Christadelphian Care Homes

Fair Haven

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

Fair Haven 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.

Fair Haven is registered to accommodate up to 30 people. At the time of our inspection 20 older people were living in the home in one purpose built building in a residential area of Bournemouth.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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At this inspection we found the service remained Good.

People were supported by staff who consistently understood the risks they faced and the support they needed to reduce these risks. Staff understood how to identify and report abuse and told us that people always came first. Staff supported people to take their medicines as prescribed.

People liked the majority of the food and there were systems in place to ensure they ate and drank safely. Information about which people needed their food fortified was not available to all staff cooking meals. This had not led to people losing weight and was addressed during our inspection.

People were supported by caring and dedicated staff. Although some training had fallen out of date people told us the staff were good at what they did. Training dates had been booked to address this. Staff knew people well and were able to describe the care and support they needed. People had access to a range of activities, both within the home and the local community, that they enjoyed.

Communication needs were considered and staff supported people to understand the choices available to them. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. Where people needed to be deprived of their liberty to receive care this had been identified and responded to appropriately.

People felt they could raise any concerns and these were addressed quickly. They told us that the manager and the whole staff team were kind and approachable.

Quality assurance systems reflected the needs of the service and involved people. These systems had been effective in the ongoing development of the service.

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 remained Good.	**Good**
Is the service effective? The service had improved to Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Fair Haven

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. At the time of our inspection we were aware of a fall following which a person living at Fair Haven died. This incident is potentially subject to further CQC action and as a result this inspection did not examine the circumstances of the incident. We did, however, review risk management related to falls.

This unannounced inspection took place on the 11 August 2018 and we made calls to professionals up until 16 August 2018.The inspection team was made up of 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. Before the inspection we reviewed information we held about the service. This included notifications the service had sent us and information received from other parties. The provider had submitted a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with six people. We spoke with eight members of staff, the registered manager and two volunteers, one of whom also worked as a relief worker in the home. We also met a trustee of the provider organisation. We gathered information from social care commissioners and a health professional who had worked with the service. We also looked at four people's care records, and reviewed records relating to the running of the service. This included three staff records, quality monitoring audits and accident and incident records. We asked for further information about training to be provided to us by 14 August 2018. This information was supplied.

Good

Is the service safe?

Our findings

People felt safe. One person told us: "I do feel safe here." Another person told us: "I do feel very safe here." People were supported by staff who understood the risks they faced and knew the measures that helped reduce these risks. When the risks people faced changed, staff and managers sought appropriate input to assist them to provide safe care. For example, one person had received input from district nurses about maintaining their skin integrity and staff understood how best to support them.

Staff worked with people to monitor and assess risk. Their views were taken into account and they were supported to make these decisions by staff who respected their rights and promoted their autonomy. For example, one person liked to spend a substantial amount of time resting on their own. Staff understood the social isolation risks this posed and ensured that they spent time with the person on their terms. Where people were at risk of falling, staff understood the specific risks they faced and knew how to reduce these risks.

Staff understood their role and responsibilities to protect people from abuse. They were able to explain signs that may indicate someone had been harmed and to explain what they would do to make them safe. They knew how they would go about reporting any concerns. One incident had not been highlighted to statutory agencies. The registered manger described what they ahd done to check the person was safe and introduced systems that would ensure other agencies were alerted of any allegations.

People were cared for by, safely recruited, staff when they needed it. People told us that staff helped them when they needed help and we observed that this was the case throughout our visit. Staff sat with people chatting and playing games when they were not busy supporting people. One person told us: "I do not feel at all rushed. Staff have time for me."

Staff understood the importance of infection control. They wore protective clothing appropriately and and maintained a clean and safe environment. One person told us, "All is kept clean here: the equipment, the communal rooms and the bedrooms." The Environment agency had inspected the home in July 2017 and given it the highest rating; meaning it fully met standards of hygiene and cleanliness.

There were systems in place to ensure that medicines were stored and administered safely. Temperatures had not been recorded where medicines were stored in a trolley, however, we were reassured that this area was cool and would not exceed 25 degrees Celsius. Staff were confident about the support people needed with creams and understood the risks associated with different medicines such as blood thinners and insulin. People were offered pain relief regularly and we saw that where people needed changes in their medicines this was addressed with their GPs.

