

Care for your Life (Fair Haven) Limited

Fair Haven Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This unannounced inspection was carried out on 24 November 2015. This was the first inspection of this service since Care for your Life (Fair Haven) Limited had been registered with the Care Quality Commission as the provider. This change of registration occurred on 6 June 2015.

Fair Haven Care Home is registered to provide accommodation and personal care for 30 people. At the time of this inspection there were 27 older people, some of whom were living with dementia accommodated at

the home. The home is situated over two floors, which can be accessed by stairs, a lift, and a stair lift. There are a number of communal areas within the home, including lounges, dining areas and a garden for people to use.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

Staff were aware of the procedures for reporting concerns and protecting people from harm. Staff were only employed after the provider had carried out satisfactory pre-employment checks.

Staff were trained to provide effective care which met people's individual needs. Staff understood their role and responsibilities to report poor care. Staff were supported by the registered manager to develop their skills and knowledge through regular supervision, appraisals and training.

People who used the service were supported by staff who were kind, respectful and promoted their privacy and dignity. People had individualised care and support plans in place which recorded their care and support needs. Individual risks to people were identified by staff. Plans were put into place to minimise these risks and to enable people to live as independent and safe a life as possible. These records guided staff on any assistance a person may require. Arrangements were in place to ensure that people were supported and protected with the safe management of their prescribed medication.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS)

and report on what we find. We found that there were formal systems in place to assess people's capacity for decision making and applications had been made to the authorising agencies for people who needed these safeguards. Staff respected people choices and staff were aware of the key legal requirements of the MCA and DoLS.

People were supported to take part in activities within the home and the local community. People's family and friends were encouraged to visit the home to help support and promote people's social inclusion.

There was an 'open' culture within the home. People and their relatives were able to raise any suggestions or concerns that they might have with staff and the registered manager. People were supported to access a range of external health care professionals and were supported to maintain their health. People's health and nutritional needs were met.

The registered manager sought feedback about the quality of the service provided from people who used the service, their relatives and staff by holding regular meetings. They had in place a quality monitoring process to identify areas of improvement required within the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Medicines were safely managed.

There were sufficient numbers of staff with the appropriate skills to keep people safe and meet their assessed needs.

Staff were only employed after all the essential pre-employment checks had been satisfactorily completed.

Good



Is the service effective?

The service was effective.

Staff had been supported and trained to care for people in the way they preferred.

People were helped to eat and drink enough to stay well.

People could see, when required, health and social care professionals to make sure they received appropriate care and treatment.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Good



Is the service caring?

The service was caring.

Staff treated people with respect and were knowledgeable about people's needs and preferences.

There was a homely and welcoming atmosphere and people could choose where they spent their time.

Good



Is the service responsive?

The service was responsive.

People were encouraged to maintain hobbies and interests.

People's care records were detailed and provided staff with sufficient guidance to provide consistent, individualised care to each person.

People's views were listened to and acted on. People, and their relatives, were involved in their care assessments and reviews

Good



Is the service well-led?

The service was well- led.

There were various opportunities for people and staff to express their views about the service.

Systems were in place to monitor and review the quality of the service provided to people to ensure that they received a good standard of care.

Good



Fair Haven Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 24 November 2015. The inspection was completed by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses, this type of care service.

Prior to our inspection we reviewed the provider's information return (PIR). This is information we asked the provider to send to us to show what they are doing well and the improvements they planned to make in the service

We looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We also made contact with the local authority contract monitoring officer to aid with our planning of this inspection.

We spoke with 10 people, one relative, the deputy manager and nine staff who work at the home. These included senior care workers, care workers, activities co-ordinator, and kitchen and housekeeping staff. Throughout the inspection we observed how the staff interacted with people who lived in the service.

We looked at four people's care records and we looked at the systems for monitoring staff training, supervisions and recruitment checks. We looked at other documentation such as quality monitoring records, accidents and incidents records. We saw compliments and complaints records, medication and administration records.

Is the service safe?

Our findings

When we asked people if they felt safe. One person said, “I can always ring my bell to get somebody.” A relative told us, “The home looks perfectly good; we’ve not had a problem since [family member] has been here”. Another person told us, “Knowing staff are there for you,” makes me feel safe.

