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# Fairhaven Lodge

## Inspection report

7-9 Fairhaven Road  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Fairhaven Lodge is a residential care home providing personal care for up to 25 people, aged 65 and over who were living with dementia. At the time of our inspection, 23 people were living at the home.

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

The provider had made improvements to try to ensure people's care was delivered safely. Staff were recruited safely and there were enough staff on duty to meet people's needs. One person's relative told us, "More full-time staff would be good, like many care homes in this climate of staff shortages. This does not stop the amazing professional care my mum receives."

The registered manager had fostered a culture that was open and inclusive, and put people at the centre of the care they received. One person's relative told us, "[Registered manager] is an asset. She cares for everyone and is hands-on." Another said, "I have found Fairhaven and its staff to be excellent in looking after Mum, making her final years as comfortable as possible." They went on to say, "I cannot think of anything to make me feel Fairhaven hasn't been an excellent choice of care home for Mum, in fact I can't recommend it highly enough."

Medicines were managed safely, and staff kept the home clean and tidy. Staff managed risks well and had plans to follow in case of emergencies. The service had systems to protect people from the risk of abuse and improper treatment.

Governance at the service had improved. Staff understood their roles and responsibilities and worked well with external agencies to meet people's needs. The provider monitored the quality of the service using a range of systems.

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; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 23 March 2021) and there were breached of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we made recommendations to the provider around calculating staffing levels, medicines competency checks and learning from adverse events. At this inspection we found the provider

had acted on our recommendations and made improvements.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced inspection of this service on 11 and 17 December 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Safe care and treatment, Fit and proper persons employed and Good governance.

We carried out this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led, which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fairhaven Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Fairhaven Lodge

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Fairhaven Lodge is a 'care home' without nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

During the inspection, we spoke with 3 people who used the service. We also spoke with one person's relative and received feedback from 5 relatives via email. We spoke with 6 staff, including the registered manager and a visiting professional. Following the inspection visit, we gained feedback from 4 external professionals about their experience of working with service.

We looked around each area of the home to make sure it was safe, homely and suitable. We spent time observing the care and support people received. This helped us to understand the experience of people who could not or chose not to speak with us.

We reviewed five people's care documentation and multiple medicines administration records, along with associated medicines documentation. We observed medicines administration and checked how medicines were stored.

We reviewed a range of records related to the management of the service, including safety certificates, staff training data and quality assurance systems.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

At our last inspection, the provider had not protected people by assessing the risk of, preventing and controlling the spread of infection. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made improvements and was no longer in breach of regulation 12.

- The provider had made significant improvements in relation to infection prevention and control practices. The home was clean and staff understood their responsibilities to help keep people safe from infections.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider facilitated safe visiting, in line with government guidance. A relative told us, "I can visit any time, and take [family member] out too."

### Assessing risk, safety monitoring and management

At our last inspection, the provider had not assessed risks to the health and safety of service users and done all that was reasonably practicable to mitigate such risks. The provider had not ensured the premises were safe in relation to fire safety. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made improvements and was no longer in breach of regulation 12.

- Since our last inspection, the provider had used external contractors to assess fire safety and associated risks. The provider had taken action to reduce and manage risks related to fire safety. This included improvements to the premises and training for staff.
- Staff managed risks to people's safety. They assessed and regularly reviewed risks to people, to manage any identified risks and keep people safe from avoidable harm. Staff were familiar with people's individual risk management plans. In some cases, staff knew more about people than was included in care plans. The registered manager explained this was an area they were working on to further improve the safety of the service.
- The provider ensured the environment and equipment were safe. The registered manager ensured equipment was inspected and serviced when it needed to be and had plans to keep people safe in the event of an emergency.

## Staffing and recruitment

At our last inspection, the provider had not effectively operated recruitment processes to ensure staff were recruited safely, by performing checks and retaining records in line with legal requirements. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made improvements and was no longer in breach of regulation 19.

- Staff were recruited safely. The provider had implemented robust processes to ensure only suitable staff were employed to work at the service. This included criminal records checks and references from previous employers. The provider had retained all required records.

At our last inspection, we made a recommendation to the provider about reviewing their approach to calculating safe staffing levels.

We found the provider had made improvements.

- The provider took a systematic approach to ensure staffing levels met people's needs safely. The registered manager used information about people and their needs to determine how many staff were required to be on duty at any time. A staff member told us, "We used to have to skimp on cleaning, but not now."
- There were enough staff on duty. However, there were times during our inspection when one lounge was left unattended by staff. The registered manager told us they had identified and were working to address this with senior staff. They told us senior staff were responsible for leading the shift and ensuring care staff were deployed effectively.

## Using medicines safely

At our last inspection, we made a recommendation to the provider around assessing staff competence to administer medicines.

We found the provider had made improvements.

