Fairhaven Healthcare Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Fairhaven Healthcare Limited is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults, people living with dementia, mental health impairments, physical disabilities, sensory impairment and younger adults. The domiciliary care agency office is situated within the centre of Fareham.

Not everyone using Fairhaven Healthcare Limited received a regulated activity; CQC only inspects the service being received by people provided with 'personal care' help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

This inspection was undertaken on 13 and 17 April 2018. At the time of the inspection approximately 70 people were receiving a regulated activity from Fairhaven Healthcare Limited.

A registered manager was 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.

People were not always support to take their medicines safely and relevant national guidelines were not always followed in relation to the safe administration and management of medicines.

Where accidents, incidents, and near misses had occurred there was a process in place which recorded the incident. However, this process was not robust. This meant that any themes or trends would not always be identified which could result in effective and appropriate action not being taking in a timely way that would mitigate future risks.

There was a lack of effective systems and processes in place to monitor the quality and safety of the care provided; which would allow timely investigations and highlight potential learning and continual improvement.

We received positive feedback from people about the service. They expressed satisfaction and spoke highly of the staff and management team. All the people and family members who were asked if they would recommend the service to others said they would.

People and their families told us they felt safe. Staff understood their safeguarding responsibilities and knew how to prevent, identify and report abuse. Risks relating to the health and support needs of the people and the environment in which they lived were assessed and managed effectively.

Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes. There were sufficient numbers of

care staff to maintain the schedule of visits. People were satisfied with the consistency of the staff; however some people reported that call times were not consistent.

Staff completed an induction programme and were appropriately supported in their work by the management team. People and their families described the staff as being well trained and they were confident in the staff's abilities.

Staff and the management team knew how legislation designed to protect people's rights affected their work. They always asked for consent from people before providing care.

Where people required support with eating, drinking or meal preparation this was provided appropriately. Care plans were detailed, informative and supported staff to provide effective care and support to people. Staff understood people's healthcare needs and people were supported to access healthcare professionals when needed.

People who used the service felt they were treated with kindness and said their privacy and dignity was respected. Staff knew the people they provided care to well and understood their physical and social needs.

At the time of the inspection no one using the service was receiving end of life care. However the care manager assured us that people would be supported to receive a comfortable, dignified and pain-free death.

People and, when appropriate, their families were involved in discussions about their care planning and given the opportunity to provide feedback on the service. They were also supported to raise complaints should they wish to.

We identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicine records did not always confirm that people had received their medicines as prescribed.

Where accidents, incidents, and near misses had occurred action had been taken. However, there were no systems in place to enable the management team to monitor accidents, adverse incidents or near misses to help mitigate future risks.

Staff were provided with appropriate protective equipment to prevent the spread of infection. However, best practice guidance was not always followed by staff.

People and their families felt the service was safe and staff were aware of their responsibilities to safeguard people.

There were enough staff to meet people's needs. However some people indicated that staff were often late to provide care.

Safe recruitment practices were in place which ensured that all appropriate checks had been completed.

The management team had assessed and mitigated the risks associated with providing care to each individual.

Is the service effective?

Good

The service was effective.

People received consistent care from staff they knew.

Staff had received relevant training. People and their families were confident in the staff's abilities.

Staff received an appropriate induction and on-going support to enable them to meet the needs of people using the service.

Staff sought consent from people before providing care and

followed legislation designed to protect people's rights.

People were supported to access health professionals and were supported with eating and drinking where required.

Is the service caring?

Good

The service was caring.

People felt staff treated them with kindness, compassion and respect.

People's dignity and privacy was respected at all times.

People were encouraged to remain as independent as possible.

People were actively involved in planning their care.

Is the service responsive?

Good

The service was responsive.

Staff knew people well and people were provided with personalised care that met their individual needs.

The agency was able to respond flexibly to changes in people's needs.

At the time of the inspection no one using the service was receiving end of life care. However the care manager assured us that people would be supported to receive a comfortable, dignified and pain-free death.

The management team sought feedback from people using the service and had a process in place to deal with any complaints or concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was a lack of effective systems and processes in place to monitor the quality and safety of the care provided.

