

Dr Morgiana Muni Nazerali-Sunderji

Fairhaven Lodge

Inspection report

7-9 Fairhaven Road
Fairhaven
St Annes
Lancashire
FY8 1NN

Tel: 01253720375

Date of inspection visit:
16 November 2016

Date of publication:
12 December 2016

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

This inspection visit took place on 16 November 2016 and was unannounced.

At the last inspection on 29 October 2015 we asked the provider to take action to make improvements because we found breaches of legal requirements. This was in relation to poor management of medicines and consent and capacity. The provider sent us an action plan saying they would meet the legal requirements by 15 January 2016. During our inspection visit on 16 November 2016 we found these actions had been completed.

Fairhaven Lodge is situated close to both the sea front and the centre of St Annes. The service can accommodate a maximum of 25 people whose primary care needs are those of persons who live with dementia. Accommodation is provided on three floors. A stair lift is installed to support people with mobility problems to gain access to the upper floors. Most bedrooms have en-suite facilities. There is space at the front of the home for parking and a small, enclosed rear garden. At the time of our inspection visit there were 18 people who lived at the home.

There was a registered manager in place. 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.

Although a number of people had limited verbal communication and were unable to converse with us, we were able to speak with seven people who lived at the home. We also spoke with one person visiting their relative. People told us they were happy and well cared for and felt safe living at the home. Comments received included, "They look after me really well the staff are very kind." And, "I am very happy here and feel safe."

We observed staff providing support to people throughout our inspection visit. We saw they were kind and patient and showed affection towards the people in their care.

We saw people who lived at the home were clean and well dressed. One person visiting the home said, "[Relative] is always immaculately dressed when I visit them. This pleases me greatly as they always took pride in their appearance. They look so happy when I visit."

Staff spoken with and records seen confirmed training had been provided to enable them to support people who lived with dementia. We found staff were knowledgeable about support needs of people in their care.

We saw the service had an induction training and development programme in place. Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

We found sufficient staffing levels were in place to provide support people required. This included staff supporting people to hospital appointments. We saw staff members could undertake tasks supporting people without feeling rushed.

We looked at the recruitment of three recently appointed staff members. We found appropriate checks had been undertaken before they commenced their employment confirming they were safe to work with vulnerable people.

Care plans were organised and had identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

We found people had access to healthcare professionals and their healthcare needs were met. We saw the service had responded promptly when people had experienced health problems.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

We found equipment used by staff to support people had been maintained and serviced to ensure they were safe for use.

We found the registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

People who were able told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. Comments received included, "I love the food we get plenty of choice." And, "I like the homemade cakes. They are lovely."

People told us they enjoyed the activities organised by the service. These were arranged both individually and in groups. We saw a variety of activities organised throughout our inspection visit and these were well attended.

The service had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys and care reviews. We found people were satisfied with the service they received. Comments received from people's relatives included, 'I have always been delighted with the care given and fully support the work that the manager and her all her staff carry out effortlessly.' And, 'Very

happy with the care. All the staff are lovely.'

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.

The service had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home, staff and visitors. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

Is the service effective?

Good 

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

Is the service caring?

Good 

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their

care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People participated in a range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

Is the service well-led?

Good ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

Fairhaven Lodge

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 checked 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 visit took place on 16 November 2016 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Before our inspection on 16 November 2016 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the service. They included seven people who lived at the home, one person visiting their relative, the registered manager, deputy manager and six staff members. Prior to our inspection visit we contacted the commissioning department at the local authority and Healthwatch Lancashire. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records of two people, the services training matrix, supervision records of five staff,

arrangements for meal provision, records relating to the management of the home and the medicines records of four people. We reviewed the services recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

When we last inspected the service we found the provider did not have suitable arrangements in place to make sure that care and treatment was provided in a safe way for service users in relation to medicines management. During this inspection visit we looked at how medicines were prepared and administered. We found the service had sought pharmacist advice to ensure the way in which medicines were given covertly was safe.

We found medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medicines procedures. This meant systems were in place to check people had received their medicines as prescribed. The audits confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medicines.

We observed one staff member administering medicines during the lunch time round. We saw they supported one person with their medicine covertly. They followed pharmacist advice recorded on the persons Medication Administration Records (MAR). The staff member ensured the medicines cabinet was locked securely whilst attending to each person. People were sensitively assisted as required and medicines were signed for after they had been administered. The staff member informed people they were being given their medicines and where required prompts were given.

We spoke with seven people who lived at the home who all said they had confidence in the staff who supported them and felt safe when they received their care. Comments received included, "I feel very safe with the staff. They are very patient with me." And, "The staff look after us really well. I am happy here and wouldn't want to move."

Staff spoken with had received moving and handling training and they felt competent when using moving and handling equipment. We observed staff assisting people with mobility problems. We saw people were assisted safely and appropriate moving and handling techniques were used. The techniques we saw helped staff to prevent or minimise the risk of injury to themselves and the person they supported.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. Where potential risks had been identified the action taken by the service had been recorded.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Staff spoken with and records seen confirmed they had received infection control training. We saw cleaning schedules were completed and audited by the registered manager to ensure hygiene standards at the home were maintained. People who lived at the home told us they were happy with the hygiene standards in place. One person said, "The place is lovely and clean." One person

visiting the home said, "I have to say the home is always clean and smells fresh whenever I visit."

