Keychange Charity

Keychange Charity Fair Havens Christian Care Home (with Nursing)

Inspection report

468 Winchester Road
Bassett
Southampton
SO16 7DD
Tel: 023 8079 0874
Website: www.keychange.org.uk

Date of inspection visit: 07 and 14 July 2015
Date of publication: 06/11/2015

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

Overall summary

This inspection took place on 07 and 14 July 2015. This visit was unannounced. At our last inspection on 31 December 2013 we found the provider was meeting all the expected standards of care.

Keychange Charity Fair Havens Christian Care Home (with Nursing) is a nursing and care home which provides

Summary of findings

accommodation and care for 23 older persons. Due to recent decisions by the provider, they were not providing nursing care within the home. This meant that at the time of our inspection there were 10 people living in the home.

The home had a registered manager. 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 told us they were safe living at Fair Havens. Staff received safeguarding training and knew how to recognise and report abuse to the appropriate person. Risks associated with the delivery of care were identified when people's needs were first assessed. These were reviewed and updated when people's needs changed.

The service had recently changed from nursing to residential care and new care staff had been appointed in senior positions. There were sufficient staff on duty to provide care to all people. Staff had been trained in the administration of medicines and had been assessed to be competent to do this. Medicines were safely administered and were stored in an appropriate secure location. Systems to order, audit and return medicines were safe and effective.

People received effective care as their needs were assessed prior to admission. Care plans were written to meet needs identified from the assessment. The care plans were personalised and people and their relatives were involved in reviewing their care plans. People were asked for their consent before care was delivered to them by staff.

People received sufficient and nutritious meals and were able to make their own drinks and snacks throughout the day if they wished. Where people were having their weight monitored, records were maintained of food and drink they consumed. People were supported to maintain good health and they were able to access the local GP surgery or receive home visits from the GP or other health care staff.

People spoke warmly about the staff who supported them and said they had a good relationship with staff. People said they would talk to the registered manager about any concerns they had about the service they received. People were able to give their views on their care to staff and this would be discussed with the registered manager. Changes had been made to people's care plans in line with discussions they had with staff. People's dignity and privacy was respected by staff and there were suitable areas in the home where they or their relatives could have private time.

People received personalised care that was based on information they or people who knew them well had supplied as part of the assessment of care. This was reflected in people's individual care records where each person had a 'this is me' document outlining their personal history, likes, dislikes and preferences. People were able to talk to staff and the registered manager on a regular basis about their experiences in the home and changes they would like to make. They could make suggestions through regular satisfaction surveys the provider carried out.

The service was well led and there was an open culture where people and their relatives were kept up to date and involved in decisions about the future of the home. Staff told us the people were at the centre of what they did. Auditing systems were in place to ensure high quality care was delivered to people. The provider monitored this with their own audits of the care, environment and work practices of staff. The registered manager maintained their own skills and was aware of current trends and research in dementia and older person's care. This had led to training being provided in dementia friendly services and staff developing a better understanding of the needs of people who lived in the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People felt safe as the provider had systems in place to recognise and respond to allegations of abuse. Staff received training in the provider's and local authority's policy on safeguarding.

Risks associated to the delivery of people's care were assessed and reviewed regularly. Medicines were administered, stored and managed safely.

There were sufficient numbers of staff employed to ensure people's needs were met. The provider had safe recruitment practices in place.

Good

Is the service effective?
The service was effective.

Staff received training to ensure they had the sufficient skills and knowledge to meet people's needs. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and how to act in people's best interests.

People received sufficient and nutritious food and drinks and were supported to maintain a balanced diet. They were able to access appropriate and timely health care when required

Good

Is the service caring?
The service was caring.

Staff knew people well and communicated with them in a kind and relaxed manner. People were able to express views on their care to staff and the registered manager and were listened to.

People were supported to maintain their dignity and privacy and were encouraged to be as independent as they could be.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed before they moved into the home to ensure their needs were identified and could be met. People received care and support that was personalised to their individual needs.

People and their relatives were involved in identifying their needs and provided information on personal preferences.

People and their relatives knew how to complain and were confident their concerns would be responded to.

Good

Is the service well-led?
The service was well led.

People, relatives and staff said there was an open, welcoming and approachable culture within the home.

Good

Summary of findings

The provider and registered manager had suitable systems in place to monitor the quality and safety of the service.

The registered manager maintained their knowledge of current research and trends within adult social care and arranged training for staff appropriate to the development of the service.