There was a clear management structure in place and staff understood the roles and responsibilities of each person within

the team structure.

The general manager and the registered manager were aware of, and kept under review, the day to day culture in the service.

The registered manager actively sought feedback from people using the service and their families.

Fairhaven Healthcare Ltd

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 was announced; we gave the provider 48 hours' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available.

This inspection was conducted over two days by one inspector. Day one was carried out on 13 April 2018 when the inspector visited the service's office to look at the overall running of the service. Day two was carried out on 17 April 2018 when the inspector visited people who used the service in their own homes.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR, previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with 10 people who used the service, or their relatives, by telephone and visited five people in their own homes. We spoke with the provider's general manager, the registered manager, the care manager and three care staff members.

We looked at care plans and associated records of care for eight people. We also reviewed records about how the service was managed, including staff training and recruitment records, complaints procedure, compliments, and audits completed by the management team.

This was the first inspection since the service registered with CQC on 26 November 2015. The service was previously registered at a different location.

Requires Improvement

Is the service safe?

Our findings

People were not always support to take their medicines safely and best practice guidelines were not always followed in relation to the safe administration and management of medicines. In March 2017 The National Institute for Health and Care Excellence (NICE) published guidance in relation to managing medicines for adults receiving social care within the community. However, the management team at Fairhaven Healthcare Limited lacked knowledge and understanding of this guidance.

When people were supported by the staff to take their medicines, medicines administration records (MAR) were kept in their homes. The MAR provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicine are required to initial the MAR chart to confirm the person had received their medicine. The MAR charts we looked at had not been completed robustly. For example, one MAR chart indicated that on three occasions in April 2018 medicines had not been given as prescribed to a person. A MAR chart for another person showed that in February 2018 there were six occasions when medicines had not been given and in March 2018 there were eleven missing signatures for oral medicines and sixteen missing signatures for eye drops. The administration of these medicines had sometimes been recorded in the people's daily notes, rather than on the MAR charts and people confirmed they had received them. However. The failure to follow best practice guidance meant medicine records were not accurate and could not be relied upon.

For one person a single MAR chart was in place for both the administration of a regular prescribed medicine and a medicine that had been prescribed to be given 'as required' (PRN). This meant that when the regular medicine had been given and staff had signed the MAR chart they were also signing that the 'as required' medicine had been given. We could not be sure which medicine had been given. Additionally there was no PRN guidance in place to indicate when, why and how the PRN medicine should be given. Staff were also supporting one person to take antibiotics; although this had been prescribed by the GP there was no written information or guidance for staff to ensure that this was being given correctly.

The management team confirmed that MAR chart audits were not completed. This meant that any missing entries or errors would not always be identified. Without effective processes and systems in place to monitor the safe administration of medicines, people were at risk of harm due to medicine errors.

These issues were discussed with the management team on day two of the inspection. The management team acknowledged that this was an area that required improvement. They agreed to update their understanding of medicines management, complete further training in this area and put in place a robust auditing process.

The failure to manage medicines safely is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most of the people we spoke with said they or a family member managed their medicines. Those for whom staff provided support with their medicine told us they were happy with the way this was done and they had

no concerns. A person said, "I think they do alright (with managing medicines), they do give them to me." A family member said, "I used to give [my relative] medicines, but was finding this difficult. The carers do this now and it works much better." People's care plans included specific information as to the level of support people required with their medicines and who was responsible for collecting prescriptions.

The provider had an infection control policy in place and staff undertook training in this area. Protective equipment such as disposable gloves and aprons were provided to staff to minimise the spread of infection. People told us that staff always wore gloves and aprons when completing care tasks and washed their hands. One staff member told us, "We can get more gloves and aprons whenever we need them." Another staff member said, "I have had training in infection control. I wouldn't do personal care without my gloves." This staff member added, "When [name of manager] does spot checks they always check we are wearing gloves." During home visits we observed staff wore protective clothing as required. However, it was noted at one observed visit that staff members had long and painted nails. Best practice guidance issued by the Department of Health states: 'Healthcare workers should ensure that their hands can be decontaminated throughout the duration of clinical work by: making sure that fingernails are short, clean and free of nail polish.' This was discussed with the management team who told us that all staff were made aware that nails should be kept short and free from nail polish and this information was available to them in the service's staff handbook. The management team said they would take action to ensure staff adhere to this.

