

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:
14 May 2019

Date of publication:
06 June 2019

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

About the service:

Fairhaven Lodge is registered to support a maximum of 25 older people who live with dementia. At the time of our inspection there were 17 people living at the home. Fairhaven is situated in St Annes close to the promenade and local amenities. Accommodation is provided on three floors with a passenger lift for people to access the upper floors. All bedrooms have en-suite facilities and there are multiple communal areas to support people's social needs.

People's experience of using this service:

Relatives told us they were reassured their family members were safely supported at Fairhaven. A relative said, "I know my relative's safe and very happy there." The registered manager provided clear guidance to ensure staff understood their duty to report abuse or poor practice.

Relatives stated staffing levels were suitable to meet their family member's needs. A relative said, "There's always enough staff. I like that the care staff only do care. It gives me more confidence in their expertise." Staff stated they had good levels of training to underpin their knowledge and skills.

Staff followed correct procedures to ensure they administered people's medicines safely. One employee stated, "Training is great, we always have to update it to make sure we know what we are doing."

The management team completed risk assessments to guide staff to reduce the risk of unsafe care. Relatives said they were reassured their family members were safely supported at the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. A staff member told us, "My responsibility is making sure I am not taking anything away from the person when I am helping them. Making them feel like people, not pieces of furniture."

The registered manager regularly assessed people's nutritional needs to prevent the risk of malnutrition. A relative told us, "[My relative] was starving herself before, but now she's eating well and has been putting weight on."

We observed staff treated people as individuals and understood their different personalities. A relative told us, "For someone who has [my relative's] level of understanding and communication to spontaneously saying she is happy is incredible."

The registered manager discussed people's wishes in relation to how they wanted to be supported. A relative stated, "The care is definitely bespoke here."

The management team checked everyone's views to assess the quality of care. A relative said, "I can't praise

them all enough. They do a difficult job for sure, but hats off to them." The registered manager completed audits to check the service maintained people's safety and welfare.

Rating at last inspection:

At the last inspection the service was rated good (published 10 December 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any issues or concerns are identified we may inspect sooner.

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

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 effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained well-led.

Details are in our Well-led findings below.

Fairhaven Lodge

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

This service 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, both of which we looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Before our inspection, we completed our planning document and 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 supported by the service and previous inspection reports.

We also checked to see if any information concerning the care and welfare of people supported by the service had been received. We contacted the commissioning department who used Fairhaven and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced whilst using the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with a range of people about Fairhaven. They included three relatives, two members of the management team and three staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at records related to the management of the service. We did this to ensure the management team had oversight of the service and they could respond to any concerns highlighted or lead Fairhaven in ongoing improvements. We checked care records of one person and looked at staffing levels, recruitment procedures and training provision.

We walked around the building to carry out a visual check. We did this to ensure the home was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- The registered manager deployed sufficient staffing levels to meet people's requirements. Staff told us they had the time to support people and engage with them. One employee commented, "We have enough staff. Whenever someone is off sick we cover it so we are never short."
- Relatives stated staffing levels were suitable to meet their family member's needs. A relative stated, "They have plenty of staff on. It's a calm atmosphere and staff are always about."
- New employees told us their recruitment was professional and followed safe procedures. One staff member said, "They made sure they got everything required before I started working here. At least they knew I would be ok to work with the residents."

Using medicines safely

- Staff followed correct procedures to ensure they administered people's medicines safely. For instance, they concentrated on one person at a time and explained what they were doing. They signed records afterwards to evidence people had taken their medication.
- The registered manager ensured staff had relevant training to administer medicines safely. Additionally, they completed medication audits to assess the ongoing safety of related procedures.
- Relatives confirmed medication was administered as required and on time. One relative told us, "No issues with medication. I am really glad the staff deal with it expertly and safely."

Preventing and controlling infection

- The registered manager displayed handwashing signs throughout Fairhaven to guide staff to safe infection control measures. We saw good stock and use of personal protective equipment such as disposable gloves and hand gels. A relative said, "It's a very clean home even down to the staff appearance. They are well presented, which reassures me they take cleanliness seriously."

Systems and processes to safeguard people from the risk of abuse

- The registered manager provided clear guidance to ensure staff understood their duty to report abuse or harm. One staff member stated, "I would report anything to the management team and notify safeguarding. My priority is to protect the residents."
- A poster was displayed in the lobby of the home, which detailed information about safeguarding principles. This provided staff, people and visitors with the local authority contact details should they need to raise any concerns about abuse or poor practice.

