Christadelphian Care Homes

Fair Haven

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected the service on 3 and 4 February 2016. Fair Haven is a care home without nursing. The home is registered to accommodate up to 30 people. On the day of our inspection there were 21 people living at the home.

The home had a registered manager who was available during our inspection. 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 who used the service, and their relatives, told us that they felt safe and well looked after.
Staff met people's needs effectively and people told us that they were all kind and caring. Staff told us that they enjoyed working at the home and they were very knowledgeable about people's needs, preferences and life experiences. Staff respected people's privacy and dignity.

Staff had a good understanding of what constituted abuse and told us that they would be confident to recognise and report it.

We looked at how the home was being staffed. We saw there were enough staff to provide safe care and social activities. People we spoke with were satisfied with staffing levels.

Recruitment and selection was carried out safely with appropriate checks made before new staff could start working in the home.

Staff managed medicines safely. They gave them as prescribed and entered, stored and disposed of them correctly. People were able to manage their own medicines if they were able to do so safely. People said staff gave them their medicines when they needed them.

People were supported with their health needs well and the provider sought information and advice swiftly where needed.

People told us they were offered a choice of meals. They said the meals were good and they were offered snacks and drinks, day and night.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). The management team discussed DoLS applications they had submitted. We found that there were some shortfalls in acting in accordance with the Mental Capacity Act (2005).

People told us they knew how to raise a concern or to make a complaint if they were unhappy with

something. They were confident they would be listened to if they had concerns and that action would be taken quickly to make things right.

There were procedures in place to monitor the quality of the service. The management team were in the home most days and sought people's views formally and informally.

There was a transparent and open culture that encouraged people to express any ideas or feedback. People and their relatives felt their needs and wishes were listened to and acted on.

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 risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medicines appropriately as and when prescribed.

Staffing levels were sufficient to meet people's needs.

Recruitment procedures ensured that only people suitable to work with vulnerable people were appointed.

Is the service effective?

Requires Improvement

Improvements were required to ensure the service was effective.

Staff received appropriate support and training.

People's rights were not always protected under the Mental Capacity Act 2005.

People received sufficient to eat and drink and meals were nutritious and reflected individual tastes and dietary needs.

Is the service caring?

Good

The service was caring.

Staff were caring and treated people with dignity and respect.

People and their relatives were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

Care was personalised and reflected individual needs.

Activities were in place to stimulate and engage people.

Complaints were dealt with appropriately.

Is the service well-led?

Good

The service was well-led.

A range of quality assurance audits were in place to monitor the health, safety and welfare of people who lived at the home.

People who lived in the home, their relatives and staff were encouraged to give their opinions on how the home was supporting them. People told us staff were approachable and willing to listen.

Fair Haven

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 and 4 of February 2016 and was unannounced. The inspection team consisted of an adult social care inspector and a specialist advisor.

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 and other information we held about the home prior to our inspection. This included the notifications we had received from the provider.
Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection we spoke with seven people who used the service about the care and support they received. We spoke with the registered manager, assistant manager, five staff, the chef and five visitors to the home. We looked at six care records, four staff training and recruitment files and other records relevant to the running of the service. This included policies and procedures. We also looked at the provider's quality assurance systems.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and the staff supported them. When we asked a question about whether they felt safe and secure people's comments included "Yes, I feel safe here." And, "There is always a member of staff around, that makes me feel safe."

Staff told us, and records confirmed, they had received training in protecting adults from abuse and how to raise concerns. They understood the different types of abuse and knew how to recognise them. One member of staff told us, "Safeguarding is literally guarding people's safety, so that if we spot anything that might be wrong, we make our notes, refer to the most senior person on duty. If they do not take us seriously we can refer to the Social Service Safeguarding team".

There were personalised risk assessments for each person which gave guidance for staff on specific areas where people were more at risk. The risk assessments included areas associated with people being supported with their mobility, risks of developing pressure area skin damage, falling and not eating or drinking enough.