We found windows were restricted to ensure the safety of people who lived at the home. We checked a sample of water temperatures and found these delivered water at a safe temperature in line with health and safety guidelines. Call bells were positioned in rooms close to hand so people were able to summon help when they needed to.

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were safe for use. We observed they were clean and stored appropriately, not blocking corridors or being a trip/fall hazard. The fire alarm and fire doors had been regularly checked to confirm they were working. Legionella checks had been carried out.

We found people had personal evacuation plans (PEEPS) in place for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures that needed to be followed in the event of people needing to be evacuated from the building. They were able to describe what assistance each individual required. This meant people could be assured they would be evacuated in a safe and timely manner during an emergency.

We looked at the recruitment of three recently appointed staff members. We found appropriate checks had been undertaken before they had commenced their employment confirming they were safe to work with vulnerable people. These included Disclosure and Barring Service checks (DBS), and references. These checks were required to identify if people were safe to work with vulnerable people. References had been requested from previous employers to provide satisfactory evidence about their conduct in previous employment.

We looked at the services duty rota, observed care practices and spoke with people supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. We saw the deployment of staff throughout the day was organised. People who required support with their personal care needs received this in a timely and unhurried way. The atmosphere in the home was calm and relaxed and we saw staff engaged with people they supported in conversation. One person who lived at the home said, "I feel very safe with lots of staff around. It relaxes me."

Records were kept of incidents and accidents. Details of accidents looked at demonstrated action had been taken by staff following events that had happened. The registered manager had fulfilled their regulatory responsibilities and submitted a notification to the Care Quality Commission (CQC) about a serious injury suffered by a person who lived at the home.

Is the service effective?

Our findings

When we last inspected the service we found the registered person had not ensured people's rights were always protected. This was because consent had not been obtained through best interest decision making processes before the provision of specific areas of care. During this inspection we found people's needs had been reassessed and consent forms completed with people confirming they had agreed with the support provided. We found all records confirming people had consented to their care had been signed by them or a family member on their behalf. We found records were consistent and staff provided support that had been agreed with each person.

We spoke with the registered manager about the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood the requirements of the Mental Capacity Act (2005). This meant they were working within the law to support people who may lack capacity to make their own decisions. When we undertook this inspection the registered manager had completed applications to request the local authority to undertake (DoLS) assessments for people who lived at the home. This was because they had been assessed as being at risk if they left the home without an escort. We did not see any restrictive practices during our inspection visit and observed people moving around the home freely.

Training records seen confirmed the registered manager and her staff had completed training to help them understand the principles of the Mental Capacity Act, 2005. Staff spoken with showed a good awareness of people's rights and we saw this was sufficiently demonstrated through practice and record keeping.

We found people received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. Our observations confirmed the atmosphere was relaxed and people had freedom of movement. We saw people had unrestricted movement around the home and could go to their rooms if that was their choice. We saw people visiting the home were made welcome by staff and updated about their relative's welfare. One person visiting the home said, "They always keep me informed if [relative] is ill or there are any issues with their care. They are very good."

We spoke with staff members and looked at the services training matrix. This confirmed staff training covered safeguarding, moving and handling, fire safety, first aid and health and safety. Staff had received dementia care training and were knowledgeable about how to support people who lived with dementia. Most staff had achieved or were working towards national care qualifications. This ensured people were

supported by staff who had the right competencies, knowledge, qualifications and skills.

Discussion with staff and observation of records confirmed they received regular supervision. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the registered manager who encouraged them to discuss their training needs and be open about anything that may be causing them concern.

On the day of our inspection visit we saw breakfast was served to meet the individual preferences for each person. There was no set time and people were given breakfast as they got up. We noted a variety of cereals and drinks were on offer along with a cooked breakfast if requested. Staff we spoke with understood the importance for people in their care to be encouraged to eat their meals and take regular drinks to keep them hydrated. Snacks and drinks were offered to people between meals including tea and milky drinks with biscuits.

The service operated a two week menu. Choices provided on the day of our inspection visit included roast ham, chips or mashed potatoes, carrots and peas. A variety of alternative meals were available and people with special dietary needs had these met. These included people who had their diabetes controlled through their diet and two people who didn't eat meat. Two people required a soft diet as they experienced swallowing difficulties.

Lunch was served in two sittings to enable staff to support people who required assistance with their meals. We observed this was well managed and staff supported people in a dignified and timely manner. Staff were patient and offered verbal and physical prompts to people who were not eating to motivate them to eat their meal. The atmosphere during both sittings was relaxed with staff joking with people and encouraging conversation. The staff were attentive but did not rush people allowing them sufficient time to eat and enjoy their meal. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support staff provided people with their meals was organised and well managed.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs. On the day of our inspection visit we saw a member of staff had been allocated to accompany one person to attend a health appointment at the local hospital. This ensured the person was supported with the appointment and the service had information about the outcome of the visit to update the persons care records.