The provider operated an open and transparent culture whereby staff were encouraged to report concerns and safety incidents. When incidents were reported these were recorded in people's individual care files and we saw that action had been taken, were appropriate. However, there were no processes in place to enable the management team to monitor accidents, adverse incidents or near misses. This meant that any themes or trends would not always be identified which could result in effective and appropriate action not being taking in a timely way to mitigate future risks. This was discussed with the management team who confirmed that an auditing process would be put in place to allow timely and effective interventions.

People told us and indicated they felt safe. People's comments included, "I have so much trust with Fairhaven", "I feel very safe with the carers" and "They [staff] know what they are doing, I feel completely safe with them." Family members also told us they did not have any concerns regarding their relatives' safety.

Staff protected people from the risk of abuse and were clear about their safeguarding responsibilities. Staff we spoke with knew how to identify prevent and report abuse. The staff were confident that the management team would act on any safeguarding concerns they raised. One staff member said, "I would report any concerns I had, I wouldn't let it lie and would take it further if I had to." Another staff member told us, "I would speak to the manager if I had any concerns, they would definitely take action."

Appropriate arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records showed that relevant checks were carried out before a new member of staff started working at the service. These included the completion of Disclosure and Barring Service (DBS) checks, which will identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Staff files included application forms, records of interview and references. On viewing these records we saw that any gaps in a staff member's employment history had been investigated and outcomes recorded. This meant that the registered manager was aware of what the staff members had been doing during these times and whether that impacted on their suitability for employment.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and the level of care they required. The care manager told us new care packages were only accepted if sufficient staff were available to support the person. Fairhaven Healthcare

Limited had an 'on call system' in place to cover short notice staff absences and respond to any concerns that occurred out of office hours. On viewing the staff rota, we saw there were enough staff in place to cover all care calls. However feedback from people who used the service following the inspection showed that although they had consistent staff, staff were often late for care calls. This could place some people at risk of harm or ill health if support was needed at a specified time; for example, for those people who required time sensitive medicines.

People had mixed views on the punctuality of the staff. One person said, "Sometimes they aren't on time. They can't help being a bit late sometimes." Another person told us, "Lately I have found they do not turn up on time. I'm left lying in bed and waiting." A third person said, "I would only recommend the service to other people if they were not bothered about the timings." Other people told us that the staff were usually on time. The care manager told us that when people started with the service they or a family member were made aware to contact the office if the staff member has not arrived within 30 minutes of their allocated call time. Staff members were also expected to contact the office if they felt that they were going to be late for any care calls. The care manager explained that the delays were often due to the volume of traffic at particular times or the overrunning of a previous call. People confirmed that they had been provided with this information when the service was commenced. None of the people or family members we spoke with reported that any of their care calls had been missed in the last 12 months and that staff stayed the allocated length of time. All but one person said that they felt that the staff give them the time they needed and that they did not feel rushed by the staff. This was discussed following the inspection with the providers representative, who agreed to look into this.

Risks to people had been individually assessed and risk assessments were in place to minimise these risks. These gave staff guidance about how to reduce risks to people. People had risk assessments in place in relation to; moving and handling, medication, mobility, use of equipment and skin conditions. Staff were knowledgeable about people's individual risks and the steps required to keep people safe.

People's home and environmental risk assessments had been completed by a member of the management team to promote the safety of both the people and the staff. As well as considering the immediate living environment of the person, including lighting, the condition of property and security, risk assessments had also been completed in relation to the safety of the location. For example, if lighting was poor or the home was in a rural area. A staff member was able to describe how they would keep people safe in their own home and what actions they would take if a risk in the home was identified. All risk assessments were reviewed six monthly or more frequently if needed.