The home was well maintained, which also contributed to people's safety. Maintenance and servicing records were kept up to date. Maintenance records showed that equipment, such as fire alarms, extinguishers, mobile hoists, the passenger lift, call bells, and emergency lighting, was regularly checked and serviced in accordance with the manufacturer's guidelines. The service had a business continuity plan which detailed how emergencies would be addressed.

There were processes in place to manage risk from Legionella, which are water-borne bacteria that can cause serious illness. Health and safety regulations require persons responsible for premises to identify, assess, manage and prevent and control risks, and to keep the correct records.

The registered manager explained the staffing arrangements in the home and how these were dependant on the numbers of people and their dependency requirements to safely live in the home. The staff rota, our own observations and what people and staff told us confirmed that there were sufficient, suitably qualified members of staff on duty for every shift. The rota identified that the home had a number of bank staff that could be utilised to provider support if necessary. People told us that there was always enough staff on duty to provide care and support.

People told us they received their prescribed medicines on time. One person said, "The staff give me my medicines, I have had no problems". We observed two medicine rounds taking place and found staff were patient with people as they administered medicines. For each person we observed we noticed the senior carers explained what the medicine was for and asked people, "Is this OK" as a form of consent request. They waited until the medicine had been swallowed before leaving the person.

We saw that most medicines were kept securely. We did see that one person had over the counter medicine on their bedside table. There was no risk assessment to ensure that it was appropriate for the person to self-

administer this medicine. There was no risk assessment to take into ensure that another person did not take the person's medicine. We discussed this with the registered manager who arranged for a risk assessment to be completed and ensured the medicine was appropriately stored during our inspection.

Medicine records showed that each person had an individualised medicine administration record (MAR), which included a photograph of the person with a list of their known allergies. We looked at a selection of MAR. All of the records we looked at had been completed accurately.

Some people were prescribed PRN (as required) medicine, however there were no PRN care plans in place that would detail information such as what the medicine was for and the maximum dosage. We discussed this with the registered manager who told us that the home would shortly be adopting an electronic medicine system which would incorporate PRN care plans. This was an area for improvement for the provider.

Staff recruitment records contained an application form detailing employment history, interview notes, two references, proof of identity and a Disclosure and Barring Service (DBS) check. All of the staff spoken with confirmed they had provided references, attended an interview and had a DBS check completed prior to employment. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. This information helps employers make safer recruitment decisions.

Requires Improvement

Is the service effective?

Our findings

People told us that staff made sure that they got what they needed and that they were supported well. One person said, "I really enjoy living here and the staff are very good." Another person said, "The staff are well trained, I'm comfortable here." A visitor told us, "The care here is fantastically good".

Records showed that staff received training and support to enable them to do their jobs effectively. The registered manager explained that the home had recently changed training provider and refresher training in subjects such as First Aid, Fire, Safeguarding, Health and Safety and Infection Control were taking place in the following months. Staff told us they were provided with training, supervision and support which gave them the skills, knowledge and confidence to carry out their duties and responsibilities.

Obtaining people's consent was part of the care planning process. We looked at a number of care plans and saw that people had consented to their care.

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). We checked whether the service was working within the principles of the MCA.

The manager had identified a number of people who they believed were being deprived of their liberty. They had made DoLS applications to the supervisory body.

We noted that there were no mental capacity assessments or best interest decisions in care plans, where there was a reason to believe that people may lack the capacity to make certain decisions. For example, one person who was living with dementia was receiving medicine covertly. We saw that authorisation had been sought from their GP but there was no consideration of the Mental Capacity Act in the records we looked at. This was an area for improvement. We discussed this with the registered manager who acknowledged this shortfall and assured us that they would review people's care plan to evidence that the mental capacity act had been correctly followed. Following our inspection the registered manager sent us copies of people's mental capacity assessments and best interest decisions.

Staff told us they had received training in MCA and DoLS. We saw that further training had been arranged for staff in April 2016.

