

Meridian Healthcare Limited

Fazakerley House

Residential 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 ●

Summary of findings

Overall summary

About the service

Fazakerley House accommodates up to 45 people across two separate wings, each of which has separate adapted facilities. There were 38 people using the service at the time of the inspection.

People's experience of using this service and what we found

At our previous inspection in July 2018 the service was in breach of Regulations. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulations.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

Medicines were now safely managed. Medication rooms were now kept locked when unattended by staff and medicines were now dispensed and administered to people at the right time. People told us they received their medicines on time.

The environment and mobility equipment were now safe and clean. More regular checks were now carried out on both the inside and outside of the environment and mobility equipment and any risk identified was acted upon promptly.

Care was now planned based on people's needs and choices with clear outcomes recorded. Records in place to monitor aspects of people's care and support were now completed as required to reflect people's needs and the care provided. Records which contained personal information about people was now stored away when not in use and accessible to staff on a need to know basis.

The providers systems for monitoring the quality and safety of the service were now carried out at the required intervals and more effective in identifying and actioning areas for improvement.

Safe recruitment processes were followed for selecting staff and there was the right amount of suitably skilled and qualified staff to safely meet people's needs. People felt safe living at the service. Staff understood their responsibilities for safeguarding people from the risk of abuse and for reporting any health and safety concerns. Accidents and incidents were reviewed, and lessons were learnt to help reduce further occurrences.

Staff received the support and training they needed for their role. Staff received regular support from their line manager and they attended regular staff meetings. Staff told us they felt well supported, valued and listened to. People received the support they needed to meet their dietary and healthcare needs.

People's care and support needs were planned in a personalised way. People had developed good relationships with staff who understood their individual preferences and care needs. Adaptations and

signage were in place to assist people with their mobility and orientation. Plans were in place to replace carpets with more suitable flooring in corridors on the ground floor.

People and family members told us that staff treated them well and were respectful, kind and caring. People were involved in making decisions about their care and they felt listened to.

The service promoted a positive culture that was person-centred. The registered manager was described by people, family members and staff as approachable and supportive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published July 2018). The service has improved to good.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Fazakerley House Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

About the service and service type

Fazakerley House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Inspection team

The inspection was undertaken by an adult social care 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with nine people who use the service and six family members about their experience of the care provided. We spoke with four care staff, three ancillary staff, the registered manager and the area director for the service.

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 reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to manage medicines safely, identify and mitigate risk and ensure the safety of the environment.

These were breaches of Regulations 12 (Safe care and treatment) and Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breaches of Regulations 12 and 15.

Using medicines safely

- Medicines were now safely stored and administered. The medication room was kept locked when unattended by staff and medicines were dispensed and administered to people at the right time. People told us they got their medicines on time. One person told us; "Always on time" and a family member told us that their relatives' medication is well managed and given correctly.
- Regular medication audits were undertaken to make sure that people's medicines were being managed safely.
- Staff with responsibilities for administering medicines were trained to carry out the task and they underwent regular checks on their competency.
- Medication administration records (MARs) were in place for each person and contained details of their prescribed medicines and instructions for use. MARs were signed after people had taken their medicines.

Assessing risk, safety monitoring and management;

- Risks associated with the environment and equipment were now identified and control measures were in place to mitigate risks to people and others.
- Daily checks were now carried out on the environment and mobility equipment to make sure it was safe and free from any hazards.
- Safety checks were carried out by a suitably qualified person at the required intervals on utilities, equipment and systems used at the service.
- Staff had completed training in topics of health and safety and understood their responsibilities for keeping themselves and others safe.
- A personal emergency evacuation plan (PEEP) for each person and a business continuity plan were in place. The plans were reviewed regularly and updated as required.
- People felt safe living at the service, their comments included; "Feel safe and secure" and "definitely safe."

Preventing and controlling infection

- The environment and mobility equipment were now kept clean and hygienic. More robust cleaning schedules were in place and being followed to minimise the risk of the spread of infection.
- Staff followed good practice guidelines when using personal protective equipment (PPE) and, disposing of waste.
- People and family members told us they thought the service was kept clean and hygienic. Their comments included; "Always kept clean" and "Very clean."

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded in line with the providers procedures and actions had been taken following each accident or incident.
- All incidents were reviewed to look for any patterns or trends and assess whether future incidents could be prevented.

