Care for your Life (Fair Haven) Limited

Fair Haven Care Home

Inspection report

102 Station Road
Soham
Ely
Cambridgeshire
CB7 5DZ

Tel: 01353720916
Website: www.fairhavencarehome.com

Date of inspection visit:
01 December 2016
02 December 2016

Date of publication:
16 January 2017

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 registered to provide accommodation for up to 30 people who require personal care. The service does not provide nursing care. The service provides support for older people, some of whom are living with dementia. Twenty seven people were living at the service on the day of our inspection.

We inspected this service on 01 and 02 December 2016. The inspection was unannounced.

There was a registered manager in post. 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.

Systems were in place to manage risks to people using the service. Both the registered provider and registered manager had a positive attitude towards managing risk and keeping people safe. Detailed risk assessments were in place which gave staff clear direction as to what action to take to minimise risk. These included safeguarding matters, behaviours that were challenging to others and medication. Risks were assessed in a consistent and positive way and protected people's dignity, rights and independence.

Staff understood and adhered to the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults who use the service by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who consider whether the restriction is appropriate and needed. The registered manager had made an appropriate DoLS application to the local authority to ensure that restrictions on a person's ability to leave the service unaccompanied were lawful. Advocacy support had been provided where necessary.

There was a sufficient number of staff on duty to meet people's needs and to keep them safe. The provider's recruitment and selection process ensured staff recruited had the right skills and experience. Regular police checks were carried out to ensure staff were suitable to work with people who used the service. Staff received a thorough induction when they started work and had access to an ongoing programme of training which gave them the skills, knowledge and confidence to carry out their role.

Staff knew the needs of the people they supported well. People were involved in determining the level of support they needed and their independence was promoted. Staff offered people choices and these were respected. People were supported to carry on with their usual routines, their hobbies and accessing places of interest in the community. People were provided with sufficient food and drink of their choice to stay healthy and were encouraged to maintain a balanced diet. People were supported to manage their health and had access to health care professionals, when they needed them.

There was a strong emphasis on promoting good practice in the service. Staff were clear about the registered providers vision and values in relation to delivering a service with 'Pride and Dignity'. The

registered provider had also signed up to the Social Care Commitment to provide people who needed care and support with high quality services. Staff received the training and support they needed to provide high quality compassionate care. A staff recognition of achievement scheme was in place that recognised where staff had gone above and beyond their role to benefit the people who used the service.

The provider had a range of systems in place to assess, monitor and further develop the quality of the service. This included quality monitoring visits of the service and monitoring of incidents, accidents, safeguarding concerns and complaints.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Systems were in place to manage risk, including protecting people from harm. Staff understood how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough staff to provide the care people needed, at the time they needed it.

Effective systems were in place to provide people with their medicines when they needed them and in a safe manner.

Is the service effective?

Good

The service was effective.

People's capacity to make decisions about their care and treatment was assessed. Where people were deprived of their liberty for their own safety, this was done lawfully.

Staff had been provided with training and support that gave them the skills and knowledge to ensure people's needs were being met.

People were provided with enough to eat and drink to maintain a balanced diet. People were supported to manage their health.

Is the service caring?

Good

The service was caring.

Staff provided compassionate care and respected people's privacy and dignity.

Staff had developed positive relationships with people who used the service.

People were supported to express their views and make decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure that their social needs were met.

There was a complaints system in place. Complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well led

Staff were clear about the vision and values of the service and the pledge to continually strive to deliver a high quality service.

The provider had systems in place to assess and monitor the quality of the service and these were effective.

People, their relatives and staff were asked for their views about the service and these were listened to and acted upon.

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 inspection took place on 01 and 02 December 2016 and was unannounced.

The inspection was carried out by one inspector, an inspection manager 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. Their area of expertise was as a family carer and older people who use services.

We reviewed previous inspection reports and looked at other information we held about the service including notifications. Notifications are information on important events that happen in the service that the provider is required to notify us about by law.

We spoke with five people using the service and four relatives to find out what they thought about the service provided at Fair Haven Care Home.

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 looked at records in relation to three peoples care. We spoke with the registered provider, registered manager, deputy manager, senior carer and one of the care staff. We looked at records relating to the management of risk, minutes of residents, relatives and staff meetings, staff recruitment and training and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People using the service told us they felt safe living at Fair Haven Care Home. Comments included, "I feel safe because the building is secure and because of the general atmosphere of the place" and "I feel safe because there is always a lot of people around".