Keychange Charity Fair Havens Christian Care Home (with Nursing)

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.

The inspection took place on 07 July 2015 and was unannounced. This was carried out by one inspector.

We had not asked the provider or registered manager to complete a Provider Information Return. 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 was because we decided to bring forward our scheduled inspection as a result of information we had received about the service. Before the inspection we looked at the reports from our previous inspections along with other information we held on the service. We also looked at notifications about important events which the provider is required to send us by law.

During this inspection we looked around the premises, observed people at meal times and whilst they were undertaking activities in the lounge areas. We observed medicines being administered. We spoke with four people and two relatives of people. We spoke with the registered manager and four members of staff.

We looked at three people's care plans and associated care records. We looked at the recruitment, training and supervision records of five members of staff. We looked at management records, policies and procedures. Information on accidents, incidents, complaints, health and safety checks and auditing processes were also looked at.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I wanted to come into the home because I wanted to feel safer. If I have a fall I know staff will be there to help me immediately." Another person said, "Staff certainly make me feel safe." A relative said, "I was concerned at losing the security of having nurses here, but I know the care staff will keep mum safe and well."

People were protected from the risk of abuse as staff had received training in safeguarding. The training was in line with the provider's policy and the local authority's safeguarding policy. This taught staff how to recognise and report abuse and any safeguarding concerns. A member of staff said, "I know what the different types of abuse are and feel confident that I would report it to my manager." Another member of staff said, "If we're concerned about someone's safety and the manager didn't do anything, we could report it to you, couldn't we?" A relative said, "You hope you never have to report abuse, but I know I could talk to the manager about anything I see."

The registered manager explained why the service was changing from providing nursing care into residential care only. They had experienced difficulty in recruiting trained nurses and felt people would be at risk due to the lack of consistency when using agency nurses to cover their vacancies. They undertook a full assessment of all risks associated with providing nursing care and felt people would not be safe. The decision was made by the provider organisation to close their nursing beds within the home. This was undertaken with full consultation of people receiving nursing care, their relatives, commissioners and social services. A plan was made of when the 12 identified people would transfer to alternative services. This had been completed and the provider was ensuring the service was suitable to meet the needs of people who required residential care.

There had been requests for places at the home and there were plans to have phased admissions. This approach was necessary due to the need to recruit and develop the staff team, to ensure there were sufficient and skilled staff to meet people's needs. Staff rosters for the current number of staff showed there were sufficient staff on duty. One person said, "There are enough staff, we never wait long for staff to help us." Another person said, "I do miss the nurses but the care staff certainly have the skills to care." A relative said, "Staff are all so helpful and know my mum so well."

Before people came to live at the home an assessment of their needs was completed by the registered manager and head of care. People's support needs were identified and staffing allocated by how much time was required to deliver care. This was done on an individual basis and ensured there were enough staff to deliver care. If a person's needs changed this assessment was reviewed and where extra support was identified the staffing levels could be raised. For example, one person required extra support when getting up in the morning. They identified extra staff hours were required and an increase in staffing was achieved.

As part of the initial assessment of needs, risks were identified through the care needs identified. For example one person required support around their mobility. There were risk assessments to support the care plan and moving and handling instructions for staff. There were also risk assessments for the use of a walking frame, a wheelchair and getting in and out of bed. The risk assessments identified what the potential for harm was and gave clear guidance on what was needed to reduce the possibility of harm to the individual. Staff were aware of the risk assessments in place for people and knew what they needed to do to keep people safe when delivering care.

There were robust recruitment processes in place that made sure staff were skilled, knowledgeable and suitably experienced to meet the needs of people. All new staff undertook Disclosure and Barring Service (DBS) checks. The DBS check help employers make safer recruitment decisions and prevents unsuitable people from working in care settings. Staff files contained two references from previous employers and certificates of training staff had completed. There were also records of each staff member's recruitment process. All staff had completed an induction programme when they started to work in the home. They were unable to work on their own without supervision until they had completed this induction.

Medicines were safely administered and stored securely. When nurses had worked in the home they were responsible for administration, ordering and monitoring of medicines. The registered manager worked with the provider to set up new systems in the home to enable

Good

Is the service safe?

medicines to be given by care staff. This involved reviewing the provider's medicines policy, liaising with the pharmacy who supplied medicines and developing training and assessments for staff on administering medicines. Three members of staff had been trained in administering medicines and had been assessed as competent by the registered manager to do this.