There was a business continuity plan in place, which identified how risks to people would be reduced in circumstances where care may be affected, such as adverse weather conditions. Staff received training in health and safety and first aid to help ensure they knew what actions to take in an emergency.

Good

Is the service effective?

Our findings

People and their families told us they felt the service was effective; that staff understood their needs and had the skills to meet them. One family member said, "The carers will do above and beyond the call of duty." A person told us, "They [staff] often offer to do little extras for me." A second person said, "They pay attention to everything, they have their eyes on everything."

People told us that they usually had consistent carers and this was further evidenced when viewing people's allocation sheets, which they received weekly. A family member told us, "[My relative] has two main carers and they really understand [the person's] needs and how to best to do things." A person said, "[Named staff member] is my main carer. He comes most of the time. He's a good lad and I have built up a good relationship with him. Its better having someone that I feel I know." The care manager said, "Continuity of care is vital and we pride ourselves with providing consistency in the care staff. If a person's regular carer is on holiday we have two 'floating staff' who are very experienced. They will take over the staff member's calls until they return. I don't think the quality of people's care is compromised when staff are on holiday."

People were supported by staff who had received an effective induction into their role, which enabled them to meet the needs of the people they were supporting. Each member of staff had undertaken an induction programme, including a period of shadowing (working alongside) a more experienced member of staff. The induction also included time for staff to read the provider's policies and procedures, review care plans, risk assessments and complete training. A member of the management team told us that the length of the induction period would depend on the staff member's competence and abilities. Staff confirmed that they received an induction before working independently.

People and their families described the staff as being well trained and said they were confident in the staff's abilities. A family member said, "The carers are very competent, I think they are well trained." A person told us, "They [staff] are well trained, excellent; they should all have gold stars." Another person said, "Even the newer staff members seem very knowledgeable of what they are doing."

Training staff had received included; Infection control, safeguarding, medication, dementia care, first aid and moving and handling. Staff were also supported to complete a vocational qualification and staff new to care were supported to complete training that met the standards of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. Staff were able to demonstrate an understanding of the training they had received and how to apply it. They also told us that they felt they had received appropriate training to help them provide effective care to the people they supported. One staff member told us, "We definitely get enough training." Another staff member said, "We do lots of training, we also get 'spot checked' to check we are doing things properly."

Staff were appropriately supported in their role. Staff confirmed that they received regular one-to-one sessions of supervision with a member of the management team. This was a formal process which provided opportunities for staff to discuss their performance, development and training needs. Staff said they felt able to approach the management team at any time if they had any concerns or suggestions for the

improvement of the service. Additionally, a member of the management team completed 'spot check' visits. Spot check visits are where a member of the management team calls at a person's home just before or during the visit by the care staff. This is so that they can observe the member of staff as they go about their duties and ensure that they are meeting their standards and expectations. A staff member said, "I have supervision and [the care manager] does spot checks. I am always able to approach [managers]; they listen, take me seriously and respect us."

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. We checked whether the service was working within the principles of the MCA. Within all the care files viewed we saw that people's capacity had been assessed in line with the MCA. From discussions with the management team and staff they demonstrated an awareness of the MCA and had an understanding of how this affected the care they provided.

People and their families told us that staff asked for their consent and explained what they were doing when they were supporting them. One person said, "Staff will always ask first." Another person told us, "Staff listen to what I want and don't want and will respect this." A staff member said, "I will always check with the person first, even though I know how they usually like things done." During home visits we heard staff asked people's permission before providing care or entering areas in their homes.

Most of the people we spoke with said they or a family member prepared their meals. Those for whom staff prepared meals were happy with the way this was done and told us they were always given a choice about what they wished to eat and drink. Within people's care files there was detailed information about people's dietary needs which included their likes and dislikes, what they could do for themselves and any additional support they may require. One person's file said, 'Make [the person] breakfast of their choice; please ensure that [the person] has had enough to eat and drink and log on the food and fluid chart'. Another person's file read, 'Leave a plate of snacks and a drink in comfortable reach for [the person]'. We saw evidence within people's care files that if staff had concerns about a person being at risk nutritionally, they reported this to the office, and referrals were made to the relevant community healthcare professionals.

