

Oakray Care (Fairhaven) Limited

Fairhaven Care Home

Inspection report

3 High Park Road
Ryde
Isle Of Wight
PO33 1BP

Tel: 01983568929

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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 Care Home is a care home which accommodates up to 21 people in one adapted building. Fairhaven Care Home is registered to provide accommodation and personal care for adults with dementia or physical health and support needs. At the time of the inspection there were 19 people living at the service.

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

People were happy living at Fairhaven Care Home and spoke very positively about the care they received.

Recruitment practices were effective and there were sufficient numbers of staff available to meet people's needs in a safe and unhurried way. People were protected from avoidable harm and individual, environmental and infection control risks were managed appropriately.

People received their prescribed medicines as required. There were safe arrangements in place for obtaining, storing and disposing of medicines.

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.

People's care plans and risk assessments contained detailed information about them and their care and support needs. This helped to ensure staff delivered care that was individual to each person.

The service had a positive person-centred culture. Both people and staff told us the management team were approachable. The service worked in partnership with other agencies to aid joined up, person centred care provision.

Effective quality assurance systems had been developed and implemented to continually assess, monitor and improve the quality of care people received.

The management team were open, approachable and supportive. Everyone was confident they would take action to address any concerns promptly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 16 March 2021).

Why we inspected

This was a planned inspection.

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 undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect it. Ratings from previous comprehensive inspections for these key questions were used in calculating the overall rating at this inspection. Please see the safe and well led sections of this report.

The overall rating for the service has not changed and remains 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 Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 Care Home

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 Care Act 2014.

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

This inspection was completed by two inspectors.

Service and service type

Fairhaven Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission at the time of the inspection. A manager had been appointed and had started the application to become registered. Throughout this report we refer to this person as the manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with 11 members of staff, including a representative of the provider, the health and safety manager, the manager, a housekeeper, the activities coordinator, senior care staff and care staff. We also spoke with one social care professional.

We reviewed the safety of the environment, medicine processes, looked at records relating to staff recruitment, infection control processes and observed interactions between staff and people.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and five people's care records in detail. We received feedback from two health and social care professionals who had recent involvement with the service and four relatives of people living at Fairhaven Care Home.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People were supported to take their medicines safely.
- Medicines administration records [MARs] confirmed that people had received their medicines as prescribed. Guidance for the use of 'as required' medicines (PRN) was in place for staff to follow and we saw people were provided with this when needed.
- Arrangements were in place for obtaining, storing, administering, recording and disposing of medicines safely.
- Medicine administration care plans were in place which provided information for staff on how people liked to take their medicines.
- Medicines were administered by suitably trained staff.
- Medicines subject to additional controls by law were stored in accordance with legal requirements.
- There were safe systems in place for people who had been prescribed topical creams.

Assessing risk, safety monitoring and management

- Staff understood when people required support to reduce the risk of avoidable harm.
- Peoples' care plans contained information and risk assessments in relation to their specific needs. This information included details of how people's needs' and health conditions should be managed and monitored. For example, for people at risk of pressure injuries, risk assessments and care plan's provided information on frequency of position changing and actions required for staff to mitigate the risk of pressure damage. There was also a system in place to ensure all pressure relieving equipment was monitored to ensure these were used correctly. Care plans viewed in conjunction with the monitoring charts demonstrated people received effective monitoring and actions were taken in a timely way, when required.
- There were effective fire safety arrangements in place. A fire risk assessment had been completed by a suitably qualified professional and each person had a personal emergency evacuation plan (PEEP) in place. These PEEPs identified what assistance each person would need to safely leave the building, in the event of an emergency.
- Equipment, such as hoists, and lifts were serviced and checked regularly. Gas and electrical safety certificates were up to date and the service took appropriate action to reduce potential risks relating to Legionella disease. Environmental risk assessments, general audit checks and health and safety audits were completed. Actions had been taken where highlighted, to help ensure the safety of the environment.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Fairhaven Care Home. A person said, "Yes, of course I feel safe, they [staff] know what they are doing." Another person told us, "I feel very safe, the staff are wonderful and are

really kind and caring." A relative said, "I have been really reassured that [name of loved one] is well cared for and definitely safe."

