



## Inspection Report on

**Fairfield nursing home**

**Fairfield Nursing Home  
Church Road  
Johnston  
Haverfordwest  
SA62 3HE**

## **Date Inspection Completed**

25/02/2025

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## About Fairfield nursing home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	fairfield nursing home limited
Registered places	43
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">11<sup>th</sup> January, 2025</a>
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People are treated with dignity and respect at Fairfield. They receive kind and compassionate care from staff who invest in getting to know people well. People's well-being is promoted by living in an environment that is clean, safe and homely. The service has a welcoming and joyful atmosphere, underpinned by shared values, which supports people to meet their care and support needs. The service supports people to stay as healthy as possible.

All employees demonstrate a good knowledge of the people in the home and personal plans clearly describe how nursing and care staff are to meet each person's individual needs. The enthusiastic staff team want to make a positive difference to people's lives. Staff say they are well-supported by an approachable and experienced manager. Good communication channels are evident, with robust monitoring of the quality of care people receive. The Responsible Individual (RI) visits the home and is strengthening oversight arrangements.

## Well-being

A relaxed atmosphere in the home helps people and their relatives feel at ease. Friends and relatives can visit when they wish. Staff are unrushed in their work, regularly give people time to talk and we saw good-humoured and sensitive conversations with people. Each person is supported to personalise their surroundings in whatever way they wish. People feel safe, relaxed and comfortable, and know how to make a complaint if they need to.

People develop good rapport with staff, as the service values positive relationships in promoting good wellbeing for people receiving care and support. An ethos which values diversity and uniqueness is present at the home. People live with dignity and respect and receive appropriate, kind, and caring support from staff who view their work as purposeful. A member of staff at the service told us, "*The people are special*".

People feel a sense of belonging and sufficiently 'at home' to enjoy freedom of expression and find meaning in their lives. A person using the service told us, "*I get care and love here. There is a lot of love in this place*". People are supported by a consistent staff team who know them well. This encourages good communication and enables staff to identify changes to people's presentations as early as possible. People are also provided comfort and attention from familiar dogs who visit the service.

People have as much control over their day-to-day lives as possible. The building is well maintained and designed to support people to be as safe and independent as they can be. People can do things that matter to them, using the different spaces available to do things they enjoy, for example chatting with each other, watching TV, or spending quiet time alone. Activity co-ordinators at the service organise a variety of individual, group and community events, which include seasonal and celebratory occasions, trips out in the minibus, church services or a visit to a pub. On the day of inspection, we saw people enjoying an Easter bonnet craft session and a game of bingo. People feel a sense of purpose through the sale of their crafts, which generates funds for further activities. A person using the service told us, "*There are always activities on. They come in every day and tell me*". People benefit from a balanced diet and varied menu, with staff considerate to the dietary requirements and preferences of each individual. A person using the service told us, "*They definitely make a good cup of tea*".

## Care and Support

People are happy with the standard of care and support they receive. People we spoke with commented positively about the quality of care provided by staff they knew well and who they had developed good relationships with. We observed natural, joyous, caring and vigilant interactions between staff, people and their family members. People we spoke to told us the staff are “*fantastic*”, “*chatty*” and “*great*”. Feedback from family members included, “*I think he’s happy and settled*” and “*The carers are genuine and friendly, you can tell they do genuinely care*”. The service recognises the importance of staff consistency when working with people living with dementia. Management told us familiar faces provide reassurance to people, supports the development of positive relationships and enables consistent care and support.

The process for admitting new people into the service is thorough and well planned. Personal plans include information on the needs of people and how these can be met safely by nursing and care staff. Plans include information about people’s social histories and personal preferences. Plans are reviewed in a timely manner and when required, with purposeful risk assessments in place to direct staff on how to deliver care safely in line with people’s needs.

External professionals are involved in the care and support of people. There are good links with the district nursing team. The service is active in finding tailored support to meet people’s needs. Nursing and care staff record the care and support they provide to people each day, with supplementary monitoring charts containing detail to support quality assurance.

Safeguarding policies and procedures are currently being reviewed by the service. Staff have received safeguarding training and recognise their personal responsibilities in keeping people safe. Staff would approach any of the senior staff team but would also contact external agencies such as the local safeguarding office if they thought they needed to. Deprivation of Liberty Safeguards (DoLS) are in place for people who do not have capacity to make their own decisions about aspects of their care and support. These are in place to keep people safe.