We spoke staff and asked them about staff supervisions and annual appraisals. Staff told us that

supervisions were conducted by a senior member of staff. Staff told us they had supervision every two months and appraisals every year the meetings provided them with the opportunity to discuss any issues or concerns they may have and any further training or development they may wish to undertake. We saw evidence of these meetings in the five staff files we looked at.

People could choose what they would like to eat and drink and this information was recorded into care records. There was a menu on display to the entrance of the dining room. One person said, "I like the food its good". Another person told us, "The food is okay, but I think it could be improved. I would prefer it if the chef cooked every meal." People had their specific dietary needs catered for, for example if they required a diabetic diet. The malnutrition universal screening tool (MUST) was used when needed, to identify if a person was at risk of malnutrition. People identified as at risk of malnutrition had their weight monitored and food and fluid charts were completed.

The chef confirmed they had information on people's dietary requirements. Care records identified what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy balanced diet. They had a good understanding of the nature of low sugar cooking. They also talked us through the different types of diet and consistency people with dysphagia, (a difficulty swallowing) required and they understood the importance of Speech and Language Therapist (SALT) recommendations and how to transfer this guidance to food that people liked.

People had a choice of soft drinks before and during lunch. On the day of our inspection the home was celebrating a person's birthday. We saw that people were offered alcoholic drinks by staff to celebrate this occasion. The atmosphere in the dining room was very sociable. There was friendly discussion and laughter. The experience of the lunchtime meal was a happy and social event. Where people were being supported to eat by staff, they were supported in a dignified manner and assisted to eat at their own pace.

Staff were competent, attentive and kind and were clearly well trained in the most effective and dignified ways to support people to eat their meals. We observed three people who were being supported to eat their lunch in their bedrooms. They were sitting up at an angle appropriate to assist them to eat their food safely. Most of the staff sat appropriately close to the person and assisted the person to eat at the person's pace. However we noted one member of staff who was standing, which did not respect the dignity of the person. This was an area for improvement for the provider.

Good

Is the service caring?

Our findings

People who used the service were consistent in their praise for care staff they described as nice and caring. One relative said, "The staff are absolutely fantastic if it wasn't for them [person] wouldn't be here." Another said, "It really is an excellent home, the staff do an amazing job."

Relationships between staff and people living in the home were friendly and supportive. People told us they were treated with kindness and were supported to maintain their independence. We observed that staff assisted people in a kind and positive way and offered reassurance. We noted that one person became a little agitated and a member of staff offered support and encouragement. They then engaged the person in meaningful conversation.

We saw that staff used respectful language to promote dignity in relation to interactions, communication and record keeping. Notes from team meetings showed person centred support was frequently discussed. Throughout the day we saw that people were spoken to by staff with their preferred names. This demonstrated that staff were aware of the contents of care plans and as a consequence they had knowledge of people's individual choices.

People's privacy and dignity was respected, staff supported people to maintain their personal hygiene during their activities of daily living. Personal care was provided in the privacy of people's own rooms. Staff knocked on people's doors before entering their bedrooms and bedroom doors had keys, should people wish to use them. Visiting times were flexible and people were able to choose whether to receive their visitors in the communal areas or in their own rooms. During the inspection we saw visitors were able to come and go freely.

We spoke with two visitors who told us that they were a part of the homes welfare team. They explained that their role included chairing resident/relative meetings which enabled people to freely speak about any topics or feedback that they had about the home. They also explained their roles in supporting people who were approaching the end of their lives. This included being available day or night to support people during the end of their lives. They explained how they kept people comfortable and supported people in accordance with their advanced wishes. They told us that whilst the home mostly supported people of a Christadelphian faith, they would happily support any faith with their advanced wishes. Records showed that whilst care plans contained a section for advanced care planning, these were not always completed. This was an area for improvement for the provider.

Good

Is the service responsive?

