Pathways Care Group Limited

Fair Haven Care Home

Inspection report

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Date of inspection visit:
08 June 2016

Date of publication:
29 June 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This unannounced inspection took place on 8 June 2016. This residential care service is registered to provide accommodation and personal care support for up to 21 people with mental health needs and learning disabilities. At the time of the inspection there were 19 people living at the home.

There was a registered manager in post at the time of 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 felt safe in the home. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed and recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job.

Staff followed the information held in care records which contained risk assessments and risk management plans to protect people from identified risks and helped to keep them safe. People were supported to take their medicines as prescribed and medicines were obtained, stored, administered and disposed of safely.

People received care from staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person and people were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to maintain good health and had access to healthcare services when they were needed.

People received care from compassionate and supportive staff which promoted positive relationships with each other. Staff understood the needs of the people they supported and used their knowledge of people's lives to engage them in meaningful conversations. People were supported to make their own choices and when they needed additional support the staff arranged for an advocate to become involved.

Care plans were written in a person centred manner and focussed on giving people choices and opportunities to receive their care how they liked it to be. They detailed how people wished to be supported and people were fully involved in making decisions about their care. People participated in a range of activities and received the support they needed to help them do this. People were able to choose where they spent their time and what they did. People were able to raise complaints and they were investigated and resolved promptly.

People and staff were confident in the management of the home and felt listened to. People were able to provide feedback and this was acted on and improvements were made. The service had audits and quality

monitoring systems in place which ensured people received good quality care that enhanced their life. Policies and procedures were in place which reflected the care provided at the home.

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.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. Staff received training to
ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples physical and mental health needs were kept under regular review.

People were supported to access relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff.

Staff had a good understanding of people's needs and preferences.

Staff promoted people's independence to ensure people were as involved as possible in the daily running of the home.

Is the service responsive?

Good

This service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and complaints were responded to appropriately.

Is the service well-led?

Good

This service was well-led.

A registered manager was in post and they were active and visible in the home. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

There were systems in place to monitor the quality and safety of the service and actions were completed in a timely manner.

People living in the home, their relatives and staff were confident in the management of the home. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

Fair Haven Care Home

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 8 June 2016. The inspection was unannounced and was undertaken by one inspector.

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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with six people who lived at the home, one relative, five care staff, the cook and the registered manager.

We looked at care plan documentation relating to five people, and four staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People felt safe where they lived. One person said "It is lovely here, staff look after me well." Relatives told us that they felt that their family members were safe and looked after well. It was clear through observation and general interaction that people felt safe and comfortable in the home. The provider had procedures for ensuring that any concerns about people's safety were appropriately reported. All of the staff we spoke with demonstrated an understanding of the type of harm that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of harm including who they would report any safeguarding concerns to. Staff said they had not needed to report any concerns but would not hesitate to report abuse if they saw or heard anything that put people at risk. One care staff said "I would be confident to report anything; our job is to protect people and keep them safe." Staff had received training on protecting people from harm and the records we saw confirmed this.

People were assessed for their potential risks such as falls. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. For example where people's mobility had increased their risk assessment reflected their changing needs and the change in any mobility equipment. People's care plans provided instruction to staff on how they were to mitigate people's risks to ensure people's continued safety. For example, where people were identified as being at risk of going out in the community because of lack of road safety awareness, care plans linked to the risk assessments set out how to the support the person.

We saw that the provider regularly reviewed environmental risks and the registered manager told us that they carried out regular safety checks. We noticed that the environment supported safe movement around the building and that there were no obstructions.

There was enough staff to keep people safe and to meet their needs. People told us that there were members of staff available when they needed them. One person said, "There is always staff about and they always have time for me." One relative told us "The staff are always around, I never have to look for anyone." Staff felt that there was enough staff available to meet people's needs and to ensure people received good support throughout the day. The registered manager told us that they spent some of their time around the home to help support people whenever they could. We observed that the levels of staffing allowed each person to receive appropriate support from staff.

People's medicines were safely managed. Staff had received training in the safe administration, storage and disposal of medicines. Staff had arranged for people to receive liquid medicines where they found swallowing tablets difficult. Staff followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain. One person said "I get my tablets on time, they always remember." There were regular medicines audits, where actions had been taken to improve practice and all staff had undertaken competency assessments.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. The staff recruitment procedures explored gaps in employment histories, obtaining written

references and vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

Good

Is the service effective?