Most people we spoke with were able to make their own arrangements in relation to their healthcare, or were supported to do this by a relative. However, we saw that referrals were made to healthcare professionals in a timely manner when needed. Staff were aware of the health needs people had and understood these. People's healthcare needs were also clearly recorded within people's care files. A staff member told us, "The carer said to me the other day that [the person] didn't seem right and suggested I called the doctor. It turned out they had an infection." A person said, "They [staff] would call the GP for me if I needed them to." One staff member commented, "We will encourage people to ring up their doctor if we are worried about them, or encourage them to do this themselves if they were able to." This demonstrated people were supported to maintain their health and wellbeing.

People were supported to use technology and specialist equipment to meet their care needs and to support their independence where appropriate. For example, we saw correspondence between the staff and an occupational therapist, to request specific equipment to help support a person safely. The computer system used by the service supported people to receive care from staff they were familiar with and also highlighted where staff and people may not be compatible. This helped to ensure consistency of staff and supported people's personal preferences to be met.

Staff worked well with other organisations to ensure they delivered good care and support. The management team and staff liaised with other organisations to ensure the person received effective care provision and support. For example, care packages were only commenced after all appropriate equipment was in place to allow the person's needs to be met safely. Additionally, when people's needs changed; advice, guidance and support was requested from other services to allow effective and appropriate care to be provided. These examples demonstrate that the management team were working collaboratively across different services and organisations to ensure the person's needs were met and they had the right support.

Good

Is the service caring?

Our findings

Staff developed caring relationships with the people using the service and people told us they were treated with kindness, compassion and respect. People and families comments about the staff included, "They are very good; they are very kind to me", "They do a wonderful job, very, very good; all good girls", "They are excellent, they are so approachable, they give me such confidence", "It's like [the person] has gone from depression to happiness!" and "If I'm upset, they will talk to me and will show their concern." When people and their family members were asked if they would recommend the service to others, most people confirmed they would. One family member said, "I would most definitely recommend them, I've never been so happy with Fairhaven. They [staff] have pulled us up from an awful place."

The service had received a number of written compliments over the last 12 months from people and relatives who praised the care that had been received. One written compliment described the staff as 'patient and understanding' and another described the staff as going 'above and beyond'. One written compliment described how a family member 'sighed with relief' when their loved one was assessed by the care manager of Fairhaven Healthcare Limited. They had written, 'For the first time we had found someone who actually cared about [our loved one], and listened to our fears and concerns.'

People were cared for with dignity and respect. People's comments included, "I always feel respected by the staff", "They treat me with respect at all times" and "They [staff] respect my choices and decisions." A written compliment described how the staff had, 'found unique ways to put [the person] at ease when dealing with potentially embarrassing situations.' A family member told us, "They [staff] will always listen to me." Staff demonstrated that they understood the importance of treating people with dignity and respect. One staff member said, "All the staff put the people first and there is no cutting corners."

Staff understood the importance of maintaining people's privacy and dignity when providing them with personal care. They described how they would close curtains or doors (which we observed during the home visits) and ensure people were covered when having a wash. People confirmed that staff considered their privacy when providing personal care. One person said, "I have no complaints, they always respect my privacy." Within people's care files we also saw that staff were reminded about respecting people's privacy and dignity. One person's care file read, 'Please respect [the person's] dignity; keep them covered as much as possible and ensure curtains are closed before starting personal care.'

Information regarding confidentiality, dignity and respect formed a key part of the induction training for all care staff. Confidential information, such as care records, were kept in securely in the service's office and only accessed by staff authorised to view it. Any information which was kept on the computer was also secure and password protected.

People were encouraged to be as independent as possible. Comments in people's care plans highlighted to staff what people could do for themselves and when support may be needed. For example, one care plan stated, '[The person] is able to brush their teeth but may need assistance with getting items.' A person told us, "I try and do most things for myself and the carers will help me when I need it." During a home visit we

heard staff encourage a person to take their medicines and prompted the person to eat their breakfast independently. Staff understood the importance of maintaining people's independence. A member of the management team said, "We really focus on maintaining people's independence. People should be encouraged to continue to do things for themselves if they are able to."