- Medicines were managed safely and properly. Staff received training and their competency to administer



medicines had been assessed. Where people required their medicines covertly (hidden in food or drink), or where people were prescribed medicines for use 'when required', written instructions were provided to guide staff on their safe use. Nights staff were trained to administer medicines, should people need them overnight.

### Learning lessons when things go wrong

At our last inspection, we made a recommendation to the provider about reviewing their processes for learning from events.

We found the provider had made improvements.

- Accidents and incidents were used to learn and make improvements. Staff recorded accidents and incidents and the registered manager looked at each event to see whether improvements could be made.
- The registered manager had begun to review them to identify any trends, themes and areas for improvement. They aimed to share any lessons learned with the staff team, to reduce the risk of similar incidents happening again and improve the safety of the service.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People we spoke with told us they felt safe. Comments we received included, "I like it here. The staff are all nice. I feel safe." And, "Safe? Oh, definitely. The staff are excellent." A relative told us, "Safe? Yes, I do feel she is safe, and they really care for her. They are a nice team. Always friendly."
- The provider had systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

# 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 we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, the provider had failed to operate effectively systems designed to assess, monitor and improve the service. Accurate and contemporaneous records related to each service user, persons employed, and the management of the service had not been kept. 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 the provider had made improvements and was no longer in breach of regulation 17.

- A new manager had registered since our last inspection. They had worked at the home for a considerable time before becoming manager. They, and the staff team, were experienced, knowledgeable and familiar with the needs of people they supported. We received positive feedback about the registered manager and staff team. One person told us, "[Registered manager] is really good. She's approachable. I'm not frightened of going to her with anything." Another person said, "I am more than happy. The staff are excellent – a very nice bunch of people. They always make sure I've got what I need." A staff member said, "We've seen lots of improvements to the home."
- The registered manager used a variety of method to assess, monitor and improve the quality of the service provided. They used audits, along with feedback from people and staff to identify areas for improvement and make positive changes to the service people received.
- The registered manager understood their legal obligations, including conditions of CQC registration and those of other organisations. We found the service was well-organised, with clear lines of responsibility and accountability.
- Accurate and up to date records were maintained. This included records related to people's care, the management of the service and staff recruitment. An external professional told us, "They know exactly where we are up to. The documentation seems spot on."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The registered manager had created a culture that was open, inclusive and put people at the centre of the care and support they received. One person told us, "There's a nice family feel to the place. It's nice and comfortable. Can't fault it really. I'm enjoying it." A visiting relative told us, "It's always relaxed and calm."

They know her and her needs."

- Staff ensured people's needs were met through ongoing review of their care and referenced current legislation and best practice guidance to achieve good outcomes for people. A relative told us, "I have full confidence in the home and it's staff, and would recommend the care home to anyone who asked. The dialogue with them is very much two way and their advice and support has helped us in this most difficult of times."
- The staff team worked well together to achieve good outcomes for people. Staff we spoke with told us about how they worked as team to ensure people received care that met their needs. Staff felt well supported by the registered manager. One said, "We have a good team and [registered manager] is doing an excellent job. We're striving to be the best we can be." Another spoke of the support available and said, "You can ring [registered manager] at 2am and she'll always answer."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service engaged with people, others acting on their behalf and staff in an inclusive way. The registered manager used face to face meetings to gain feedback about the service. We saw various topics about the service were discussed in meetings where people were able to influence decision making, for example in relation to menus and activities. One person told us, "We talk about things."
- The service engaged well with people's relatives. A relative told us, "We get emails with updates and I can just speak with [registered manager]. Another said, "From the very beginning, staff at the home have dealt with all of Mum's needs and communicated on a regular basis with myself to ensure I and my family were kept a part of her continuing care." Another relative told us the service kept them up to date with activities and events their mum had been involved in and said, "This was particularly nice for my brother and myself, as we both live some considerable distance from St Annes."
- The registered manager continually engaged with staff. Staff meetings were held, along with individual meetings. This gave staff the opportunity to influence how the service was delivered to people. A staff member told us, "[Registered manager] is a nice person, very approachable. We can go to her with anything. We have separate night staff meetings when we can't attend the all staff meeting."

Working in partnership with others

- The service worked effectively in partnership with a range of external professionals. This helped to ensure people's needs continued to be met and their wellbeing enhanced.
- Feedback we received from professionals who worked with the service was very positive. One said, "We have worked well together. They have a good understanding." Another told us, "I have nothing but positive feedback for the efforts these guys have made over the past few months. They have been very engaging in all aspects of the support I have offered and given to them as a care home." Another said the registered manager was, "Keen to receive information or suggestions, working closely with the clinicians and residents in the home."

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

- The provider had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong. The registered manager knew how to share information with relevant parties, when necessary.