

Amira Residential Homes Limited

Fairhaven

Inspection report

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Ratings

Overall rating for this service

Requires improvement



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?

Requires improvement



Overall summary

This inspection took place on 13 October 2014 and was unannounced. Fairhaven is a care home that provides accommodation and personal care for up to 21 older people. It does not provide nursing care. On the day of the inspection, there were 17 people living in the home.

At our last inspection on 10 July 2014, we found that procedures had not been followed in relation to staff recruitment; appropriate training had not been provided for staff; there was a lack of quality monitoring systems; inadequate medication systems and a failure to ensure staff knew how to report allegations of abuse to the

appropriate authorities. Mental capacity assessments for people who were unable to make decisions about their care had not been carried out and there were limited opportunities for people to pursue personal interests or hobbies. We also found that staff were completing daily care records before care was delivered.

During this inspection we checked whether the improvements had been made. We found that our concerns in relation to the accurate completion of care records had not been fully addressed.

Summary of findings

The service has a Registered Manager. 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.

People were treated in a way that respected their dignity. Their human rights were protected, and risks to individuals' had been assessed and managed so that people were protected from harm or abuse. Information about the safeguarding procedures and how to report any allegations of abuse outside the service was available.

Recruitment systems had been improved and there were sufficient staff employed to care for people safely.

Medicines were managed safely and people received their medicines regularly as prescribed by their doctors.

People and their relatives had been involved in the decisions about their care and support. Their health care needs were assessed, reviewed and delivered in a person

centred way. People's nutritional and health care needs were met. They were supported to pursue their social interests or participate in activities organised for them so that they maintained their wellbeing.

The registered manager was visible and people were able to raise any concerns they had with them. A questionnaire survey had been carried out to seek the views of people about the quality of service provided. Regular staff meetings were held to discuss issues relating to people's general wellbeing and the day to day running of the home.

Staff had received training and understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. Where people had been identified as lacking capacity, staff were aware of involving people's relatives, other professional or the advocacy services for best interests decisions. They were working within the law to support people who lacked capacity to make decisions.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

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.

People we spoke with said that they felt safe and they did not have any concerns about the safety or abuse.

There were sufficient numbers of staff on duty to care and support people in meeting their needs.

Risks to people had been assessed and reviewed regularly. People received their medicines regularly and on time.

Good



Is the service effective?

The service was effective

People were supported by staff who had the necessary skills and knowledge to meet the assessed needs, provide choices and preferences in the delivery of care.

People's dietary needs were met.

People had access to other health care professionals so that their health and wellbeing was promoted and maintained.

Good



Is the service caring?

The service was caring.

People were well looked after and cared for and had been involved in the decisions about their care and support.

Staff were aware of people's preferences and personal histories so that they were able to deliver care appropriately.

Good



Is the service responsive?

The service was responsive.

Each person had a personalised care plan developed following an assessment of their needs. The care plans had been reviewed regularly to accurately reflect people's needs.

People were encouraged to pursue their social interests and join in activities provided.

People were aware of how to raise concerns with staff or the manager. They felt that their concerns were listened to and acted on.

Good



Is the service well-led?

People's views about the quality of service was sought.

Requires improvement



Summary of findings

There was a registered manager who was also the registered provider for the service. They were visible and accessible to people.

A number of audits were carried out to monitor the quality of service provision.

Care records had been written ahead of the delivery of care.

Fairhaven

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 inspection took place on 13 October 2014 and was undertaken by three inspectors. It was unannounced.

Before the inspection we reviewed the information we held about the service. We looked at the reports of previous inspections and the notifications that the provider had sent to us. A notification is information about important events which the provider is required to send us by law.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks

the provider to give some key information about the service, what the service does well and the improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.

During the inspection we spent time talking to people who used the service and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 10 people who lived at the service, one relative, five members of care staff, the registered manager and the acting manager. We observed how people were supported by staff in meeting their needs. We looked at the care records including the risk assessments for six people, 12 medicines administration records (MAR), six staff files including their recruitment documents and training records. We also looked at other records which related to the day to day running of the service such as quality audits.

Is the service safe?

Our findings

At our last inspection on 10 July 2014, we had found that recruitment procedures had not been consistently followed. Staff employed to work at the care home did not have a full employment history and any gaps in employment had not been explored. During this inspection, we looked at six staff files and found that the required pre-employment checks such as Disclosure and Barring Scheme (DBS) had been carried out. Written references had been obtained prior to staff starting work to ensure that they were of good character.