There was an open approach to learning when things went wrong. All incidents and accidents were monitored and a record kept of learning shared to reduce the risk of reoccurrence. Learning had also been shared across the provider organisation.

Good

Is the service effective?

Our findings

People's care needs were assessed prior to moving into the home. Assessments and care plans covered people's required needs; such as, washing and dressing, sleeping, eating and drinking, mobility, communication, health and medical care, medication, mental health, spiritual wellbeing and social needs.

We discussed how people's rights were protected in line with the Equality Act with the registered manager. The registered manager discussed the importance of Christadelphian faith in determining the life people lived in the home. They also gave examples demonstrating awareness and compliance with this legislation.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS had been applied for appropriately. There were systems in place to ensure that any conditions to DoLS were met.

The majority of people living at Fair Haven were able to consent to their day to day care and support and staff explained how they checked people's wishes and choices.. People told us they made decisions about how they spent their time. They told us staff always asked them what they wanted. One person said: "The staff do seek my consent before doing anything for me." People were encouraged to make as many decisions as possible and care plans were linked to Mental Capacity Act 2005 (MCA) assessments and best interests decisions when it was indicated that the person may not have the capacity for a specific decision. When people had Power of Attorneys in place these were recorded clearly and their consent sought appropriately.

People were supported by staff who understood their needs and could describe these confidently. They had received training to ensure they could provide this support safely. People told us this training was effective. One person told us: "I think the staff are trained to the correct level for this home." Some training had become overdue and this had been identified prior to our inspection. Dates had been booked to remedy this and a system put in place to provide robust oversight. When appropriate, new staff could be supported to undertake the care certificate. This is a national training programme to ensure staff who are new to care have a positive induction. This had not been needed at Fair Haven.

Staff told us the support they received both day to day and through supervisions and appraisals gave them the confidence and skills they needed to provide good care. One member of staff told us: "I am very supported" another commented on their access to training saying: "The training here is very good." All staff commented on the strength of a staff team that worked well together.

People were supported to maintain their health. People told us that people received support from their local GP and records indicated regular input from district nurses. We spoke with a health professional who told us they were confident with the care people received and that the staff communicated with their team effectively. People had access to health professionals and the information necessary to support them to

maintain their health was mostly detailed in their care plans. One person had contractures and this was not reflected in their care plan although staff felt this may have been removed in error on the computerised system. This was addressed and a contractures care plan put in place.

People were supported to eat and drink safely. Mealtimes were a social occasion with staff, managers and visitors sitting with people chatting and providing discreet support if necessary. Most people chose to eat sitting with friends in the dining room, however. they could choose to eat in their bedrooms. People had varying opinions of the food. Feedback about the food was gathered and this information had led to a total review of the food available. This work was ongoing and people's views were being taken into account in the planning of these changes.

People were supported to have enough to eat and drink and there were systems in place to ensure this. When people lost weight, this was noted and led to increased monitoring, fortification of food and the offering of more snacks or referral to health care professionals. We noted that information on fortification was not available to all the cooks. This had not led to any weight loss and was rectified during our inspection.

There were on going plans to improve the environment with possibilities to develop the building being explored. People benefited from a number of communal areas and information points throughout the home. For example, photos reflecting recent events and residents meeting minutes were available as were menus and activities information.

Good

Is the service caring?

Our findings

People were supported by staff who knew them well and cared about them individually and as a group. They all described the importance of spending time with people and explained how much they enjoyed this. One member of staff described the person centred focus saying: "We are working hard and the residents are in the centre. They are like family and friends. We care for them." Another said: This is a happy home. We like to build relationships with residents. We like to spend time with the people. If you like and love them. It becomes easy to do things for them. It feels like helping family."

People universally commented positively on the staff making comments such as: "All the staff are very respectful to me and the other residents. People mostly came from the Christadelphian Church Community and some had known each other for a long time. People were supported in their relationships, both old and new, with each other and we saw that people expressed concern for others and spoke with respect for each other.

Staff knew people well and their conversations reflected familiarity and fun where this was appropriate. We heard a lot of laughter during our visit to the home. Relationships were also supported through the role of the welfare team. These volunteers from the church visited three or four people each in the home. These visits were at least weekly and provided regular time to chat, go out or undertake things the person wanted. Welfare team volunteers were dedicated to their role and valued their functions as friends and advocates. People clearly appreciated their visits.