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and staff were caring towards them. Comments received included, "They look after me really well the staff are very kind." And, "I am very happy here and well cared for." One person visiting the home told us they were very happy with their relatives care. The person said, "I feel so much better knowing [relative] is being cared for by such kind and attentive staff. I have no concerns whatsoever."

During our inspection visit we saw staff were caring and treated people with dignity. They were polite and attentive and quick to respond to people who required their assistance. We saw people looked cared for, dressed appropriately and well groomed. Staff we spoke with knew and understood people's history, likes, dislikes, needs and wishes. They knew and responded to each person's diverse cultural and spiritual needs and treated people with respect and patience.

We saw positive interactions between staff and the people they supported. We noted people appeared relaxed and comfortable in the company of staff. We saw people enjoyed the attention they received from staff who constantly asked if people were alright and if they needed anything. People we spoke with during our observations told us they received the best possible care. At lunch time we observed one member of staff held the hand of the person they were supporting with their meal. They spoke with the person constantly prompting them sensitively. We saw the person responded to the staff members prompts and finished their meal.

We observed routines within the home were relaxed and arranged around people's individual and collective needs. We saw they were provided with the choice of spending time on their own or in the lounge areas. We observed the registered manager and staff members enquiring about people's comfort and welfare throughout the inspection visit. We saw they responded promptly if people required any assistance. For example we saw people given drinks on request and assisted to the toilet where needed.

Staff had a good understanding of protecting and respecting people's human rights. Training had been provided by the service for guidance in equality and diversity. We discussed this with staff, they described the importance of promoting each individual's uniqueness.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed they demonstrated compassion towards people in their care and treated them with respect. One person we spoke with said, "I am really comfortable and receiving good care. The girls are very good with me."

We looked at care records of two people. We saw evidence they or a family member had been involved with and were at the centre of developing their care plans. The plans contained information about people's current needs as well as their wishes and preferences. Daily records completed were up to date and well maintained. These described the daily support people received and the activities they had undertaken. The records were informative and enabled us to identify staff supported people with their daily routines. We saw

evidence to demonstrate people's care plans were reviewed and updated on a regular basis. This ensured staff had up to date information about people's needs.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Before our inspection visit we contacted external agencies about the service. They included the commissioning department at the local authority and healthwatch Lancashire. Neither organisation contacted us to say they were concerned about the service.

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the care and support they received. We saw there was a calm and relaxed atmosphere when we visited. We observed staff members undertaking their duties in a timely manner and engaging people they supported in conversation. We saw they could spend time with people making sure their care needs were met.

We spoke with one person visiting the home. They told us they were glad their relative was living at the home. The person said, "It's such a relief to know [relative] is happy and settled. I never worry about [relative] as I know they are in the safe hands of lovely people."

People told us they were happy with the activities arranged to keep them entertained. One person said, "Always something going on we have a good laugh." On the day of our inspection visit we saw people playing hula hoops and play your cards right in the lounge. We also observed people singing to records being played and we could see how much they were enjoying themselves. Throughout our inspection visit we saw staff interacting with people in their care and we heard lots of laughter. One person visiting the home said, "The staff are motivated and of a high standard. They provide excellent stimulation, respect and love."

One person visiting the home told us they were encouraged to visit and stay involved with their family member. The person said, "They always make me welcome it's such a pleasure to visit."

The service had a complaints procedure which was made available to people on their admission to the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. We looked at sample of complaints received by the service. We could see they had been taken seriously and responded to appropriately by the registered manager.

People we spoke with told us they knew how to make a complaint if they were unhappy. They told us they would speak with the manager who they knew would listen to them. All six people said they were happy with their care and had no complaints.

Is the service well-led?

Our findings

Comments received from staff and people who lived at the home were positive about the registered manager's leadership. Staff members spoken with said they were happy with the leadership arrangements in place and had no problems with the management of the service. They told us they were well supported, had regular team meetings and had their work appraised. One member of staff said, "The management are brilliant here, we get excellent support. They encourage us to attend training for personal development."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and showed leadership. Staff told us they felt the service was well led and they got along well as a staff team and supported each other. One staff member said, "The manager leads from the front. The passion and commitment given to providing the best possible service motivates us."

The registered manager had procedures in place to monitor the quality of the service provided. Regular audits had been completed by the registered manager. These included reviewing care plan records and monitoring the environment. We saw following a recent audit the registered manager had identified a broken window in one person's ensuite room. The audit showed the window had been measured and was due to be replaced.

Staff meetings had been held to discuss the service provided. We looked at minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included training available to the staff team. Staff spoken with confirmed they attended staff meetings and were encouraged to share their views about the service provided.

We found the registered manager had sought the views of people about their care and the service provided by a variety of methods. These included resident and relative surveys. We saw people said staff were approachable and they were happy with the quality of care provided. They rated the standard of service as excellent. Comments seen included, 'Excellent all round service. Cannot fault anything.' And, 'Hands on management who are always available and helpful.' And, 'The staff have the skills to calm situations. They have a fantastic rapport with people in their care.'

The service had on display in the reception area of the home their last CQC rating, where people visiting the home could see it. This has been a legal requirement since 01 April 2015.