Assessing risk, safety monitoring and management

- Relatives told us they were reassured their family members were safely supported at Fairhaven. One

relative stated, "I don't worry about her because she is safe and comfy." Another relative added, "I am fully confident [my relative] is safe. I have got to the point where I feel relaxed and reassured she is in a safe place. You don't know what that means to me."

- The management team completed and regularly reviewed risk assessments to guide staff about reducing the risk of harm or unsafe care. These covered, for instance, fire safety, medication and personal care. The assessments included control measures to mitigate potential risks.
- Staff followed their procedures to monitor, record and reduce accidents. The registered manager analysed incidents for patterns or themes to assess the ongoing safety of the environment.

Learning lessons when things go wrong

- The management team had good systems to identify, action and implement lessons learnt from incidents to improve the service. For example, following a recent fire service review the provider introduced a new safety system. The registered manager said, "We don't have to evacuate the whole home now, we can move people to safe areas. It's much better for residents with dementia."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- The provider was committed to providing an environment that optimised people's wellbeing. They were in the process of an extensive refurbishment of the home. We found the top floor had been opened out to create more space and brighter corridors with new windows and modern lighting. A relative told us, "It has an atmosphere of calm kindness and it is bright with high ceilings and big open spaces. There's room to breathe."

Staff support: induction, training, skills and experience

- Staff confirmed they had good levels of training and guidance to underpin their knowledge and skills. One staff member said, "I'm quite happy with the training here, it's a lot better than where I was." Following a thorough induction, each employee was required to complete a variety of courses, including refresher training to update their expertise.
- Additionally, staff had one-to-one supervision with their line manager to discuss their personal and professional progress. Each employee was required to carry out a self-assessment to strengthen their self-awareness and care knowledge.
- Relatives confirmed staff delivered support in a professional and experienced way. A relative commented, "The staff are very experienced and knowledgeable about dementia and all aspects of care. They understand the real depths."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The management team assessed people before admission to check they could meet their needs. Relatives said this helped to reduce the risk of a failed placement. A relative stated, "[My relative] was in an unsafe situation and we had to choose quick. We liked the atmosphere at Fairhaven and when we discussed her needs they assured us they could meet them."
- The registered manager was referencing current legislation, standards and evidence-based guidance to achieve effective outcomes. This included guidance and leaflets on, for instance, dementia, memory loss, health and safety, pressure ulcer prevention and deprivation of liberty.

Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager regularly assessed people's nutritional needs to prevent the risk of malnutrition. Relatives said their family members received wholesome meals they enjoyed. One relative commented, "[My relative] is eating well, she tells me all the time how great the food is." Another relative added, "I like that they don't allow visitors at meal times. The staff can then give more time to people who need the support with their meals. It's a more dignified approach."
- The Food Standards Agency had awarded Fairhaven a rating of five following their last inspection. This

graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care planning centred on assisting people to lead healthy, meaningful lives. The management team documented each person's hopes and desired outcomes to their care. This was regularly reviewed to ensure staff provided effective care.
- Staff documented planned appointments and kept relatives informed. A relative said, "If there are any appointments they let me know so that I can go along to reassure [my relative]."
- The registered manager promptly referred people to healthcare services in the continuity of their care. Relatives told us they were kept up-to-date with any changes in their family member's health. A relative stated, "The staff were very good at keeping us informed all the way."

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- At the time of our inspection, no-one at Fairhaven had an authorised DoLS in place. Staff demonstrated a good level of awareness about related principles and had training to underpin their awareness. A staff member said, "It is about protecting people and providing a safety barrier, asking them and giving them choices. It's about providing person-centred care."
- There was a consistent approach to helping people to make their day-to-day decisions. Care records contained their recorded consent to care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- The management team placed people at the heart of their care and were keen to seek relatives' views about their needs. A relative said, "They have discussed [my relative's] care plan with us to make sure they know and understand her as a person who has a right to a good life."
- Staff spent time with professionals from advocacy services to understand their role. Information was provided to people, such as the service's contact details. This enabled them to access this if they required support to have an independent voice in decision-making.