Information about keeping safe and who to report concerns to were displayed on notice boards around the service. People and their relatives confirmed they were aware of the safeguarding adult's procedures and who to contact if they had any concerns. People understood ways in which they could be exposed to the risk of harm or abuse, but told us, "It's never happened". Relatives spoken with told us they had never seen or heard a member of staff treating or talking to people using the service inappropriately. One relative told us, "My [family member] is very safe here; I have no concerns at all about their safety." Another commented, "Oh yes, my [family member] is safe because of all the precautions the staff take to keep them free from harm."

One member of staff had been appointed as the safeguarding lead and took an active role in supporting staff to work in line with the right policy and procedures. Staff spoken with had a good understanding of the safeguarding and whistle blowing policies and their responsibilities to report allegations of abuse and poor care. They confirmed they had received updated safeguarding training, including question and answer sessions with the safeguarding lead to test their understanding. Staff knew the procedures to follow if a person who used the service raised issues of concern or if they witnessed or had an allegation of abuse reported to them. The registered manager told us, and our records confirmed two safeguarding concerns had been raised and investigated in the last 12 months. The registered manager was clear about their responsibility to report safeguarding incidents to the local authority to ensure the safety and welfare of the people involved.

The registered provider and registered manager had a proactive approach to managing risk. Environmental risk assessments, fire safety records and routine safety checks of utilities, such as gas and electricity were in place to support people's safety. A business contingency plan was in place to respond to emergency situations, including, but not limited to electricity, gas and water supply failure and re housing people in the event of these situations occurring. The plan had clear guidance for staff on the actions they should take in the event of an emergency, for example who to contact, keeping relatives informed and, where required, relocating people to alternative accommodation. Risks to people's health and welfare had also been individually assessed. For example, one persons moving and handling risk assessment showed their ability to mobilise varied from day to day. Staff were guided to make an assessment of the person's ability to stand prior to each transfer. We observed two staff supporting this person to move from their wheelchair to a chair in the dining room. Before using a stand aid to enable the person to transfer, staff made an assessment of their ability to complete the transfer. Staff told us they had received training on how to assess the risks to people whilst delivering their care to ensure their safety and promote independence.

People told us there were enough staff available when they needed them. One person said, "Even if they're very busy they say I'll be there in a minute, and they are". Other comments included, "There's enough [staff] to help me when I need them" and "There's always a member of staff available when I need help". We

observed call bells were within easy reach in people's rooms and that staff responded promptly. One person told us, "If I pull my cord they come almost straight away." Another person commented, "There's always enough staff to help me get up and to go to bed. I just call them when I'm ready." Relatives visiting the service told us there were enough staff. One relative commented, "Whenever I visit there always appears to be enough staff, and they are all very jolly."

The registered manager told us the number of staff on duty was calculated to meet the assessed needs of the people using the service. They said these numbers were kept under review and increased according to changes in people's needs. This was confirmed in discussion with two care staff on duty during the inspection. One member of staff said an additional member of staff had been rostered at night to sit with a person whose behaviour had changed and needed additional support. Both care staff confirmed staffing levels were sufficient to provide the care people needed, at the time they needed it.

Information contained in staff files confirmed a rigorous recruitment and selection process was in place to protect people using the service. This included a recruitment and retention policy which ensured all staff were subject to a police check before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and help employers to make safer recruitment decisions and prevents unsuitable staff being employed. Both care staff spoken with confirmed that all relevant checks, including a DBS and appropriate references, had been obtained prior to them commencing work. One member of staff told us two people using the service had been involved in asking questions at their interview which enabled them to have a say on who worked at the service. This process had enabled the registered manager to observe the prospective employees interaction with people which helped to form a view of their suitability for the role. This ensured staff recruited had the right skills and were suitable to work with people who used the service.

People told us they were happy with the way staff managed and administered their medicines. We observed medicines being administered to people during lunch time. The senior member of staff had a good knowledge of the medicines people were prescribed. All medicines were observed to be administered appropriately and safely. The senior asked people if they wanted medicines prescribed to be taken as and when needed, such as pain relief and respected their decision. One person commented, "The timing of my medication is regular and they [staff] always make sure that I take them." Another person said, "They [staff] are usually on time and they watch while I take my medication."