Where people had specific communication needs, these were recorded in their care plans and known to staff. One person's care plan stated, '[The person] is hearing impaired so please ensure you speak clearly.' Another person's care plan advised staff to, 'Speak calmly and gently to [the person] and explain everything'. We saw staff followed the guidance within people's care plans. The care manager told us that written information could also be provided in large font when required. One person who used the service did not use English as their first language. This was considered by the office staff when completing staff rotas and the person was provided with a regular carer that was able to communicate effectively with the person in their preferred language.

People and, where appropriate, their family members told us that they felt listened to by the staff and the management team and that they were fully involved in the planning of their care. This was achieved through regular reviews of the person's care which were completed by a member of the management team, the person and, where appropriate, the person's family member. One family member said, "We feel listened to." A person said, "The staff from the office come round regularly and review the care." Another person told us that their care plan was often reviewed and they received regular visits from a member of the management team to discuss how the care was going. People told us that where they had requested a specific gender of staff member to support with personal care this was always respected. One person also told us that when they had requested to not have a particular staff member visit them, this was respected and the staff member was removed from their care team.

The management team made people feel they mattered by celebrating important events. Birthday cards, Christmas cards and gifts were hand delivered to people by a member of the management team. The management team also said that any gifts left over were donated to a local homeless shelter.

Good

Is the service responsive?

Our findings

The service was responsive. Staff provided flexible and individualised care and support to people. People told us that they felt staff were knowledge of their needs and preferences and that they received personalised care. One person said, "The carers know what I need." A family member told us, "They [staff] know [my relative] well; they really seem to be able to encourage them to do things, like take their medicine. I think this is because we usually have the same carers and they are used to each other."

People were assessed before their care started to ensure that their needs could be met appropriately and effectively. This allowed the person the opportunity to discuss any care preferences they had, such as times of calls, gender preferences of staff and religious or cultural needs they had. The information gathered from the initial assessment was used to inform the person's care plan. The care manager told us that they would only accept new packages of care if they were confident that the person's needs could be met appropriately. They also told us that a member of the management team would visit the person after the care had been in place for one week to ensure that the person was happy with the support they received and to see if any adjustments to the care package were required.

People's care plans included short profiles of people, a summary of their background, support needs, hobbies, interests, personal histories and things that were important to them. This gave staff a clear understanding of the person and a baseline from which staff could monitor the person's health and wellbeing. For example, one care plan highlighted a person's preferences around food choices; another provided detailed information to staff about how best to manage a person's needs who was likely to decline care. During one home visit it was clear that the staff members understood the importance of giving the person space and time to complete tasks independently, which resulted in the person's needs being met effectively. Staff told us they found the information within the care plans useful and that it helped them to have a better understanding of the person.

Staff recorded the care and support they provided at each visit and a sample of the care records demonstrated that care was delivered in line with people's care plans and people's wishes. Staff told us they were always informed about the needs of the people they cared for and could consult care plans which were held in people's homes and the agency's office when required. Staff were kept up to date about any change in people's needs from the previous entries within the daily records, directly from the people and their families, and from the office staff and management team.

The agency was able to respond to changes in people's needs, even if these were unpredicted, such as ill health. One family member told us that they had had a fall and the carers stayed with the person while they went to hospital. A person told us, "They [staff] wouldn't just leave if I was unwell, they would make sure I was alright first." A staff member said, "If I needed to stay longer, I would just let the office know." During the inspection we heard a telephone conversation taking place where a person had made contact to change the time of a care call. The staff member who received this call reassured the person and this call was changed swiftly. The care manager also told us about a time when a person had requested a call at five o'clock in the morning to take part in a once in a life time event and this was provided.

People were encouraged to provide feedback and were supported to raise concerns if they were dissatisfied with the service. Feedback was also gathered on an informal basis when the management team met with people in their own homes, during review meetings or via telephone or email contact. One person said, "They [management team] always contact or visit to see how things are going". People described the staff and management as approachable and all said they were confident that any feedback they gave about the service would be acted upon.