We observed a senior member of staff administering medicines. A medicine administration record (MAR) was used for each person. This contained all necessary information on medicines to be given and provided a record of when medicines were given. The senior member of staff told people they would be having medicines and waited for their consent before giving them their medicines. They signed for the medicine after ensuring people had taken the medicine. When they finished the medicines were securely locked away. Ordering systems were in place and medicine arrived when required from the pharmacy. When medicines were required to be returned to the pharmacy a clear record was made of this in the 'returns' book.

Regular health and safety checks were carried out to make sure equipment and the environment were safe. Checks were also made of fire safety and detection equipment. Regular maintenance of lifts, moving and handling equipment and kitchen equipment were up to date. All people had evacuation plans in case of emergency. Staff were aware of how to support each person if it was necessary to evacuate the building.

Good

Is the service effective?

Our findings

Most people told us staff were suitably skilled to support and care for them. One person told us, "Staff are very good at what they do and know how to support me." Another person said, "the food is okay and staff check my weight regularly, sometimes I'm just not hungry." A relative said, "Mum seems very happy here and I can see she is well. There has never been a problem with her seeing a doctor when she needs to."

However, some people were not so positive about the home. One person said, "99% of the staff are good at what they do but one person is too loud and bossy for my liking." They were not worried by this person and did not feel threatened by them. We observed a member of staff, who did speak loudly in front of people. When discussed with the registered manager they were aware of this and were taking action with the member of staff to change this part of their character. Another person told us, "I am worried that now we have lost the nurses I will have to move if my care needs change." This was shared with the registered manager and they were aware of this concern. They said they would try to keep people at the home for as long as was possible and funding was available to support some increases in people's needs.

We observed how staff supported people during different parts of the day. For example one person required support to go to their room. Staff assisted them by ensuring they had their walking frame and walked alongside them offering encouragement and support. At meal times staff sat with people and offered support when they required it. Staff were knowledgeable of the support needs of people. They delivered care as described in people's care plans.

All staff completed an induction programme when they began to work in the home. They had been using the Skills for Care Common Induction Standards for all new starters. These are the standards which employees working in adult social care should meet before they can safely work unsupervised. The registered manager said they have signed up with a local college for staff to complete their induction training as part of the Care Certificate. A member of staff told us, "My induction really helped me to know what was expected of me and to understand how to support people appropriately."

Staff attended a number of training events, covering topics such as; infection control, moving and handling, safe use of a hoist, basic food hygiene, safeguarding, first aid and others. One member of staff said, "We get the chance to do a lot of training. The company are supporting me to do my access to nursing course, as I would like to become a qualified nurse." Another member of staff said, "The training really helped me understand the people we care for. It has taught me to treat people with kindness and dignity." The chef told us, "I thought the safeguarding training was good and made me realise we are all responsible for keeping people safe. I am looking forward to doing the dementia training."

When staff were providing care to people, we heard them explaining what they were about to do. They also asked people for their consent and waited for a positive response, before proceeding with delivering the care. People had been involved in discussions about their care plans and had signed in their care plans to say they had consented to them. Where people did not have the capacity to do this, their representative, who had power of attorney around their care, had signed these.

The staff had an understanding of the Mental Capacity Act (MCA) and had received appropriate training in how it applied to people in their care. One member of staff said, "where people are unable to make decisions about their care we have to assess their understanding and how they make choices. Where people cannot make decisions for themselves then we ask other people who know them well and professionals for their opinion." We saw people who had mental capacity assessments in place for certain decisions. Minutes of a best interests meeting showed how a decision had been made for the use of bed rails to prevent a person falling out of bed.

One person had required a Deprivation of Liberties Safeguarding (DoLS) authorisation. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager had completed a mental capacity assessment for this person, as they were trying to leave the building at night. A best interest meeting confirmed the person would not be safe on the road and

Good

Is the service effective?

from falling, if they were to leave the home unaccompanied by staff. There were clear guidelines for staff to follow and alarms had been fitted to doors to alert staff if they were opened.

People were complimentary about the food and told us they enjoyed the meals and had more than enough to eat. There was an area in the dining room where people could help themselves to make hot and cold drinks. They could also have snacks such as biscuits, fruit and cakes if they wanted them. People said this was much better than having to wait for a member of staff to give them a drink as part of a tea round. People were asked what they wanted for their main meal and were given a choice of two options at mealtimes. When people did not want either option they could choose something else they liked.