Systems were in place that ensured people's medicines were being obtained, stored, administered and disposed of appropriately. Only senior staff administered people's medicines, with the exception of topical medicines, such as creams and ointments. Body maps were in place that guided care staff to show where people's prescribed creams were to be applied. We checked the stock of medicines and medicines administered against people's Medication Administration Record (MAR) charts and found these were accurate. Where medicines had not been administered, the reason for this had been stated on the reverse of the MAR chart. We looked at the controlled drugs register and noted that at the time of this inspection one person was prescribed a controlled drug. The amount of stock tallied with the amount recorded in the controlled drugs register. This meant people were receiving their prescribed medicines when they needed them.

Good

Is the service effective?

Our findings

Relatives spoken with told us they felt staff had the necessary skills to meet their family members needs. One relative said the staff seem quite knowledgeable about what they have to do. Another relative commented, "It's the attitude of the staff that matters and they are all very willing and helpful."

Staff spoken with told us they felt supported in their role and there was a proactive approach to their learning and development. The deputy manager said, "There is a real push on training here, and good support for progressing your career." They told us they had completed a National Vocational Qualification (NVQ) at level three and was now commencing level five, which is an extended Diploma in Management for Health and Social Care designed for managers. The safeguarding lead told us they had attended specific training to develop their knowledge about safeguarding adults, so that they could cascade this to other staff.

Staff confirmed they had completed a range of training from both independent training providers and through Social Care TV. This is a training resource set up by the Social Care Institute of Excellence (SCIE). Training covered all mandatory subjects required in residential care services, such as safeguarding, manual handling and infection control. Staff told us they were provided with additional training that gave them the knowledge to meet people's specific needs. For example, dementia care and recognising and responding to changes in people's behaviours. Staff told us they felt confident the training provided had given them the skills to support people with behaviours that could be challenging when difficult situations had occurred.

New staff were expected to complete the Care Certificate. This training includes a set of standards that social care and health workers must apply in their daily working life. It is the minimum standards that should be covered as part of their induction training as a new care worker. Staff told us they had completed an induction programme when they first started working for the organisation. This had included shadowing an experienced member of staff, which had helped them to get to know the needs of the people they supported and cared for. Staff told us the training and support they had received during their induction had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively.

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.

Staff confirmed they had received training in the Mental Capacity Act 2005 (MCA) and had a good working knowledge of how these principles should be applied to ensure people's human and legal rights were respected. Staff showed us useful cards which they carried in their pockets with an overview of the stages of the MCA. They told us they could refer to these as a reminder when considering people's capacity to make decisions.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We saw that an appropriate DoLS authorisation was in place for one person to lawfully deprive them of their liberty. This authorisation was in place for the persons own safety because they frequently attempted to leave the building and would have been at risk of harm in the community alone.

People told us, and their care records confirmed, that they had access to health care professionals and were supported to manage and maintain their own health. People, their relatives and staff told us that a chiropodist, optician and local doctor made regular visits to the service. Staff told us they would call a doctor if necessary at any time. This was confirmed in discussion with a relative, who told us, "I trust the staff completely; they are very open and honest and keep me informed about my [family member's] health."

People's care records showed that their dietary needs were being assessed, monitored and where required referrals were made to the appropriate health professionals. For example, where a person had been identified as losing weight, this had been discussed with their GP, and arrangements made to monitor the food intake. The weight charts showed their weight was slowly increasing.

We spent time with people in the dining room at lunchtime. it was clear from the chatter and laughter that mealtimes were relaxed and informal. People told us, and we could see for ourselves, that they could choose what to eat from a choice of freshly prepared food. Comments included, "The food is always very good and there's usually a choice" and "The food is lovely and there's a choice and you can always have an omelette or something if there's nothing you like".
One person told us, "The food is very good indeed, good nourishment and good flavour. There's chatter and friendliness from them [staff] when you order [your meal]."

People also told us there was always plenty to drink. They said, "A wonderful amount to drink, whatever you want. We don't have to ask" and "There's a cup of tea at breakfast, mid-morning, mid-afternoon and in the evening." We observed and people told us they had access to fresh fruit when they wanted it. Comments included, "There's a good choice of fruit" and "Fresh fruit is offered every day." Not all visitors stayed through mealtimes but all thought that their relatives had a balanced diet. One relative commented, "The meals always look very good. My [family member] has put on weight since they have been here which is a good thing, as they would not eat when they lived on their own."

Good

Is the service caring?

