



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru  
Care and Social Services Inspectorate Wales

## Inspection Report on

**Fairfields Specialist Transition Service**

**85 Ely Road  
Llandaff  
Cardiff  
CF5 2BY**

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## **Description of the service**

Fairfield House is registered with Care and Social Services Inspectorate Wales (CССИW) to provide accommodation and personal care for up to six adults with a learning disability and/or mental health needs. The home is owned and operated by Perthyn Limited and managed by Jennifer Jenkins, who is registered with CССИW and The Care Council for Wales. (CCfW). The company has nominated an individual to oversee the running of the home. This person is known as the responsible individual. At the time of the inspection, four people were living at the home.

## **Summary of our findings**

### **1. Overall assessment**

Overall, we found people at Fairfield's are complimentary of the care and services they receive. We saw that people are encouraged to maintain their independence and access the local community when they wish. Staff were welcoming and supportive towards peoples needs. Written guidance of how people's needs are to be met were detailed. Staff demonstrated their understanding of people's individual needs and carried out tasks appropriately. People are accommodated in an environment that is safe and clean with comfortable furnishings. However, the home does need to address ongoing refurbishment.

### **2. Improvements**

Care documentation outlined how staff should support people with personal care, communication, mobility issues, dealing with difficult emotions or significant health issues. The content of care files had been re-organised to ensure that the required information is available. People's care documentation, including their risk assessments have been reviewed and updated to reflect peoples changing needs.

### **3. Requirements and recommendations**

Section five of this report sets out our recommendations to improve the service and the areas where the care home is not meeting legal requirements. These include the following:

- Environment: Complete outstanding décor improvements.

# 1. Well-being

## Summary

People living at Fairfield are complimentary about the care provided. Staff support enables people to have a choice and fulfil their personal preferences in respect of their everyday living. Residents are able to take part and engage with the local community. Staff are warm, friendly and demonstrate their knowledge of general needs, personal likes and dislikes of individuals living at the home. A range of one-to-one and group activities are offered regularly.

## Our findings

People are able to exercise choice and control over their every-day lives. We saw that when staff interacted with resident's, consideration was given to peoples' wishes, likes and dislikes. We observed a member of staff chatting with an individual about attending the local community and staff respected the individuals responses. We saw that people were well dressed and relaxed. Residents were able to choose where they wanted to spend their time, either privately in their bedroom or in the lounge or dining area. One chose to spend time in their room listening to music, whilst another resident had chosen to spend time in the garden. In addition, we examined care plans which documented each resident's likes and preferences. One plan reflected that the resident liked to *"attend the local shops."* Another plan highlighted how a resident preferred to *"plan their weekly activities with staff"*. We spoke with one member of staff who told us they tried to encourage activities of relevance to the residents, and will assist them when required. We observed one resident leaving the service to attend local shops, supported by staff. They also told us how they liked to encourage individuals to be independent and individuals likes to set goals to achieve, these included using kitchen equipment independently and unassisted. Individuals can therefore do things that matter to them and have opportunities to maximise their independence. .

People living at Fairfield and their families are satisfied with the quality of service they receive. Relatives were complimentary about the care their family member received. People we spoke to told us how staff are supportive and promote independence. People were happy and were complimentary of both the management and the staff. Examples of what families and one resident told us were:

*"I like it here."*

*"Its all very good, staff are excellent."*

*"Cant fault the care"*

*"Never been so happy, staff know how to assist X with their needs"*

*"Outstanding service, can't fault them."*

Furthermore, we observed throughout our visit staff supporting people in a friendly and relaxed manner. We saw that interactions were warm and compassionate. We observed

one staff member laughing and chatting with one resident about their trip to the shops. This person was clearly enjoying the interaction with the staff member as evident by the banter between them. This indicates people are happy living at Fairfield's are happy, content and able to establish relationships with familiar staff and to gain a sense of care and companionship.

## **2. Care and Support**

### **Summary**

Staff have a clear awareness of individual needs and preferences of the residents they support. People are encouraged to maximise their independence. Written guidance for staff of how to provide individual care was detailed. Documents are maintained and updated to reflect when care is provided and when needs change. Daily records include personal achievements and goals for that individual.