Staff demonstrated to us their knowledge on how to identify and report any suspicions of harm or poor practice. They gave examples of the types of harm and what action they would take in protecting people and reporting such incidents. This included external agencies they could also contact to report poor care practice. Training records we looked at confirmed that staff received training in respect of safeguarding adults. This showed us that there were processes in place to reduce the risk of harm to people living in the home.

People had detailed individual risk assessments and care plans which had been reviewed and updated. Risks identified included, but were not limited to: people at risk of falls, moving and handling risks and poor skin integrity. Where people were deemed to be at risk, these risks were monitored. We saw documented ‘repositioning charts’ for people with poor skin integrity who required regular assistance or prompts from staff to change position. People at risk of malnutrition had documents in place to show that they were weighed on a regular basis. We noted that as a result of this monitoring and where appropriate, staff had made referrals to the relevant healthcare professionals. Records gave clear information and guidance to staff about any risks identified as well as the support people needed in respect of these. Staff were aware of people’s risk assessments and the actions to be taken to ensure that the risks to people were minimised.

We found sufficient staff on duty to meet people’s support and care needs throughout the day. One person told us, “They [staff] are always backwards and forwards, there is always one of them about.” The registered manager used agency to cover shifts and short notice staff absences. The deputy manager told us they tried to ensure they used agency staff that have worked at home before. This help to provide consistency for people. Our observations showed that people’s needs were met in a timely manner and care

call bells responded to promptly. We saw that staff were available in each communal area of the home supporting people. The deputy manager told us that they assessed regularly the number of staff required to assist people and ensure that people’s needs are met. Records we looked at confirmed this. This showed that the registered manager had enough staff available to deliver safe support and care for people who lived in the home.

Staff confirmed that they did not start to work at the home until their pre-employment checks had been satisfactorily completed. One staff member told us that they had an interview and had to wait for their references to be returned before they could start work at the home. The deputy manager told and showed us that the relevant checks were completed to ensure that staff were suitable to work with people living in the home before they were employed. Staff said that they had ‘shadowed’ a more experienced member of staff. This was until they were deemed confident and competent by the registered manager to work with people living in the home. One staff member told us, “There is a lot of support from everyone working at the home. I don’t feel awkward asking for support or asking questions.”

Staff sought consent from the person before administering their medicines and reminded people what medication they were taking was for. One person told us, “They [staff] bring my medicines when I need them, three times a day. I know how many I take and what most of them are for but I don’t know their names.”

Staff who administered medication received appropriate training and had their competency to do this regularly assessed. People we spoke with told us they received their medication regularly. One person said, “They [staff] always ask if I require any pain relief.” Another person told us, “They stand over you and say they’re waiting for the pot but we know they’re waiting to see you take them [medicines].”

We found that medication was stored securely and at the correct temperature. Appropriate arrangements were in place for the recording of medication. Frequent checks were made on these records to help identify and resolve any discrepancies promptly. This ensured that people received their prescribed medication in a safe way.

Is the service effective?

Our findings

People told us the staff were able to meet their needs. One person told us, “The girls [staff] are very good.” Another person told us that, “They know what they’re doing, and they come in and ask if I want a shower. Then they [staff] give me a shower and stay with me, I couldn’t do it on my own.” A third person said, “Yes the staff do understand my needs, as at the moment I need a lot more help due to my poor mobility”.

Staff told us they had received regular supervision. This ensured everyone had some time to discuss their support and identify any training needs. Staff felt they are well supported to do their jobs. Training records showed that staff had received training in a number of topics including fire awareness, infection control and food safety, moving and handling, safeguarding people. Staff stated that they had had all the training and support they required to do their job. A member of staff said, “The support I have received has been excellent and they [registered manager] are very approachable.”

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The deputy manager and most staff we spoke with understood and were able to demonstrate that they knew about the principles of the MCA and DoLS. The deputy manager and staff confirmed that any decisions made on behalf of people who lacked capacity, were made in their best interests. This showed us that the provider was aware of their obligations under the legislation and was

ensuring that people’s rights were protected. The registered manager had submitted one application for DoLS to the supervisory body (local authority) but the outcome of this was not yet known.