At our last inspection on 10 July 2014, we found that the staff were not aware of safeguarding procedures and that information relating to safeguarding was not available to them. During this inspection, people said that they felt safe. One person said “I feel okay and safe here.” Another person said, “I feel safe here and I do not mind staying on my own. I don’t have any concerns about safety or abuse.”

We saw posters with contact details for reporting any issues of concerns or allegation of abuse had been displayed. We spoke with five members of staff who were all aware of the procedures for reporting any concerns to the manager.

Staff training records showed that safeguarding training had been provided. The manager confirmed that they had discussed safeguarding procedures with staff and they were aware of how to raise a safeguarding alert with the appropriate authorities if required. CQC had been notified of safeguarding alerts, accidents and incidents as required by legislations. The whistle blowing policy was also displayed on the notice board. The staff we spoke with confirmed that they were aware of this policy.

At our last inspection on 10 July 2014, people had not received their medicines regularly and on time. During this inspection we observed the medicine round in the morning. We found that people were given their medicines as prescribed. The registered manager told us that

currently, there were no individuals who looked after their own medicines or any individual who required their medicines to be given covertly. We looked at the medicine administration records (MAR) and noted that these had been signed by the staff who administered the medicines. The arrangements for managing and administering medicines were safe, and checks showed that all the medicines supplied to the home were accounted for. All staff who gave medicines to people had their competency assessed following completion of their training.

There were risk assessments in place which detailed arrangements for emergencies. These included plans for evacuation should people be required to leave the premises. Risks to people’s personal safety had also been assessed and reviewed regularly. For example, one person had a sensor mat placed next to their bed. This alerted staff to attend to the person immediately in order to protect them from falls or injury. Another person who had recently fallen out of bed had a risk assessment with an action plan to prevent a similar incident happening again.

There were sufficient numbers of staff on duty to care and support people in meeting their needs. People we spoke with said that there were sufficient numbers of staff on duty. One person said “There was enough staff to care for us and they answered the call bells within a reasonable time.” Another person told us, “There are staff to look after us. They answer the call bells and let us know they will be with us soon when they are helping others.” The staff we spoke with told us that they felt that there were sufficient numbers of staff on duty to attend to people’s needs.

We observed that people were supported with their daily activities in an unhurried way. The manager said that they regularly assessed and monitored the needs of people so that appropriate levels of staff were rostered on duty. We saw from the duty rotas that agency staff had been used to make sure there were enough staff on duty to care for people in meeting their needs.

Is the service effective?

Our findings

At our last inspection on 10 July 2014, we found that the staff members had not completed an induction programme when they had first started work; they had not received training relevant for their role and did not receive regular supervision.

During this inspection, we found that staff had received an induction. The staff members we spoke with said that their induction was made up of a tour of the home and an introduction to people who lived there. They said that they learnt from other experienced members of staff whom they shadowed when they first started working at the home. We spoke with an agency staff who confirmed that they worked at the care home regularly and that they had received an induction when they first came to work here.

The manager told us that they discussed the training required by each staff through their one to one meetings, called supervisions, with staff. The staff we spoke with confirmed that they had recently had a supervision meeting with the manager to discuss their work and the training required for their roles. People were supported by staff who had the necessary skills and knowledge to meet their needs, who offered choices and who provided care in the way that they wanted. We looked at the staff training records which showed that there had been recent training in dementia awareness, Mental Capacity Act 2005 (MCA), including Deprivation of Liberty Safeguards (DoLS), Safeguarding and Medication. The staff we spoke with said that the training in dementia had helped them to develop their skills further in supporting people living with dementia. The training records showed that two members of staff had completed other care qualifications so that they had the required skills and knowledge to carry out their roles and responsibilities.

Staff confirmed that they had received training in Mental Capacity Act which helped them to understand how to support people who lacked capacity with decision making. The service was complying with the legal requirements of the Mental Capacity Act. We noted that one person had been assessed in relation to Deprivation of Liberty Safeguards (DoLS) and their application had been approved by the supervisory body. The DoLS was to ensure that the person did not leave the premises unaccompanied and we saw that this was being appropriately managed. We saw from the care plans that where people had been

identified as lacking capacity to make decisions about their care, mental capacity assessments had been carried out and that staff involved people's relatives, and other professionals. Where there were no family, the manager was aware of the need to involve an independent advocate.