Staffing and recruitment

- People needs were safely met by the right amount of staff with the right qualifications and skills. Comments received from people and family members included; "No complaints whatsoever (about staffing) and "When I come, always been plenty of staff."
- Staffing levels were calculated based on occupancy levels and people's needs. There were the right number of staff on duty.
- Safe recruitment processes were followed. A series of pre-employment checks were carried out on applicants to check their suitability for the job.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding and whistleblowing policies were in place and staff had received safeguarding training.
- Staff knew the different types and indicators of abuse and were confident about reporting any concerns they had.
- Referrals had been made to the local safeguarding team when required and the registered manager and staff worked with the team to safeguard people from further risk of abuse.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, and choices were assessed to make sure they could be effectively met at the service.
- People's care and support needs were planned based on the outcomes of assessment's carried out by the service and those obtained from external health and social care professionals.
- Care plans now clearly set out people's needs, intended outcomes and how they were to be met. Advice and guidance from other professionals were included in care plans.
- Monitoring charts were in place and now used effectively to monitor and evaluate aspects of people's care.

Staff support: induction, training, skills and experience

- Staff received the support and training they need for their job role and to meet people's needs.
- Staff had completed or where scheduled to complete the training required of them and they had received regular support through one to one supervisions and group meetings.
- Staff competency was assessed through regular knowledge checks and observations of their practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs were assessed and planned for using a nationally recognised tool.
- Care plans included guidance obtained from dieticians and speech and language therapists (SALT) and staff followed this.
- Staff knew people's dietary needs, likes and dislikes and they supported them well. They provided people with the necessary assistance, encouragement and prompting to eat and drink.
- People were complementary about the food. Their comments included; "The food is nice," "Good choice" and "Won't let you go hungry."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when needed. Information about people was shared when needed with other healthcare services such as hospitals, GPs and specialist nursing teams.
- Care records included details of healthcare professionals involved in people's care and a record was maintained of appointments and outcomes.
- Staff made prompt referrals to other healthcare services were this was needed.
- People told us they received good healthcare. Their comments included; "They get a doctor if I need one"

and "They [staff] know if I'm unwell and sort it."

Adapting service, design, decoration to meet people's needs

- Carpets along corridors on the ground floor were heavily stained in parts. Whilst the carpets were regularly cleaned they became dirty quickly due to the high use of these areas. The registered manager confirmed that plans were in place to replace the carpets with alternative flooring which could be mopped.
- There were adaptations and clear signage throughout the service to support people with their mobility and orientation.
- In addition to two main lounges and dining rooms there were several other communal spaces where people could spend their time.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff had completed MCA training and they understood the need to obtain people's consent to care and treatment.
- People's mental capacity was assessed and where people lacked the capacity to make their own decisions, they were made in the person's best interest in line with the law and guidance.
- Where people were deprived of their liberty, the provider worked with the local authority to seek authorisation for this to ensure any restrictions were lawful.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Outside spaces were now kept clean making them more attractive and dignified for people to use and equipment people needed to help with their mobility was now kept clean.
- Records containing personal information about people were now stored away when not in use and only accessible to staff on a need to know basis. Discussions with and about people were carried out in private.
- People and family members told us that staff treated them with dignity and respect. Their comments included; "They [staff] are all so polite and respectful towards me" and "Just the way they talk to you,"
- Staff knocked on doors before entering bedrooms and bathrooms and waited to be invited in and people told us this was usual. One person told us; "The staff know I like to spend time alone in private and they are respectful of this." A family member told us they could meet with their relative in private if they wished.
- People expressed their preferred gender of carer and this was respected.
- Staff encouraged and promoted people's independence. One person told us, "I like having my independence and staff know how important this is to me. I do as much as I can for myself and the staff will help I need them."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and be involved in making decisions about their care along with relevant others such as family members. This was done through regular care reviews, surveys and residents and relatives' meetings.
- People told us they freely expressed their views and were involved in decisions about their care. Their comments included; "I have my say alright and they listen" and "I'm involved in everything."
- People were provided with Information about advocacy services should they need to access this type of support. We met with an advocate who had been appointed to support a person with their decision making.