People said that staff respected their choices. One person said, “Yes, I am able to get up when I want. They [staff] help me to have a wash and get dress.” Our observations throughout the visit showed that staff asked people their choice and respected the choices made. People told us that they felt listened to by staff. Staff showed they understood the importance of asking about and respecting people’s choices. Staff were able to demonstrate to us an understanding that they knew how to ensure people did not have their freedom restricted.

There were two dining areas within the home. People were given a choice of where they would like to eat their meal and staff respected this choice. Tables were set with tablecloths, tablemats, napkins and condiments to make the mealtime experience an effective, pleasant and more social occasion. Our observations during the lunchtime meal showed that social interaction was promoted by staff.

One person said that there is, “Perfectly adequate [food] choices, there is more than enough. They always ask if you’ve had enough and you can always go back for seconds.” One relative told us, “[Family member] always has their dinner in the dining room. The food here, is exceptional, [family member] has got no problems with their diet”. Another person told us “It’s lovely food, I could eat a nice fried breakfast but I’m not always hungry at breakfast time.”

Staff kept the kitchen staff updated regarding people’s weight gain or loss or any special dietary needs. They also confirmed that if people did not like the food that was on offer they would make them something else to eat. This was confirmed by our observations during the lunch time meal. Snacks, fresh fruit and drinks were available to people throughout the day. We saw staff encouraged people who needed some assistance with their fluid intake to drink throughout our inspection. A relative confirmed this and said, “[Family member] drinks more since they have been here, I do think they are getting enough to drink.”

People and the relative said and records showed that staff were quick to involve external health care professionals when needed. One person told us, “They [staff] send for a

Is the service effective?

doctor if they're convinced that you need one". One relative said, "They [staff] called the doctor last week as [family member] was not sleeping at night. The GP is just down the road". We were told by staff that a chiropodist calls every six to eight weeks and that staff and people knew them well.

When asked about a dentist one person said, "They take you to the dentist, just along the road". They went on to tell us that an optician visited regularly "I went in February to have them [eyes] tested."

Is the service caring?

Our findings

Most people and the relative on the whole made positive comments about the support provided by staff. A relative told us, "They're good carers, it's always been good." One person said, "Ninety percent of them [staff] will listen to you, they always make sure you're settled down before they leave you." Another person told us, "I am very happy with the care here." Staff supported people in a caring and kind manner and our observations throughout the day confirmed this.

People were assisted by staff to be as independent as possible. Observations showed that staff encouraged people to do as much for themselves as they were able to. We noted that staff guided people, when needed, in a respectful way. We saw one person being encouraged to stand up from their chair before transferring to their wheelchair. This was done in a patient and caring manner.

A person's relative visiting the home told us that staff made them feel welcome by asking them if they would like to stay for lunch or whether they would like a drink. People told us that there were no restrictions to them visiting. One person told us, "Feels like a home from home, no restrictions on visiting times."

Staff supported people in a kind and patient manner. Staff took time to support people when needed at a pace the

person was comfortable with. We also saw staff reassure people, who were becoming anxious, in an understanding manner to help them settle. We also noted good examples of how staff involved people in conversations throughout our inspection of the home. They spoke about lunch, weather and what was on the television.

People told us that staff respected their privacy and dignity when supporting them. One person said that staff knocked on their bedroom door when they wanted to enter and waited for a response. This was confirmed by our observations throughout our inspection. This meant that staff respected and promoted people's privacy.

Our observations throughout the day showed that people's rooms were personalised with their belongings to make them feel more homely. We saw that people were dressed appropriately for the temperature within the home and which maintained their dignity.

Advocacy services information was available for people where required on posters on communal notice boards and within the service user guide information was available for Independent Mental Health Advocacy (IMHA) and Voice Ability who are a charity who offer an advocacy service. Advocates are people who are independent of the home and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

Care records we looked at were written in a personalised way they provided information about the person's life history, including their individual care and support needs. People also had their end of life wishes documented should they choose to. Those plans we looked at included a wish to not be resuscitated. Records we looked at showed that people or their relatives were involved in the care and support plans as appropriate. Letters were sent to appropriate family members inviting them to be involved in reviews. A relative told us that they could see their family members care plan at any time and that there was, "Good communication all round."