People's dietary needs were met. A choice of meals on the menu was available to people. On the day of our visit, we saw that some people had chosen an alternative meal which was not on the menu. They told us that the food was good and that they received plenty of it. One person said "The staff make tea and coffee in between meals and sandwiches in the evening." We also saw that people were given drinks regularly throughout the day, this included people who stayed in their rooms. One person told us that the staff changed the jug of water daily and a choice of other drinks was available. Another person said "The food was of very high level. That's why I chose this place."

The manager said that currently, there were no individuals who were considered at risk of not eating or drinking enough. We observed that where people had swallowing difficulties, and required assistance with their meals, their food was pureed to prevent any risk of choking. They were supported at a pace suitable for their needs. We also noted from people's care plans that the advice of the Speech and Language Therapist (SALT) had been sought when required. People who had their meals in the main dining room commented that the lunch was nice and that they enjoyed it.

People's weight was monitored regularly, and their food and fluid intake was recorded in their daily diaries to ensure that they ate and drank enough. The manager said that if a person had lost or gained significant weight, their nutritional needs would be reviewed and reassessed. They would also seek appropriate advice from other health care professionals such as the dietician to ensure that people's health and wellbeing was maintained. We looked at the weight records of five people and the records showed that their weights had been stable.

People were registered with a GP that would visit them on request, and they had access to other health care professionals. One person told us "My health needs are met. I saw the doctor once but nothing serious. I have seen the optician a lot of times. My eyes are okay." We saw from people's care plan they had seen their doctors, dentist and the optician when required.

Is the service caring?

Our findings

We observed some good interaction between staff and the people they were assisting. We saw staff using a quiet, patient tone, stroking a person's hand, sitting alongside the person to assist them with their meal. We also observed that staff knocked on people's door and let them know who it was, and then waited for an answer before they entered the room. We saw staff asking people whether they would like to get up for their breakfast or preferred to stay in bed.

We also saw staff asking people how they would like to receive their personal care. People told us that staff explained to them before providing personal care including hoisting and manual handling. People were complimentary about the attitude of staff. People we spoke with said that they were well looked after and cared for. One person said "Staff are caring, kind and helpful." Another person said "The staff are respectful and they always talk to me when they are supporting me. Sometimes we have 'banter' between ourselves and the staff, mostly in the main lounge where we gather for the day." Another person said, "I have got no choice but to live here. But I make the most of it. I am happy with the staff. I get on alright with the girls." One relative said, "I visit my mum weekly. I am happy with the care. It's a credit to the care that mum is as well as she is."

Staff were aware of people's preferences and personal histories so that they were able to deliver care and support them appropriately. The staff we spoke with said that they found out about people by talking to them about their life experiences and what they used to do prior to living at the

care home. The staff also said that they always asked people how they would like to be supported with their care. Some people were encouraged and prompted to attend to their personal care needs themselves, so that they maintained some of their independence.

People confirmed that they had been involved in planning their care when they came to stay at the care home. They felt that their views were listened to and acted on. One person said when their care plan was reviewed, they had not agreed with some aspects of it and that was changed immediately and their decisions were reflected. People said that they talked to the manager on a regular basis, mainly to discuss their choices from the menu and other issues they may have on the day. Relatives confirmed that they had been involved in reviews about the care and support provided. Where people had difficulties making day to day decisions for themselves, staff said that they supported them in ensuring that their choices and preferences were met. For example, people would be given items of clothes which they would point at to indicate their preference of what to wear.

Information about advocacy services was available to people. We saw a leaflet about advocacy services had been displayed in the hall way. The manager said that currently no individual was accessing this service as people had their relatives who have been acting on their behalf. However, the manager said that they had used this service before and that they would do so again when required Is the service caring?

Is the service responsive?

Our findings

People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. One relative told us that when their relative had come to stay at the home, they had discussed with the manager about the care and support their relative required. They said that they had been involved in care plan reviews, where they discussed any changes in their relative's health and general wellbeing. One person said, "The staff encouraged me to wash in the morning and change my clothes. I am not rushed and I am given plenty of time. This helps me to do as much as I can for myself."