### **Our findings**

People are consulted about their care needs and how their needs are to be met. We examined three residents care files and found detailed care documentation on each file. The home had implemented a three file system, which included separate files for care planning documentation, daily records and health appointments/referrals. Each file contained a personal profile and individual support circle. These detailed essential information in relation to people's preferences, personal care needs, medical conditions and medication requirements, and relationships with family members and professionals. One written plan of care provided guidance on family relationships, personal likes and dislikes, social interests and daily routines. Another plan documented how an individual behaviour can change, the trigger for that and how to approach the person should they become agitated or upset. Another plan we examined detailed how that particular individual required alternative ways to communicate and provided communication aids to assist staff. We saw that people were referred to health professionals for treatment when required and had been appointments with GP's opticians, dentists and consultant appointments. We saw that care reviews were carried out on a regular basis. Each individual also had a detailed medication administration chart (MAR). From the MAR charts we examined, we found that they were completed appropriately with no gaps. Each MAR chart contained a picture of the individual along with details of their medication. Each file contained a guidance document which was personalised to each individual explaining what medication they had, when it was required and what effects it had or could have. Therefore, people not only receive the right care, at the right time and how they want it but also are supported to be as health as they can be.

People have opportunities to increase their independence and are offered emotional support and reassurance by caring and patient staff. People's care files showed that people undertook a range of activities such as weekly menu planning, food shopping, and budgeting. One care file we viewed contained an active support record which outlined goals they wanted to achieve around the home and weekly updates on these. During our visit, two residents were out in the community supported by staff and we observed a third resident leave the home to attend the local community shops, supported by staff. People living at Fair Fields also were able to develop relationships as some individuals liked attended social events together and staff supported this. Staff also plan activities with the residents to ensure they are happy. For example, one individual could access the local community but could become anxious if in loud or busy situations. Staff are familiar with this persons need, discuss this issue with the individual and monitor it to allow independence. Therefore, people using the service supported to develop good relationships with staff and

are able to participate in the things they enjoy doing and they have freedom to take positive risks.

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### **3. Environment**

#### **Summary**

Fairfield is comfortably furnished with a choice of a large lounge, dining area and quiet room. The home is warm, clean with no offensive odours and people have sufficient space to spend time individually and communally. The home has made improvements to the décor; however there are still some improvements to be made. People have access to a rear garden with seating area and garden house. Bedrooms were personalised to each individual's taste and have essential furniture and facilities.

#### **Our findings**

People are supported within a safe and clean environment, which enables people to easily spend time privately or communally. We observed one resident walking around the home freely and another accessing the garden facilities. We carried out a visual inspection and found the home to be clean and free from malodours. The décor and furnishings were homely. Generally, fixtures and appliances were in a good state of repair and we observed improvements in the décor. However, some small decoration still remains outstanding, for example, damaged fixtures the upstairs bathroom which required attention. This is expected to be completed in the next few weeks. We viewed the home's health and safety records, including their gas safety, electrical safety, PAT testing record, fire safety and employers liability insurance certificates, which all had been reviewed and updated. We saw evidence that staff are carrying out regular checks of fridge/freezer temperatures and regular cleaning audits. Communal bathrooms were of working and clean order. A kitchen is located on the ground floor, which people had access for snacks and drinks throughout the day. People were able to access the facilities with ease. Thus people live in accommodation which meets their needs and supports them to maximise their independence.

People are protected and their safety is maintained. We found the entrance to the home was secure and accessible by lock and call bell. Visitor identity was checked before entering the property and visitor book was signed. All confidential files including care and staff files were stored securely in lockable cupboards. People's right to privacy is therefore respected within a secure environment.

People live in an environment which is welcoming and personalised to them. One person was happy to show us their bedroom, which we observed to be personalised and decorated to their wishes and preferences. From observations, we saw that each room was personalised to individual needs and preferences. People told us how their family members had chosen what was in their rooms and colour schemes. Residents could also access a large spacious garden, along with a spacious lounge and separate dining room. Some residents prefer quiet time away from the communal areas and their own private bedrooms, and the service has provided a quiet room, which individuals can use to watch television or to have a breakaway for some personal space. Thus, people's wellbeing is enhanced by having access to a safe and pleasant space.



## 4. Leadership and Management

### Summary

People are supported by a service that has a clear statement in relation to the values and principles of care provided. There are policies and procedures in place which focus on people's needs which define the process of care practices and the expected conduct of staff. People using the service and their representatives are regularly consulted about their care experiences and the quality of service provided.

### Our findings

The values and purpose of the service are clear and actively implemented. We found the management has developed a good level of understanding of their responsibilities provided a clear service user guide and statement of purpose, which had been updated and detailed what and how the service provides care. These were also user friendly and contained pictorial aids. We saw that the values and principles of care provided were clearly stated with emphasis placed on the rights of people using the service. The home promoted a philosophy of care to promote and maintain people's independence with support when required and to respect their privacy and dignity. Thus people receive a service which is clear about its role and ensure people know and understand the care, support and opportunities which are available to them.