- Staff had received safeguarding training, which was updated annually. Staff understood their responsibilities to report any concerns. A staff member said, "I would report concerns to more senior staff, make sure person was ok, and then would report to local authority or CQC." Another staff member told us, "I would report any concerns I have to manager and CQC if I need to."
- There were clear processes in place for investigating any safeguarding incidents. Where these had occurred, they had been reported appropriately to CQC and the local safeguarding team.

Staffing and recruitment

- Staffing levels were appropriate to meet people's needs and there were sufficient numbers of skilled and experienced staff deployed to keep people safe.
- During the inspection we observed staff were available to people and responsive to their needs. There was a relaxed and calm atmosphere in the home and staff had time to chat to and support people in an unhurried way.
- People and staff told us they had no concerns about staffing levels and that staff were always available to meet their needs.
- A system was in place and kept under constant review to ensure staffing levels were based on the needs of people living in the home.
- Short term staff absences were covered by a member of the management team and existing staff members. This helped to ensure that people had a consistent staff team.
- There were safe and effective recruitment procedures in place to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- There was a robust process in place to monitor incidents, accidents and near misses. Action to address any issues, was taken when needed.
- Audits for all incidents and accidents that had occurred, were completed. This helped to ensure any trends or themes identified could be acted upon, to help mitigate risk and prevent reoccurrence.

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 the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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; 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

- There was a clear management structure in place. All had clearly defined roles and responsibilities and were actively involved in the running of the service.
- Effective and robust quality assurance systems were in place. These demonstrated there was a rigorous and highly effective system in place to continually assess, monitor and improve the quality of care people received. This included checks and audits covering all key areas of the service. These processes were reviewed by all levels of management. Where required improvements had been identified, actions had been taken in a timely way.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on equality and diversity, safeguarding, whistleblowing, complaints and infection control. Processes were in place to ensure these policies and procedures were shared with and understood by staff.
- CQC were notified of all significant events that occurred in the service and the previous performance rating was prominently displayed on the premises as per requirements.
- There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager, management team and staff, demonstrated they were committed to providing person centred, safe and effective care to people.
- A variety of systems were in place to ensure people and their relatives views were sought and acted upon, including regular surveys and meetings. People and relatives spoke positively about the staff, management team and the running of the service. They and their relatives felt fully involved and listened to. A person said, "All the staff are very friendly and take the time to listen." A relative told us, "Every single staff member is amazing. The manager is doing a brilliant job and is very dedicated, we fell on our feet finding this home. The manager is very switched on and the caring nature of the staff shines through." Another relative said, "The home was very well run. If I have any concerns at all the manager would always listen and sort it out straight away." We saw that feedback received was acted upon.
- Staff were enthusiastic about their work and were fully engaged in the way the service was run. They enjoyed a good working relationship with their colleagues, spoke very positively about the manager and

worked well as a team. A staff member said, "The home is run really well, things have improved since [name of manager] started working here. There are more activities, the standard of care has improved, [name of manager] listens and values the staff and really cares about the people." Another staff member told us, "It's the nicest home I have ever worked in. It's like home for people and all of us [staff] really do care." A third staff member said, "The manager is so professional and cares 100%."

- The manager had an 'open door' which allowed, people, relatives and staff to approach them at any time.
- Due to the COVID-19 pandemic and the reduction in visitors to the service the management team and staff had considered and implemented different approaches to allow continued involvement for loved ones and relatives. This included private social media contact which included pictures and messages for the management team and people to their relatives, written communication and the use of additional technology to allow communication.

Continuous learning and improving care

- There was an emphasis on continuous improvement and the management team were committed to driving improvement in the service to ensure people were provided with safe, effective and person-centred care.
- The management team monitored all aspects of the service frequently including, complaints, accidents, incidents and near misses. If a pattern emerged, action would be taken to prevent reoccurrence.
- The provider had a quality improvement plan in place which was updated and reviewed regularly. This was used to enhance service provision.
- Staff performance was closely monitored by the management team.
- All learning was shared with staff during staff meetings, handovers and supervision.

Working in partnership with others

- The service worked in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision. Professionals spoken with were all positive about the services approach to partnership working.
- The management team were clear about who and how they could access support from should they require this. This included from social services or health providers. The manager demonstrated an "open" attitude to seeking support.
- Staff supported people to access local community events and activities.