There are good procedures in place for the management of medication at the service. Designated staff are trained to administer medication. There is a designated medication room which is kept locked when not manned. The room is clear of clutter and over stock and procedures are in place to ensure medication is stored at optimum conditions. We looked at medication administration records (MAR) and found all medication is documented correctly. No gaps were visible in the records viewed.

## Environment

We found all areas of the service to be spotlessly clean. The environment is maintained to a high standard by a dedicated maintenance officer. All rooms are personalised to the taste of individuals. There are a wide variety of communal areas where people can relax and socialise if they wish. A spacious courtyard area gives people choice on where to spend their time on fair weather days. A dedicated activities room enables people to socialise and engage in fun activities should they choose, with activity co-ordinators committed to supporting people's wellbeing available at the service five days a week. There is a well-presented dining area which offers a pleasant dining experience. The kitchen has a food hygiene rating of five and has well-established infection control and food hygiene measures. People enjoy a variety of freshly prepared home cooked meals from which to choose. A person using the service told us, *"The food here is nice"* whilst another told us, *"We get a choice of what to eat and can ask for food that's off the menu"*.

People are protected from unknown visitors, with visitors asked to sign the visitors' book and identification checked. The service has recently strengthened safety measures at the entrance to the home. The service undertakes regular environmental audits, to identify and mitigate risks to health and safety in the service. The manager swiftly rectifies any issues identified in the environment. Maintenance checks take place routinely in and around the premises to ensure people remain safe. The maintenance file details these checks which include fire safety checks and hot and cold-water checks. We saw appropriate oversight regarding gas and electricity safety checks and portable appliance testing (PAT) has taken place. Equipment checks are completed six monthly as required. People have personal emergency evacuation plans (PEEPS) to guide staff on how to support people to leave safely in the case of an emergency.

The service promotes hygienic practices and manages the risk of infection. We saw Personal Protective Equipment (PPE) and hand sanitising stations located around the home. We saw staff appropriately utilising PPE. The laundry room is organised, and all machines seen to be in good working order. All COSHH (Control of Substances Hazardous to Health) materials are stored correctly, in line with the COSHH Regulations 2002.

## Leadership and Management

The statement of purpose (SOP) which describes how the service is provided, is currently being reviewed and updated to ensure it accurately reflects the service provided. The RI is visible at the service and is currently reviewing arrangements to strengthen governance and oversight. Some policies and procedures are being reviewed and updated. We will follow this up at our next inspection. The RI is committed to making necessary improvements within the service to improve standards when needed.

The service is managed by an experienced, responsive and vigilant manager, who is appropriately registered with Social Care Wales, the workforce regulator. The manager is supported by a wider management team including a deputy manager, and a clinical lead at the service. The manager ensures robust quality assurance processes at the service, to support quality care provision. The manager includes staff in auditing procedures, to develop staff knowledge and also promote the shared ownership of the service. The management team are well known by the people who live at the service. A family member told us, *“Management are very good, if you say something is not right, they’ll sort it”*. The professional and respectful culture at the service is led from a shared set of values which promote uniqueness, respect, teamwork and pride. A resident at the service told us, *“It is a happy place to be”*.

Throughout our visit we saw sufficient staff deployed to consistently meet the needs of people at the service. Effective oversight of staffing provision is in place which supports the provision of quality care and support. The service uses familiar agency staff when necessary, to ensure consistent, quality provision. We heard about visitors and staff who volunteer their time to support the wellbeing needs of people at the service. A member of staff told us, *“Fairfield gives me purpose”*.

Personnel files we reviewed contained all the required documentation. These include references, sponsorship licences, right to work checks and Disclosure and Barring (DBS) checks. New staff receive a worthwhile induction. Training documentation indicates that staff have access to a variety of training opportunities, and overall nursing and care staff have completed a good level of training. Staff spoke positively about the support they receive from management and the training they receive for their individual roles. We were told by staff how they feel supported to develop personally and professionally. A member of staff told us, *“I get good training and regular supervision”*. We heard how management support staff to achieve their goals. Nursing and care staff are provided with regular one-to-one support, through timely supervisions. This is in addition to the daily support staff are provided by management when required. A member of staff told us, *“The manager supports us and encourages us to do well”*.

### 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

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.

### Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
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