Where people required a soft diet due to swallowing or eating difficulties, the chef provided a puree of the main meal. These were separate components of the meal and the chef added seasoning to these to make them more palatable. People who did not eat much were monitored for their weight on a weekly basis. Records were maintained and up to date of what and how much they had eaten and drunk throughout the day. People were also seen by nutritionists and speech and language therapists where required. People were provided with suitable and nutritious food and drink.

People's healthcare needs were met. They were registered with a local GP and the registered manager arranged regular health checks with the GP, hospital specialists, dentists and opticians. The registered manager explained how they intended to support people's health needs following the loss of the nurses. They had discussed this with their local GP surgery and district nurses. They had agreed extra nursing support would be available for specific areas such as injections, wound care and monitoring longer term medical conditions people had. Where people required to attend hospital and specialist healthcare appointments, staff arranged transport and accompanied them. This helped people to stay healthy.

Good

Is the service caring?

Our findings

People said they were happy with the care and support they received. They said they were well looked after and all of the staff were kind and caring. One person said, "I am ever so well looked after. It's taken time but staff know me well and know what I like." Another person said, "I don't see so well now, but staff know this and help me in a quiet manner to not draw attention to my sight problems." A relative said, "The nurses and carers obviously care a lot and treat people with respect and love." Another relative said, "We chose this home because of mum's religion and the Christian principles they (the staff) have. It is such a restful and respectful place."

People told us they enjoyed good relationships with staff. One person said, "We are like a big family here and I know some of the younger people see us as their Grans." A relative said, "We really are made to feel welcome. We can come in whenever we want to and know mum is so happy with the staff." A member of staff said, "I love it here, I am so glad that people see this as their home and I feel privileged that they allow me to work with them." Throughout our inspection there was good interaction between people and staff and there was a relaxed atmosphere.

The home is part of a Christian charity and as such provided opportunities for people to follow their religious beliefs. There were religious services and prayer meetings available regularly within the home for people to attend if they chose to. People were also able to sit in quiet lounges in the home on their own if they wished to. Staff were aware of this religious philosophy when they were interviewed. It was not expected that staff should be committed Christians to work at the home but should have an understanding of how important people's religious beliefs were to them.

The registered manager explained they had an application from someone to live in the home who was not a Christian. They had discussed this with people and had found most people would welcome the person to the home in order to discuss that person's religious beliefs. This showed they were committed to supporting people to express their views and beliefs.

Each person had a comprehensive individual plan of care. These plans guided staff on how to ensure people were involved and supported in the planning and delivery of their care. These plans highlighted what people could do for themselves and how they liked to be supported. They also contained information on people's personal histories and what mattered most to them. The registered manager and staff told us some people were able to make decisions about their care and treatment and these were respected.

People told us they were encouraged to express their views. For example one person had a love for cats and kept several at their home when they lived there. They had asked for a cat in the care home. The registered manager undertook a poll of all people living in the home to see if they objected to this. Some people's responses were very warm and one or two people were concerned about germs and fleas. The decision was that they would approach a cat rescue centre and they could decide if the home was right for a cat to live in. If this was okay then they would get a cat.

Staff respected people's privacy and dignity. They knocked on people's doors and waited for a response before asking if they could enter. People were addressed by their preferred name and their care records showed what this was. One person told us, "Sometimes I just want to be on my own with my thoughts. I can go to the lounge or sit in my room. Sometimes I like to wander around the garden. Staff know this is how I like to be and leave me alone."

Good

Is the service responsive?

Our findings

Our findings

People were aware that they had a plan of care and were aware of its contents. One person said, “Staff have a care plan which tells them about the support I need.” Another person said, “I know I can talk to staff about my care plan and they make changes to it sometimes when I tell them something is not right in it.” Relatives told us they were involved in reviews of their relatives’ care plans. One relative said, “Staff always listen to us and they can change things around when required.” Another relative said, “It’s lovely that mum is able to go out when she wants to and she is always telling us about things she has done.”

Care plans and records were personalised and contained a lot of information about each individual. This included a ‘this is me’ booklet. This was written by staff talking to the person and relatives and friends, who knew their personal history and preference. For example one person’s care plan stated for washing and dressing; “wishes to remain independent.” The care plan described how to support the person with their shower, teeth cleaning, selecting clothing and getting dressed. These were written to show the person did this for themselves and at what stage staff should offer assistance and the type of assistance that was required.