Our findings

Relatives told us they were happy with the standard of care their family members received and it met their individual needs. One relative said, "All my mother's needs are met, it's marvellous, the staff are so patient with her." One person told us how they lived in the home with their wife who was living with dementia. They explained how they were also invited to attend courses which helped them in understanding how to support their wife too.

One relative told us how people living in the home had access to a computer and how the home supported a person to keep in communication whilst they were living abroad with regular Skype calls.

People and relatives also told us that they had been provided with the information they needed during the assessment process before people moved in. Care plans were developed from the assessments and recorded information about the person's likes, dislikes and their care needs. However we found that some care plans were not in place to help staff give the right care and support for people. For example, one person who was living with dementia sometimes displayed behaviours that needed a response from others. There was no care plan in place to direct staff how to best support this person. We saw several instances where this person caused distress to other people in the home, but there were no staff present to support the person or others when this took place. This was an area for improvement for the provider. We discussed this with the registered manager and we saw that the following day the person received increased support from staff which reduced the amount of times their behaviours challenged other people living in the home.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities people were able to maintain hobbies and interests, staff provided support as required. For example, one person enjoyed photography and would take photographs of activities and special occasions that people were involved in. There was a list of organised activities available to people in the home. We saw that activities included coffee mornings and hymn singing.

People's bedrooms reflected their personality, preference and taste. For example, some bedrooms contained articles of furniture, pictures and ornaments from their previous home. People were offered choices and options. They had choice about when to get up and go to bed, when to have breakfast, what to eat, what to wear, and what to do.

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people and all visitors to the service. The policy was clearly displayed for people to access. A complaints file showed any complaints made, the action and outcome of the complaint and the response sent to the person concerned. We noted that one complaint had been received by the service in the past year.

The provider kept copies of compliments received, one relative had written, 'Dear [manager]. I just wanted to write to thank you and the staff for all the kindness, care and support you have shown to my nan,

granddad myself and family. My nan was so well looked after by you all and shown such compassion and care'

The registered manager explained that when people moved between services, such as any admissions to hospital, records containing their care and support details, photocopied medicine charts and Do not attempt CPR if applicable was provided. They also told us that a member of staff would normally accompany people if required to any hospital appointments.

Good

Is the service well-led?

Our findings

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported by an assistant manager.

Members of staff told us they liked working at the home and the manager, assistant manager were approachable and supportive. They all spoke highly of the home manager and the assistant manager. One member of staff told us, "This is a very special home with special people working here everyone will tell you the same. We are trained to speak to people with respect and that is how the team leaders and managers talk to us in the same way". Another member of staff told us, "I love coming to work, I love the people at the home and that is staff and residents, there is no pressure at this home, we all know what work we have to get done and do it but it is not like a timetable, we look after people as and when they want us to, if they want a lie in, that is what we make sure they are not disturbed and if they fancy something special to eat the cook is great and will do anything the resident feels like".

All of the people who lived at the home and the relatives we spoke with told us they thought the home was well run. One person said, "I think it's a good home and well run". A relative told us, "You can tell that [the manager] really cares about everybody in this home. He runs a tight ship".

Quality assurance audits were completed by senior staff who worked in the home. Medication audits were completed on a monthly basis. In addition we saw records of other audits that took place, such as a general manager's audit, monthly internal inspection audits and health and safety audits. Whilst these were in place to identify shortfalls in the service provided and seek improvement they had not identified all the issues identified during our inspection in relation to some of the records we looked at. This was an area for improvement for the provider.

People told us they were encouraged to share their opinions in how the service was run. Resident meetings were held and relatives were also invited to attend. We looked at the minutes from the last resident meeting in January 2016 which had been recently held. A variety of topics were discussed and people were invited to give feedback about the home.

Regular staff meetings were held so that staff could discuss issues relevant to their role. We saw that the last staff meeting took place in February 2016 and included topics such as care planning and communication.

The provider also completed an annual survey, the last of which was in the process of being analysed. The registered manager explained that the results would go to the board of trustees and an action plan would be produced to address any lower scoring areas.