People were seen to be watching television and reading newspapers, magazines and books. People told us that they played various games. A group of ladies were sat playing a card game. We heard lots of chatter and laughter. People told us that they regularly had a game of cards and it helped pass the time. People who needed some assistance to pursue their interests were supported by staff. One relative told us "[Family member] likes to sit and watch what's going on. Although the staff took [Family member] out for lunch and they did enjoy that."

The provider was able to hire a mini bus at weekends and arranged regular day trips for up to five or six people at a time. A member of staff told us, "We have been all over the place, garden centres, the seaside, Tesco for shopping, sea life centre, the zoo and a local entertainment centre for tea dances".

A member of staff told us about the various activities in the care home which included baking, music and movement, crafting, quizzes, therapeutic colouring, and a regular bingo slot supported by a volunteer on a Friday. They told us "Residents like to play cards, quizzes. One of our residents is the quiz master which leaves the activities coordinator to

spend time with people on 'one to one' basis." We were told by staff and the people how residents had made twenty knitted teddy's which they sold to staff and visitors and had raised £100 for the resident's fund.

A member of staff told us about some forthcoming events. These included, a small dance company, singing by a local primary school and a pre-school who would be coming to sing Christmas carols. There will also be the homes "legendary Christmas party." where there is something going on all day and Santa visits in the afternoon. People and staff explained that a competition is held each year between the four homes owned by the provider. Last year they won first prize for the entertainment and second prize for the decorations.

People and staff told us that there was a 'residents' meeting once a month when people were able to discuss outings, menu and activities' and interests. There were lots of photographs around the home which showed activities and events that had taken place both in and out of the home

People and a relative told us that that they knew how to raise a concern. People and their relatives told us that communication was good and that they would speak to staff if they were concerned about anything. One relative said they had, "No concerns or complaints in the last year, everything has been dealt with there and then."

We asked staff what action they would take if they were aware of any concerns. Staff said that they knew the process for reporting concerns and would inform senior staff or the registered manager. Records of compliments showed that people and their relatives were complimentary about the care they or their family member had received. Complaints records showed that they had been reviewed and action taken as a result of the concern raised. Information of the provider's complaints policy was also available to people in the main entrance.

Is the service well-led?

Our findings

The home had a registered manager who was supported by a deputy manager, care staff and ancillary staff. We saw that people who lived at the home and staff interacted well with the deputy manager during our inspection. People we spoke with had very positive comments to make about the registered manager and staff. Relatives said that the registered manager kept them up-to-date about their family members and that communication was good. A member of staff told us “I love working here; we are a great team and get on really well together.”

People told us that the owner’s representative visited the home every week and they always came to see how everyone was and they checked that they were all well and happy.

Staff told us that the culture in the home was ‘open’ and that the registered manager was approachable. Staff spoken with told us that they were supported by the registered manager. They said that they had regular supervisions and appraisals. This was confirmed by the records we looked at.

Records showed that people and relatives’ could attend meetings to discuss and feedback on the service provided. A relative told us that these meetings were well advertised and talked us through an example of a suggestion made that was actioned by staff. We saw minutes of the meetings where menu choices had been changed following a meeting

We saw staff working together and that they checked with each other what they were doing and then explained to the person what was happening. One person said, “The staff are very friendly and help each other out, we are always having a laugh and a joke together.”

Records showed that staff meetings happened and that they were an open forum where staff could raise any topics of concern they wished to discuss. Staff told us that they were encouraged to make any suggestions that they may have to improve the service.

There were effective quality assurance systems in place that monitored people’s care. We saw that audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such as care planning, medication and health and safety. Where action had been identified these were followed up and recorded when completed to ensure people’s safety. Records showed that the registered provider referred to these action plans when they visited the home to check that people were safely receiving the care they needed. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.

A training record was maintained detailing the training completed by all staff. This allowed the registered manager to monitor training to make arrangements to provide refresher training as necessary. Staff told us that the clinical lead nurse regularly ‘worked the floor’ (this meant they worked alongside the staff in providing care) to ensure that staff were implementing their training and to ensure they were delivering good quality care to people. Following the inspection professionals who we contacted told us that staff have been trained to continue to support people to maintain their wellbeing.

Records, and our discussions with the registered manager, showed us that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the registered manager had an understanding of their role and responsibilities.