Care plans focussed on people's strengths and how they could remain in charge of their lives and dignity was referred to in all aspects of care provision. This ensured that dignity was promoted at all times. Staff were committed to promoting respect and described how they encouraged people to maintain their skills and control over their lives. Care plans described communication needs and staff used this information to help people to make as many decisions as possible.

Good

Is the service responsive?

Our findings

People told us they received care that reflected their needs and preferences. They were supported to live their lives in ways that reflected their own wishes. For example, one person described how the staff encouraged their passion for photography and ensured they had the equipment and resources they needed. People chose to spend parts of the day together engaged in activity or chatting. Staff joined them; supporting activities such as cards and scrabble when larger organised activities were not available. There was a strong sense of community amongst people and staff. One person commented: "The staff get on well with each other and us. There is a good atmosphere here."

Care needs were reviewed regularly and people were satisfied that their needs were being met. One person told us: "The staff are great here. I am very impressed with how they work and look after us here."

Staff described the importance of an individual approach for all the people they supported. One member of staff described how they always put people in the centre of everything they did. As a result, people spent their time doing things that were meaningful to them. They made decisions about group activities and events held by the whole home at regular resident meetings. Activities were provided every day of the week and the Christadelphian faith was reflected throughout the weekly events.

Staff understood how people communicated and this information was recorded and shared in order to ensure they could communicate meaningfully. Where people found words difficult staff understood how they communicated with gestures and body language. When people struggled to communicate their needs due to health issues staff described the ways they tried to understand through testing out what they thought the person wanted and monitoring the response carefully. This detail was shared amongst staff at handovers enabling them to work as a team to communicate with people and so ensure their needs were met whenever possible.

There had not been any complaints made at the service but people told us that any concerns they had were listened to and actions taken. One person said: "I would talk to a staff member or my welfare contact." There was a complaints policy in place, should anyone wish to make a complaint.

The staff were passionate about ensuring people experienced the best care possible at the end of their lives and that they could remain in the home if this was their wish. Systems were in place to ensure that appropriate medicine was available and there was adequate staffing to ensure people had the care and company they wanted. No one was receiving this care at the time of our visit. Work had been started to ensure people and relatives understood the options available to them in terms of end of life decision making. A health professional commented that the service had been "really good" with end of life care.

Good

Is the service well-led?

Our findings

The service was part of group of homes run by a Christadelphian charity and this was reflected in the home's ethos of care. People appreciated the community feel to the home. A trustee visited the home regularly to represent the provider and maintain the link between the home and churches within the local community. They described the importance of a strong and stable staff team and told us they were proud of the team working at Fair Haven. People and staff were familiar with them and were at ease when talking with them.

Staff were all clear about their responsibilities and understood who they could seek guidance from. The registered manager joined the home after a temporary manager had taken on the role in 2017. 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. Senior care staff worked alongside the registered manager in overseeing the home. They were all committed to the values of the organisation and appreciated the strong commitment throughout the organisation to put people first. One member of staff reflected this saying: "I am proud of the ethos, and of the love that is in the building between residents and staff. The caring shows. The values come through and the residents are put first. Staff are also considered. We are all here to work and give quality of life. You can feel that." Staff were all proud of their work and told us that they worked hard They made comments like: "We cherish our team" and "We love it here. They are our family." They all felt part of a strong team and made observations about the support they felt within the team.

People told us they thought the home was well run. One person said: I think the home is well managed, it runs very well." They told us they were listened to through a number of channels. One person told us: "There are regular residents meetings to express our views." These meetings were supported by the registered manager and members of the welfare team alternately. This promoted people's confidence to speak up about any areas they wanted improved. Where issues had been raised such as an observation about privacy not being respected this was addressed quickly.

Quality assurance processes were in place and being developed to meet the needs of the home. For example, a new process had been instigated to ensure that accidents and incidents were reviewed and trends identified to reduce the risk of reoccurrence. This had led to people being offered the use of bed rails to reduce falls. An audit undertaken just prior to our inspection had identified some health and safety issues that needed addressing. An action plan had been developed in response to this and a number of tasks had already been achieved when we visited.

The provider and registered manager understood their legal responsibilities and the registered persons had ensured relevant legal requirements, including registration and safety related obligations had been complied with.