Our findings

People and their relatives were very complimentary about the staff. One person told us, "They are very good; I get on well with all of them. They are kind and considerate." Other comments included, "They've all been very kind to me since I've been here. It's much better than the home I have just come from" and "There is a genuine caring attitude. The staff concentrate on what people need. They [staff] seem to treat everyone as family. It's like one big family here,"

A core of staff had worked at the service for a long time and knew the needs of the people well. Additionally staff told us each person using the service had a designated key worker. A key worker is a named member of staff who works with the person and acts as a link with their family. One member of staff spoke in detail about the needs of the people they were a key worker for. They had a good knowledge about these peoples histories, current needs, what they could do for themselves, how they communicated and where they needed help and encouragement. The continuity of staff and the key worker arrangements had led to staff developing meaningful relationships with people. This was demonstrated throughout the inspection where we saw examples of compassionate and thoughtful care. One example, was the support provided to a person who was unsettled and repeatedly calling out , "I love you Mum". A member of staff walked up to them and gave them a cuddle, and said, "And we love you." They offered the person a drink and sat and talked with them offering reassurance whilst they had their drink.

On both days of our inspection we saw that there was calm and relaxed atmosphere. People were laughing and smiling and engaged in activities of choice. Staff were attentive to people's needs and spoke with them in a respectful way, ensuring they had access to drinks, fruit and support to use the toilet, as and when they needed. The interaction between staff and people was warm, caring and friendly. Staff were respectful when talking with people, referring to them by their preferred names. Staff spoke discretely about people's personal care needs.

People told us they had been involved in planning and making decisions about their care, treatment and support. For example, we saw evidence in peoples care plans that they were involved in discussions about nearing the end of life and the arrangements after their death. These plans took into account people's wishes, feelings and religious beliefs. Documentation showed that people had been able to express their views and had been actively involved in making decisions about the practical and spiritual arrangements at the end of life. Discussion with a relative confirmed they had been asked for their input to develop their family members care plan. They told us, "I was asked to be involved in discussions about my [Family member's] care needs and we went through all the paperwork for their care plan."

The majority of people using the service had relatives or friends who acted on their behalf when making more complex decisions about medical treatment or their financial affairs. Where people did not have this support or wanted independent support, information was available about local advocacy services. [An advocate is a person who represents and works with a person or group of people who may need support and encouragement to exercise their rights and ensure that their rights are upheld]. Staff were aware of advocacy services and confirmed information was available to people should they choose to use these

services. One of the staff told us where a DoLS had been authorised for one person, an advocate had been appointed to ensure the persons deprivation was lawful, reasonable and in their best interests. This showed us support was available that ensured people's wishes, needs and preferences were respected where they were unable to speak up or make important decisions for themselves.

Staff clearly understood the need to promote people's privacy and dignity. This was confirmed in conversation with people using the service and their relatives. People told us staff respected their rights to have private conversations and talked to them about confidential matters in their own rooms or in a private area within the service. People also said that staff respected their privacy by knocking and waiting to be invited into their rooms. One person told us, "The staff always knock before they come in." Two other people commented that although they kept their doors open, "The staff always knocked before they come in".

Relative's told us their family members were treated with respect and that their privacy and dignity was maintained. Comments included, "Oh yes, there's no doubt about that, I've never seen any evidence that my [Family member] is not treated with respect" and "Yes, they are definitely treated with respect." One relative said, "Everyone is treated with dignity and compassion." Another relative told us, "My [Family member] is always dressed appropriately, colour coordinated, clean and tidy, as it is important to them that they keep up their appearance."

Staff gave examples of how people's dignity and self- respect was promoted. This included encouraging people to their express their opinions and ideas at residents meetings. Staff gave examples of people making choices about meals they wanted to eat and places they wanted to visit and and making sure these were acted on. Where people were unable to communicate verbally staff had tried different methods such as using a white board for written communication. One member of staff told us they had obtained a program from the internet specifically designed to help communicate with people with dementia.

Staff told us people were encouraged to maintain personal relationships and were supported to do this. One person told us, "My [Family member] lives a long way away but I speak to her often by 'phone". The registered manager told us they had recently purchased a small portable computer so that people could have contact over the internet with relatives and friends that did not live close by. People and their relatives confirmed that there were no restrictions on visiting. Comments included, "I just pop in whenever I can" and "I've been here very early in the morning to take my [Family member] out and we've kept them at home until quite late and there's never been a problem".

Good

Is the service responsive?

Our findings

People told us they received the care they needed to meet their individual needs. One person told us, "In the short time I have been here they already seem to know me and know what I like and don't like."

