traffic through the window. Residents commented approvingly on these areas.
 - The home had a formal garden and two less formal gardens. A member of staff thought that a sensory garden would be a good idea.
 - On the first floor there are sizeable balconies, though furniture has been removed from them on Health and Safety advice.
- The laundry was well organised.
- There are named Dignity Champions in the home.
- Some residents appeared too sad and withdrawn to wish to communicate. One person told us that they no longer cared about anything; they just took one day at a time. This individual informed us they had lost track of how long they had been at New Fairholme. Another person appeared indifferent and opted not to engage. The Manager has since the visit said that there are a number of people who do not wish to communicate from time to time, and there are some who find it progressively more difficult particularly when confronted by strangers.
- Residents with swallowing difficulties have to have their food and drink at a smooth consistency to prevent choking. The Manager is currently trying to obtain a 'more palatable' version.
- The atmosphere during the lunch period was quiet and calm; only one television was switched on, and that was on mute. There was gentle background music. Most of those who spoke to us seemed content; one or two were preoccupied. We saw several people who appeared actively happy and lively, smiling and laughing with companions or staff, and one person who was gaining the greatest delight from the caged cockatiel.



Key Findings

With regard to the staff and their experiences of delivering care at New Fairholme we found that Coverage Care provides a foundation of training for new staff as well as offering different opportunities for training at different levels. The two staff members asked both said they would appreciate training, or more training, in dementia.

Clearly the change to a new site presented challenges to the staff team, especially with the doubling of the team size, but the visit team found no indication of a high turnover of staff, indeed we met a few members of staff who had been with the organisation for a number of years.

The management appeared alert to, and well informed on, all aspects of providing care to a resident population with a very wide spectrum of needs. They are supported in delivering care that reflects this spectrum through not being pressurised into having all beds filled at all times.

It appears the environment can sometimes be stressful for the staff members. Senior staff offer informal support and an Occupational Health contractor is also available.

The visit team saw many examples of kind and thoughtful care from all levels of the staff team, and were given the impression of good staff and caring managers. The staff appeared to be responsive to the residents' needs with on-going interactions. However, the visit team were concerned that there are busy points of the day which put pressure on staff time, and could impact on areas of care.

New Fairholme puts lots of effort into sourcing and providing activities for residents that catered for a range of differing mental and physical abilities, and are widespread in nature. The visit team also saw a lot of positive interactions between staff and residents, but one resident's family members were concerned that more could be done to stimulate their relative both mentally and physically.

Residents of New Fairholme appeared to be well-cared for: two residents told us, unprompted, that they were content with their care. All the staff we met and observed seemed calm, cheerful and kind in their interactions with residents.

The visit team was concerned by a family member's report that the call bell was not always answered.

A number of staff at New Fairholme expressed ideas for continuous improvement of the care and the environment.

The visit team felt the building was both well designed and well furnished, with plenty of light and space, as well as providing a safe and secure garden for residents. Additionally the standards of cleanliness are very high.



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Recommendations

- Staff training should be reviewed with an emphasis on Dementia Awareness for all staff who come into contact with residents
- New Fairholme should review whether their staffing levels are adequate to meet the physical needs of the residents.
- The introduction of a suggestions box may encourage staff to share ideas for continuously improving the care and the environment.

Response from Service

Staff Training

New Fairholme has an extensive induction process, all staff meet statutory training requirements and over 85% at any one time meet the company mandatory training, on top of this through appraisal and supervision process additional training is identified for individuals. Dementia training and awareness is a particular strength of the company [Coverage Care]. Dementia awareness training, coaching and/or support is provided for all staff.

Staffing Levels

The staff levels are amongst the best in the sector, we have recently reviewed levels and added to them, and we are always able to “flex up” levels during a shift and where the needs of an individual warrant additions we commit to provide this usually ahead of receiving the funding required. The call bell print out is regularly reviewed, at hand overs and on an ad hoc basis by the manager. We can find no occasions when there are unacceptable delayed responses.

Suggestions Box

We always welcome ideas for improvement from colleagues; these are welcomed either at staff meetings or at individual supervisions sessions. We favour this approach so as to better understand the issues and ideas rather than the more passive approach of a suggestion box.