Although no one using the service was receiving end of life care, the registered manager provided an assurance that people would be supported to receive good end of life care and support to help ensure a comfortable, dignified and pain-free death. They told us that they would work closely with the person and relevant healthcare professionals and provide support to people's families if required. They also told us that they would provide staff with additional training to staff in this area if it was required.

The service had a policy in place to deal with complaints, which provided detailed information on the action people could take if they were not satisfied with the service being provided. People knew how to complain if they needed to and were provided with written information in relation to this, which was held within their care file. One person said, "I have nothing to complain about, but if I did I would phone the office." This person also confirmed that they were confident that if they did have a complaint the staff would take action. Another person told us, "I would ring the office, if I had to complain, I have never needed to though everything runs smoothly." A third person said, "Oh, they're good as gold, I've got no complaints." The registered manager confirmed that no formal complaints had been raised in the last 12 months but they were able to explain the action that would be taken to investigate a complaint if one was received.

Requires Improvement

Is the service well-led?

Our findings

People and their families told us they were satisfied with the organisation and the running of the service. When people or their family members were asked if they felt the service was well led comments included, "I think so, I always know who is coming and get a phone call if the carers are going to be late," "I'm very confident (in the running of the service)", "The firm is very good" and "I'm quite happy with Fairhaven."

There was a lack of effective systems and processes in place to monitor the quality and safety of the care provided; which would allow timely investigations and highlight potential learning and continual improvement. For example, there was no auditing process in place to ensure the safe administration of medicines or to monitor accidents, adverse incidents or near misses. This meant that any themes or trends would not always be identified which could result in effective and appropriate action not being taking in a timely way that would mitigate future risks. Additionally best practice guidance was not always understood or followed.

This was discussed with the management team who confirmed that an effective auditing process would be put in place and that their knowledge of best practice guidance would be updated.

There was a clear management structure in place, which consisted of the general manager, the registered manager, a care manager, office staff and care staff. Staff were able to describe the role each person played within this structure.

The registered manager's vision and values were built around, "providing high quality, person centred care to people." They told us this was achieved through ensuring staff consistency, robust training, listening to people and acting on any concerns immediately. The other members of the management team and staff all echoed their commitment to the registered manager's vision and values and told us that this was done by helping to ensure that care was provided in a person centred way to people, respecting people's choices and supporting them to be as independent as possible. Staff meetings were held regularly and these provided the opportunity for the management team to engage with staff and reinforce the values and vision.

The management team had an open door policy for people, families and staff to enable and encourage open communication. People and their family members all told us that they felt able to approach any member of the management team at any time and they would be listened to. The general manager and the registered manager were aware of, and kept under review, the day to day culture in the service. This was done through working alongside staff, one to one meetings and unannounced spot checks. Staff told us they felt that the service was well run and managed and were complimentary about the management team. One staff member said, "It's a good service, the managers listen to us and would sort things out straight away" Another staff member told us, "I can approach the registered manager at any time, they take what I say seriously and will act."

The registered manager sought feedback from people and their families on a formal basis (four monthly)

through the completion of quality assurance questionnaires which were sent to people, their families where appropriate and staff. These questionnaires covered the key questions asked by The Care Quality Commission; is the service safe, effective, caring, responsive and well-led. The last questionnaire was sent in December 2017 and covered the 'Safe' key question. The results of this told us that people using the service, their family members and staff were satisfied that the service was safe.

As previously stated within the report, the service worked well and in collaboration with all relevant agencies to help ensure there was joined-up care provision. Fairhaven Healthcare Limited had up to date and appropriate policies in place to aid the running of the service. For example, there was a whistle-blowing policy in place which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. A duty of candour policy was in place; this required staff to act in an open and transparent way when accidents occurred.

The registered manager was aware of their responsibilities and notified CQC of significant events and safeguarding concerns. This meant that they were aware of and had complied with the legal obligations attached to their registration.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that people received their medicines safely. Regulation 12 (2) (g)