We looked at three people's care plans. Each plan provided in-depth information about the person's needs. Staff were able to clearly describe the content of people's care plans and knew the needs of the people in their care well. Guidance for staff within the plans promoted people's dignity and rights, and protected them and others from potential risks of harm. Staff talked passionately about the people they supported and had a good understanding of their individual personalities and what could cause their behaviours to change. For example, staff told us where they had noticed a change in one person's behaviour, they had kept a chart to see if there was a pattern or specific triggers to when these occurred. We saw this chart had been used to good effect. The chart showed a significant increase in episodes of behaviour's that were challenging to them self and others, at night. A review of their medicines was arranged with their GP, and they were prescribed a different medicine. Staff told us this had reduced the person's level of anxiety, and increased their quality of life day and night.

Staff told us there was a number of ways in which information was shared, so that they were kept up to date about changes in people's needs. For example, daily staff handover sessions ensured any relevant information was handed over to staff coming on to shift. These handovers were documented, including any health issues for staff to refer to. Staff also told us they regularly sat with people they were a key worker to, to review the information in their care plans to ensure the information reflected their current needs.

During the inspection we observed staff supporting people in a way that encouraged them to retain as much independence as possible. For example, we saw two staff supporting a person to transfer from an arm chair to a wheelchair. Staff communicated with the person, explaining what they needed to do to safely transfer using the stand aid. They encouraged them to do as much as they could for themselves, and only provided assistance when they needed it. Once the transfer was over we saw the person lean over and kissed one of the staff and said, "Thank you."

People's views about what was important to them were taken into account. For example, one person told us, "I can't get upstairs on my own and would like to have a downstairs room. I have been promised a room downstairs when a room becomes available." This was confirmed with the registered manager, who said in the meantime staff supported the person to access their room upstairs when they wanted to.

People told us there was always something to do and that they could take part in a wide range of activities. These ranged from listening to classical music, taking part in a quiz, a fashion show where they could purchase items of clothing to ice skating. Regular religious services were held in the home, including Holy Communion evening service. People told us they particularly enjoyed services to celebrate Christmas, Easter and harvest festival. One person told us, "I never get bored. I knit squares for blankets, do word puzzles, go to bingo in the lounge and go on outside visits in the 'bus." Another person told us, "I knit squares for blankets and do a bit of tapestry. I visit a local day centre twice a week and have a meal there. I keep in

touch with my old neighbours in the town and do a bit of shopping for the other residents." People told us if they did not want to take part in activities, their decision was respected. One person said, "I am happy listening to my music, I don't want to join in any activities."

The service had good links with the community. The service had their own transport and made regular visits to a day centre, local shops, garden centres, cafes and other places of interest. One relative told us, "My [Family member] has recently moved into the home, they are so happy here, which makes me really happy for them. They got to go out to a local supermarket, this was the first time they have gone out in a long time, and they really enjoyed it."

People using the service told us they were aware of the complaints procedure. They said they had never had to make a complaint, but would not hesitate to do so should the need arise. One person told us, "If I was concerned about any aspect of my care I would speak with the registered manager." Other comments included, "The manager and my [family member] both live locally, and all I have to do is call them if I have any concerns" and "If I had to complain I would ask the manager if I could come into her office and have a talk". All said they felt quite sure that their complaints would be listened to.

Relatives told us they could raise any concerns with the registered manager or the senior carer on duty and that their concerns were taken seriously. One relative commented, "Yes, they do take my concerns seriously and they keep me informed about my [Family member]."

Staff confirmed they were aware of the organisations complaints policy and knew the process to respond to any complaints made. One member of staff commented, "Often by just listening to people helps to deal with concerns more than anything else." The registered manager told us any complaints and outcomes following investigation were discussed at staff supervision and shared at team meetings to learn from things that had not worked as well as expected.

Good

Is the service well-led?

Our findings

People, their relatives and staff spoke of an " open culture" in the service. People told us the registered manager was always available and spent a lot of time talking with people, relatives and staff. One person commented, "She's [registered manager] around a lot but not just looking. They help care for people and seems not just friendly but happy with it." People told us they could talk to the registered manager and that they were quite approachable. They said, "She's easy to talk to" and "Oh yes, very easy to talk to and she does listen." One relative told us, "When my [family member] has fallen, they [registered manager] has always called to let me know. They've never tried to cover it up."

Staff told us there was clear leadership in the organisation from the top down and they were supported to feed information back up to the registered provider with ideas that can develop and improve the service. Staff told us the registered provider visited the service regularly and they had their contact details so could speak with them directly, if they needed to. Staff said the registered manager had an open door policy. They said they felt comfortable approaching them at any time. For example, one of the staff told us they had spoken with the registered manager about the need for new pressure mats and was given approval to purchase replacement mats.