Respecting and promoting people's privacy, dignity and independence

- The registered manager adopted a care approach that respected each person's dignity and privacy. For example, staff knocked on bedroom doors before entering. A relative told us, "[My relative] is always well-presented, which is an important aspect of her dignity. It's another aspect of staff helping with her happiness."
- We observed staff treated people as individuals and understood their different personalities. A relative stated, "[My relative's] happy because the staff keep engaging with her and are really encouraging. She has a purpose and a life she did not have before and I am so grateful for that."

Ensuring people are well treated and supported; respecting equality and diversity

- The provider had multiple policies about diversity and human rights, such as expressing sexuality, equal opportunities and dignity in care. They ensured staff understood them and had related training. A relative said, "The staff treat everyone differently and understand how dementia manifests itself differently in each person. They treat [my relative] as an individual."
- Staff promoted a welcoming environment aimed at helping people and their relatives to retain their relationships. Care records held information about those important to each person. A relative told us, "They offer a cup of tea, which might be such a small thing, but I'm able to sit with my [relative], drink our tea and chat. It's so important to my continued relationship with her."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff planned care that was personalised to people's needs and preferences. They completed regular assessments to check support was responsive to each person's requirements. A relative told us, "[My relative] has gone from someone agitated and crying all the time to being really settled and happy. Her progress is quite simply down to the care she receives."
- The registered manager discussed people's wishes in relation to how they wanted to be supported. This included information about their preferred name, interests and food likes and dislikes. Care records also held detailed life histories to guide staff to better understand people.
- Staff provided extensive one-to-one and group activities for stimulation and to promote people's social skills. A relative gave an example of staff supporting their family member to attend an important family function. They added, "It's something we did not think was possible, but [the registered manager] has made that happen. It shows they go above and beyond."

End of life care and support

- At the time of our inspection, no-one received end of life care at Fairhaven. The registered manager had documented each person's requirements and preferences to promote good standards of care in this area. They told us a member of the management team always attended the home during end of life to ensure people received the best possible. They added, "It also means we are supporting our carers. They are very close to the residents, so we want to make sure we support them through this difficult process."

Improving care quality in response to complaints or concerns

- The registered manager had systems to assist people to raise concerns and deal with complaints received. Relatives said they were confident staff would respond appropriately to any feedback they gave. A relative commented, "I have no complaints at all. If I did I would feel comfortable about discussing them." The registered manager told us they had not received any formal complaints over the last 12 months.

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

The service was consistently managed and well led. Leaders and the culture they created promoted high-quality, person centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager instilled a transparent philosophy in its workforce to ensure people continued to receive good standards of care. One staff member stated, "Any comments we document and inform [the managers]. We want to make sure people remain happy at the home."
- We saw staff and the management team worked together as a close-knit unit in supporting people. For instance, the registered manager had not cut staff during the ongoing renovation. They said this was because they "value our staff and residents and do not want to decrease their level of care. We have a good reputation." A relative added, "[The registered manager] is incredibly amazing. She is so caring and it's clear to me she leads by example."

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

- The management team checked people and their relatives' views to assess the quality of their care. For example, they held monthly 'preference discussion' meetings to explore their choice of meals, social events and films. A relative said, "It's all down to the excellence of the managers."
- Staff told us there was an open-door policy and the management team was supportive and approachable. A staff member said, "This is a very supportive environment. I want that documented because I have never worked anywhere like it."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had clear lines of responsibility and accountability. This included notifying CQC of any incidents in line with the regulations.
- The management team and senior care staff completed audits to assess quality assurance and maintain everyone's welfare. For example, they assessed dignity levels, environmental safety, care records, staff files, training and medication. We found they acted on identified issues, such as introducing a new wheelchair cleaning rota after finding related concerns.

Working in partnership with others

- The management team worked closely with other services to enhance people's lives. This included a pilot scheme with the local authority to improve people's discharge from hospital. This included tracking of each person's progress and reassessment before returning to Fairhaven. The registered manager told us, "We need to be assured we can continue to meet their needs and keep hospitalisation to a minimum. It's an

unfamiliar environment for people with dementia where they can be misdiagnosed if they don't know the person and our care plans."

Continuous learning and improving care

- The management team regularly attended seminars and forums as a part of their continuous improvement drive. They also shared this with staff in team meetings and supervision. Staff confirmed they were involved in Fairhaven's development. A staff member stated, "The managers create a comfortable environment to be able to raise anything. If I've got any ideas, they would definitely listen and implement things to make things better."