The home has policies in place to ensure best practice and assess the quality of the service. We reviewed the accident/incident reporting folder, which detailed all incidents involving residents occurring at the home. We saw that this was detailed. We found that all reportable incidents had been notified to CSSIW as per regulations. The home's annual quality report was not due at the time of this inspection visit. However, we received the previous report completed. This evidenced that people are happy living at the home and positive feedback was received from both families, staff and people living at the home. The service also carried out regular monitoring visits, feedback was obtained from residents, staff and observations taken. The report identified clear improvement actions for the home, with deadlines for achieving them. One example was to redecorate and ensure the cleanliness of the home was maintained. The report also reflected how people living at the home were happy and identified positive achievements of the people using the service. This means there is evidence of willingness to learn from best practice and committed to quality assurance and constant improvement.

People are aware of the lines of accountability and management are approachable and respond to concerns. We spoke with two members of staff who all described the manager as *'approachable'*, *'supportive'* and *'very accommodating.'* Staff told us that the manager was proactive and that they had no concerns; however knew how to report a concern, should one occur. The home had a complaints procedure which was detailed in the service user guide (a guide for people using the service) and that it contained the contact details of people who residents could contact if they wished to make a complaint. We viewed the home's complaints log, and noted there had not been any complaints since the last

inspection. Thus people using the service are therefore able to express concerns and benefit from a service where staff are well supported.

People receive care and support from staff who are appropriately supported and appointed. Staff's recruitment files are not held in the service. They are kept in the organisation's head office. We were therefore unable, during this inspection, to examine full staff files, however, were able to examine a matrix of all staff employed by the service which contained suitability of staff appointed including proof of identity, references, job applications and a disclosure and barring check. We also viewed the staff training matrix. This indicated that all current staff had completed mandatory training, which included fire safety, infection control, first aid, food hygiene and control of substances hazardous to health. In addition, all staff had received training in relation to positive behavioural management and positive behavioural support, Deprivation of Liberty, Mental Capacity Act and Medication administration and management. Staff are supported by direct line management and receive supervision. We saw evidence of staff supervisions which provide staff with a regular opportunity for formal discussion on a one to one basis. These were occurring on a monthly and bi-monthly basis. These sessions allowed for staff to raise issues with training, support and issues with any care requirements. Each record was detailed and also provided opportunities for staff to give feedback or provide ideas on how to improve the service. Staff told us they felt supported by management and their team. *"They are a good team and fantastic bunch of staff."* And *"the manager is always approachable and always available."* Thus people benefit from a service where the staff are well lead, supported and trained.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

Regulation 15 (1) (d) of the Care Homes (Wales) Regulation 2002. During the current inspection we found the three care files we examined contained detailed care plans, which had been reviewed and updated. Referrals were made in a timely manner. Documentation was person centred and focused on the individual's care and personal interests. We therefore concluded this regulation is met.

### **5.2 Areas of non compliance identified at this inspection**

No areas of non-compliance were identified.

### **5.3 Recommendations for improvement**

- The manager should ensure that refurbishment to the home is completed in a timely manner.

## 6. How we undertook this inspection

- We reviewed information about the service held by CSSIW. This included the previous inspection report and records of notifiable events since the last inspection;
- We met and held discussions with one person using the service;
- We held discussions with three relatives of people using the service;
- We observed care practices and interactions between staff and residents;
- We held discussions with the registered manager, deputy manager and one member of care staff;
- We carried out a detailed examination of three care plan files;
- We carried out a detailed examination of the staff personal matrix;
- We reviewed a staff training plan/ matrix, detailing training completed and refresher dates;
- We reviewed the statement of purpose and service user guide;
- We examined Quality Assurance Audit dated August 2016;
- We examined monitoring visits carried out by the registered provider;
- We examined a sample of the home's policies and procedures;
- We viewed the home's health and safety records, which included their gas safety, electrical safety, fire safety, PAT testing and public liability insurance certificates;
- We examined the home accidents and incidents folder;
- We considered arrangements to review the quality of care provided and
- We had a tour of the environment and considered the facilities provided including secure storage of files and medication.

Further information about what we do can be found on our website [www.cssiw.org.uk](http://www.cssiw.org.uk)

## About the service

<b>Type of care provided</b>	<b>Adult Care Home - Younger</b>
<b>Registered Person</b>	<b>Perthyn</b>
<b>Registered Manager</b>	<b>Jennifer Amanda Lillian Jenkins</b>
<b>Registered maximum number of places</b>	<b>6</b>

<b>Date of previous CSSIW inspection</b>	<b>23/08/2016</b>
<b>Dates of this Inspection visit(s)</b>	<b>13/03/2017</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service. We recommend that the service provider considers Welsh Government's ' <i>More Than Just Words follow on strategic guidance for Welsh language in social care</i> '
<b>Additional Information:</b>	