The registered manger told us they were not an office based manager and preferred to work alongside staff on the floor where they were able to monitor the day to day culture in the home. The vision and values of the service were displayed at various places around the service. The overall vison was to deliver a service with 'Pride and Dignity'. The underpinning values were written underneath, including providing compassionate care, with integrity and respect. Staff had a clear understanding of these values and we observed them treating people with respect and dignity throughout the inspection. The registered manager and staff confirmed the organisations core values were frequently discussed at staff meetings and supervisions.

A Social Care Certificate of Commitment dated March 2016 was displayed on the notice board in the hallway. This commitment was aimed at ensuring where people needed care and support they should expect a high quality service. In signing up to this commitment, the registered provider had pledged that they would continuously strive to deliver high quality care so that the public could have confidence in the service provided at Fair Haven Care Home. Comments from people using the service and their relatives demonstrated that the vision, values and pledge to deliver high quality was being applied. One person told us, "Everything is good, the décor; it's so tastefully done, I really like it here." One relative commented, "The whole place is lovely, my [family member] and I came to visit before they moved into the service. As soon as we walked through the front door it felt like home, the residents really looked happy, the staff spoke with us which was brilliant, they were very nice and really helpful, I couldn't recommend this home enough."

The notice board advertised an 'open surgery' for residents and their family on the last Monday of every month. However, feedback from people and their relatives was that although they were aware this was available, they had never attended a meeting. They told us if they had any comments to make, these were discussed with the registered manager on a casual basis and any issues were dealt with at the time. The

notice board also had a copy of the recent 'Residents meeting'. Minutes showed these took place on a regular basis and issues about the day to day running of the home were discussed. The meeting in November 2016 showed people had been able to have their say about choice meal's, activities they wanted to take part in and how the money raised from a recent staff charity walk could be spent.

The registered manager had a clear understanding of their responsibilities to deliver a quality service. They told us they attended various training courses and conferences to keep themselves up to date with current legislation and good practice guidelines. For example, they regularly attended registered provider forums. These meetings offer an opportunity for service providers of social care to meet and participate in open discussions about local issues, service provision and commissioning priorities. The registered manager said they were supported by the registered provider, who visited the service at least twice a week and had daily telephone contact. An area manager also visited the service regularly to carry out audits of the service and discussed with the registered manager where things had gone well and where improvements were needed.

Minutes of staff meetings showed these took place on a regular basis. Staff told us they could openly discuss any concerns or raise suggestions they may have at these meetings. They said they were encouraged to add items to the agenda prior to the meeting that they wanted to discuss. These meetings were also used as a forum to ensure staff understood what was expected of them. Good practice sessions and lessons learned from events and incidents were shared at these meetings. For example, we saw that the safeguarding lead had presented a session on safeguarding people in the service, using scenarios and a question and answer session.

Staff told us they felt supported by the registered manager. They confirmed they received regular supervision where they were able to discuss any issues they may have and talk about additional training and development needs. The registered manager told us where staff had gone above and beyond what was expected of them this was recognised by awarding them a certificate in recognition of their achievement. For example, one new member of staff had completed all their induction training, within a few weeks of commencing employment. The certificate thanked them for their "effort in making a difference to our residents and colleagues. Well Done."

Systems were in place that assessed and monitored the quality of the service, including any shortfalls and the action needed to address these. Incidents and accidents that occurred in the service were audited to identify trends, and action had been taken to prevent reoccurrences. The area manager carried out regular audits of the environment, outcomes for people using the service, food, complaints and safety matters. An action plan had been developed with the results of the audits and was being used to drive improvement. The complaints book showed two complaints had been made about the care provided at the service. Records showed that the registered manager worked well with the local authority to ensure safeguarding concerns were effectively managed and that steps were taken to learn from such events.

The registered provider had a range of ways in which people could feedback their experience of the service and raise any issues or concerns they may have had. The registered manager told us informal feedback was obtained via day to day conversations and communication from the staff team. Feedback had also been sought from people using the service and their relatives in the form of questionnaires. The residents survey from October 2016 showed people were asked for their feedback on the quality of social life in the service. Feedback was positive; people were happy with life in the home and the daily routines were how they wanted them to be. Relatives survey in April 2016, provided positive feedback about the quality of the service, comments were made about the "Very kind and caring staff". Comments had about improvements needed for wheelchair user access and fees had been fully responded to by the area manager. The fees had been explained and a new ramp was to be installed.