Each person had a care plan that provided information about their daily routines and the support they required from staff to ensure that their needs were met. We found that people's care records contained information about their life histories and their preferences. All care and support provided had been recorded in people's daily care plan diaries to ensure continuity of care. Care plans had been reviewed regularly and changes in people's needs had been reflected so that up to date information was available for staff to provide care in a person centred way. The staff we spoke with said that they provided care that people required. For example one staff said, "Some people would tell us that they like a strip wash and at other times they would ask for a bath or a shower. They would also let us know what they planned to do during the day."

We observed one person who was supported by staff to transfer them by use of the hoist. We noted that the procedure used for the manoeuvre was in accordance of the person's care plan. The person was supported by two members of staff using the right size of sling so that they felt comfortable and reassured.

People we spoke with said that regular activities were not planned by the service, but they did have seasonal activities which they enjoyed. When we spoke with the manager about this, they told us that many people did not want to participate in activities within the home, but preferred to pursue individual interests outside of the home or to visit their friends and families. On the day of the inspection, we saw a group of people participating in activities supported by a member of staff so that people were engaged in and motivated to maintain their social interests and wellbeing. One person said, "I do go out with the staff to the local shops for a short period which I enjoy." Another person said, "My relatives visit me regularly which I like." A third person said, "I visit my friend who lives in another care home and I have families whom I go to see every now and again."

A copy of the complaints procedure was available to people. People said they had not made any complaints, but if they had any concerns they would tell the staff or speak with the manager. One person said, "I have never had to make a complaint." Another person said, "If I have got complaints, I will tell them." Some people told us that they would rather discuss any concerns they had with the staff or the manager, but felt that they did not want to make a fuss. However, one person said they would ask their relatives to make a complaint on their behalf if necessary. The complaints records showed that there had been no complaints received over the last 12 months. The manager said that concerns rarely reached the formal complaints process because they dealt immediately with any issues that people raised with them on a daily basis.

Is the service well-led?

Our findings

At our last inspection on 10 July 2014, due to a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, we gave the provider a warning because leadership was poor and the provider had failed to make improvements as required. The provider had failed to maintain on oversight of records kept in the home. People had not been provided with opportunities to pursue their leisure activities and hobbies.

The recruitment process was not robust and staff had not been provided with the required support and training for their roles. Although the provider had taken steps to make improvements in most areas, however, during this inspection, we found that staff had continued to write in the night logs and daily care diaries ahead of the care being delivered. We looked at the daily diaries for six people and found their night reports had been completed at 06:30am. These stated 'breakfast was given at 07:30am.' For another person, it stated that they were sleeping at 07:30am and the others were woken to have their breakfast. Therefore, the records did not accurately reflect the care that had been provided to people. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Regular audits of care plans, infection control, medication and the safety of the premises had been carried. We looked at the most recent audits and found there were no outstanding issues that were required to be addressed. The provider had also appointed an acting manager to take over the day to day management of the home and drive the improvements forward. They said that this arrangement would enable them to focus on their role as the provider.

We spoke with the newly appointed acting manager who demonstrated knowledge and experience in their role. They had identified areas of priority for improvement which

reflected those found during our inspection. They had also commenced the recruitment of a senior staff whose role would be to support them in the day to day management of the home.

The staff we spoke with said that there was a culture of openness and that they were able to raise any concerns they had with the manager. There had been a staff meeting held recently and the topics discussed included issues relating to people's welfare, their general wellbeing and the day to day running of the home. They said they felt that the home was well led and that the registered manager was supportive and helpful.

There were systems in place to seek the views of people about the quality of service. People we spoke with said that they knew who the manager was and confirmed that they talked to them on a daily basis. They said that the registered manager was approachable and listened to them. One person said, "The manager is very good." Another person said, "The manager sorts things out if there is a problem. I talk to the manager, usually what I want for breakfast." The registered manager said that they did not hold a 'residents meeting' because they saw people on a daily basis and any concerns raised would be dealt with on the day. They said that they sought the views of relatives in an informal way during their visits and any concerns raised would be discussed and addressed.

A questionnaire survey had been carried out in July 2014. The feedback was positive. People had expressed their satisfaction with the care they received, the food and their rooms. One person had commented that they would like more activities in the home such as 'bingo'. Another person had stated that they would like to be independent as much as they can and that they were quite happy with their walks. We found that the issues raised in the survey had been addressed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records People were not protected against the risk of unsafe or inappropriate care because accurate records about the delivery of care had not been kept. Regulation 20 (1) (a).