Ensuring people are well treated and supported; respecting equality and diversity

- People and family members told us staff treated them well. Their comments included; "They [staff] treat me very well indeed. They are very good and "They are all very kind and caring."
- Staff knew people well and used their knowledge to engage people in activities and discussions of interest. One person told us; "Staff will have a laugh with you."
- People were supported to follow their religious beliefs.
- Staff comforted people during periods of upset and they regularly checked on people's wellbeing.
- Visitors to the service were greeted by staff and offered refreshments.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People now received more opportunities to take part activities to meet their needs.
- A member of staff was now employed to organise and facilitate activities and events for people around their interests and hobbies. They offered people a variety of group and one to one activities.
- People told us they enjoyed the activities on offer. Their comments included; "Activities are good" and "There's plenty to do if you fancy joining in." One person did however tell us that they would like more outside activities. A family member told us "Seems to be various activities [relative] does like the bingo and the quiz.
- People were supported to follow their beliefs and maintain relationships with those who were important to them. One person told us they felt that the staff respected their values and beliefs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was planned in a personalised way. Care plans detailed people's choice and preference, likes and dislikes and things of importance.
- People were empowered to make choices and have as much control and independence as possible. People told us they received the right care and support to meet their needs. Their comments included; "They [staff] do everything they need to for me" and "Nothing is too much trouble."
- People and where appropriate relevant others such as family members were involved in the development and reviewing of care plans. Reviews were regular and care plans were updated to reflect any changes in people's needs or at the persons request.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the Accessible Information Standard and they supported people with a sensory impairment to have access to information including their care plans. This included providing information in different formats to meet people's needs.

Improving care quality in response to complaints or concerns.

- Information about how to complain was made available to people and others.

- A record of complaints received by the service was maintained. Complaints were acknowledged and dealt with in a timely way and used as an opportunity to improve the quality of the service.
- People and family members told us they had no reason to complain but if they did they would with confidence. Their comments included; "No complaints, would tell them [staff] if I did" and "Never had cause to report any concerns, confident that the manger would sort any concerns out."

End of life care and support

- People were supported to make decisions about their preferences for end of life care, and family members were involved where this was appropriate.
- No person was receiving end of their life care at the time of our inspection. However, staff had completed training in end of life care and understood the importance of ensuring people were supported to experience a comfortable, dignified and pain free death.
- The appropriate documentation was in place for people where they had expressed a wish to not be resuscitated.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection the provider had failed to operate effective systems to assess, monitor and improve the quality of service that people received.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care

- Risks to people and others were now promptly identified and mitigated. Checks were now carried out in line with the providers quality monitoring systems and areas for improvement were identified in a timely way and acted upon to improve the quality and safety of the service.
- A new manager was appointed after the last inspection and they are registered with the Care Quality Commission (CQC). The registered manager and staff had a clear understanding of their roles and responsibilities and regulatory requirements.
- The registered manager kept up to date with their learning and development. They attended organisational managers meetings and took part in local meetings and groups facilitated by other agencies.
- The registered manager had good oversight of the service. They carried out daily walk rounds during which time they held discussions with people and observed staff practice.
- The registered manager notified the CQC of incidents as required by law.
- Managers within the organisation with responsibilities for checking on specific areas of the service visited regularly to support the registered manager in their role and service development.
- The ratings from the last inspection were clearly displayed at the service and on the providers website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, family members and staff told us that the registered manager was supportive and approachable and promoted a positive culture which was person centred. They felt empowered to raise any concerns and were confident that they would be listened to and that action would be taken to improve things.
- Staff told us they enjoyed their job and the morale amongst the staff team had improved and was good.
- The registered manager operated an open-door policy and they encouraged feedback from everyone. A member of staff told us; "I feel at ease talking to [registered manager] about anything to do with work or personal matters." A Family member told us; "Always got time for you, nothing is too much trouble."
- There were processes in place to obtain people's views about the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- Managers at all levels understood their legal responsibility to be open and honest with people.
- There were good lines of communication with relevant others such as family members following any accidents or incidents or following a changes in a people's needs.
- Accidents, incidents and complaints were reviewed and where appropriate reported to the relevant agency and action was taken to minimise the risk of further occurrences.

Working in partnership with others

- The service worked in partnership with representatives from key organisations. These included commissioners of the service, safeguarding teams and external health and social care professionals.
- The service also worked in partnership with family members and others, people had appointed to represent them.