Within the care records were details of likes, dislikes and personal preferences of people. This showed a range of foods, drinks activities and occupational tasks people had preferences for and also what they did not like. One person told us, “I asked to come here as I knew I couldn’t look after myself at home. I miss not being able to cook but when I told staff about this I joined in a cake baking session. It was lovely to make cakes again.”

Another person and their relative told us about their moving into another room. They had been living in an upstairs room but had requested a room looking out onto the garden. A room downstairs in the home was available that had a patio door that opened onto the garden. They had been able to select the paint colours and were looking at choosing a new carpet. They had chosen where they wanted their bed placed so that they could look directly at the garden. The relative said, “Mum is so happy that she has her new room and that the staff and the manager have done so much to make it happen.”

People were involved in a wide range of activities of their own choosing. For example when an army cadet band visited, people could choose the type of music they played. The most popular choice was for show tunes but they also responded to requests for hymns and military songs. Themed days were held which involved people in making decorations and deciding food and activities in keeping with the theme. One of these was concerning the recent care homes open day which showed some of the crafts and artwork people had been involved in. One person joined in a quilting session who had not shown interest in this before.

People enjoyed going out to the local shop and were accompanied by staff where they needed help with walking or keeping safe. One person with visual impairment said, “Staff are so good and if they didn’t help me I would have stopped going out months ago. I really enjoy my weekly walks.”

The provider had a comprehensive complaints policy which was available for people to access. One person said, “I’ve no complaints at all with the home or staff. If I did need to complain, I would go to [the registered manager] and tell her what was wrong. She’d sort it out straight away.” We saw records of a complaint which had been managed appropriately and within the provider’s policy timescales.

Incidents and accidents had been recorded at the time they had happened. For one particular accident this was described in detail and there was a record of an investigation as to how this had happened. There was an action plan showing what needed to be done to ensure this type of accident did not happen again. The provider was responsive to these incidents and ensured they were discussed within the staff team in order to learn from them.

The provider undertook an annual survey of people’s, their relative’s and visiting professionals opinions of the quality of service that was provided. Most of the responses were very positive. One of the comments from a relative said, “Thank you to all the staff for the high quality of care shown form personal hygiene to emotional needs.” Where comments had suggested changes, these had been responded to. For example, people had identified more outings. The registered manager had looked at funding for a mini bus and possible hire of vehicles if necessary.

Good

Is the service well-led?

Our findings

People said the registered manager was approachable and they could talk with them at any time. One person said, "[The registered manager] is helpful and leads the team well. She gets the jobs done." Another person said, "We have a good staff team. They all know their jobs and we can see they are well supported to do their job." A relative said, "I thought the place would change when the nurses left, but staff are well organised and just get on with their jobs." Another relative said. "There's been a lot of changes with some new young staff coming in. They have fitted in well and have learned quickly."

The registered manager told us they were accessible at all times to people and always made time to work with them as it maintained their knowledge of people's needs. This was noticed by the way people responded to the registered manager and the good humoured interactions they had with them. They listened to people and made changes as a result of this. One person told us how they had attended a hospital appointment with the registered manager as they had identified they were the person they wanted to support them.

The positive culture within the home was identified by staff and people as being a small homely environment. Some people and staff referred to this as "being part of a big family." This was something one member of staff referred to as, "we like to treat people like we would our own family." Another member of staff said, "This is the person's home and we are guests."

The registered manager had undertaken study and research into current trends within dementia and older person's care. They had worked with the provider to source specific training for staff to widen their understanding of dementia and how it affected the people they supported. Where areas of the home were being decorated, this was in line with research and knowledge on aspects of the environment that were considered important to make the home 'dementia friendly'.

Due to the change of the service from a nursing home to a residential home, the registered manager was in the process of amending the service's statement of purpose and registration with CQC. This also changed the focus from a nursing service to a care service and meant a change of roles for support workers. This had been completed with new job descriptions and extra training required for staff. Senior staff were appointed to complement the management team and provide daily senior support to manage shifts and staff. This had been achieved with full involvement and consultation with staff, people who used the service, their relatives and commissioners. Meetings had occurred with all groups of people and comments were followed up and included in the action plan for this change.

Monthly checks and audits were carried out by the registered manager and senior managers within the provider organisation to monitor the quality of the service. A report was produced from these quality audits and where concerns were identified, actions were identified for improvements required. For example following a fire risk assessment in May 2015 a list of actions had been identified. We saw this work had been completed.