Our findings

People received care which was based on best practice, from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively.

New staff received a thorough induction which included classroom based learning and shadowing experienced members of the staff team. One staff member told us "We have a good induction where we go through emergency procedures for the home, policies and procedures, care plans and what standards are expected of us." The induction was comprehensive and included key topics on mental health awareness, person centred care, and dementia awareness. The induction was focussed on the whole team approach to support people to achieve the best outcomes for them.

Training was delivered using face to face and e-learning modules; the provider's mandatory training was refreshed annually. Staff we spoke with were positive about the training they received and confirmed that the training was a combination of on-line and classroom based training. One care staff said "I have done training on the mental health act; it gives you more insight than just the basic training and it is key to our role." Staff were provided with the opportunity to obtain a recognised care qualification through the Qualifications and Credit Framework (QCF).

People's needs were met by staff that received regular supervision and received an annual appraisal. We saw that supervision meetings were available to all staff employed at the home, including permanent and 'bank' members of staff. The meetings were used to assess staff performance and identify on-going support and training needs. One care staff said "I have regular supervision and I feel listened to."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was knowledgeable and experienced in the requirements of the MCA and DoLS. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS applications had been submitted from the local authority. The registered manager had sourced advice and support from a MCA assessor where people had fluctuating capacity to ensure the requirements were being met. All staff had training in the MCA and DoLS and had a good understanding of service users' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, procedures were in place to make decisionsthat were made in their best interests.

People were supported to eat a balanced diet that promoted healthy eating. Meals and mealtimes were

arranged so that people had time and space to eat in comfort and at their own speed and liking. The cook ensured people were provided with meals that met their nutritional and cultural needs. We saw that they prepared meals to suit each person's individual needs, such as pureed food; they had access to information about people's dietary needs, their likes and dislikes. One person told us "The food is lovely and the cook knows I don't like peas." Another person told us that if they were going to miss a meal because they were out, a hot meal would be reserved for them which they could eat upon their return. Staff were on-hand to assist people to have their meals where required. One family member told us "[My relative] takes their time eating and she may not always accept the staff supporting her, but they always try."

The staff team were knowledgeable about people's food preferences and dietary needs, they were aware of good practice in relation to food hygiene and this was promoted by signage around the kitchen. People were referred to the Speech and Language Therapy Team if they had difficulties with swallowing food and if required referrals were made to the NHS Dietician.

People's healthcare needs were carefully monitored and detailed care planning ensured staff had information on how care should be delivered effectively. Care Records showed that people had access to community nurses, condition-specific nurses and GP's. People had been referred to specialist services when required. People received a full annual health check-up and had health action plans in place. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. They told us they liked the staff and described them as 'super'. One person said "All the staff are great, they are devoted to us." One relative said in a questionnaire "The help and welfare my relative gets from all of the staff is first class."

People were treated with kindness, compassion and respect. Staff took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed the interaction with staff. One person told us "The staff are all 'chirpy' and I like that about them, they help us lift our spirits." Observations showed staff had a caring attitude towards people and a commitment to providing a good standard of care. Staff spoke with people in a friendly way, referring to people by their names, involving them in conversations and acknowledged every one when they were in the same room or passing.

People were involved in personalising their own bedroom and living areas so that they had items around them that they treasured. One person showed us their bedroom and it was decorated to their own choice with pictures on the wall and photographs of family members and other items that had meaning to them. Staff used their knowledge of people's past lives and family to support them to have their bedroom how they wanted so that it reflected their interests.

People were encouraged to express their views and to make their own choices. One person told us "I know I have funny ways and I do some strange things, but it's me and I like it that the staff allow me to be myself." There was information in people's care plans about what they liked to do for themselves. This included how they wanted to spend their time or if they had preferences about how to receive their care, for example by male or female members of staff. Staff had a good knowledge of people's preferences and these were respected and accommodated by the staff team.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a confidential document or discussed at staff handovers which were conducted in private.

We observed the service had a culture which focused on providing people with care which was personalised to the individual. Staff were motivated and caring. Staff respected people's privacy and dignity and demonstrated their understanding of what privacy and dignity meant in relation to supporting people with their personal care. For example; closing curtains when undertaking personal care and checking that people were comfortable with receiving care.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date and they spent time with them individually. One person said "I have a keyworker and we talk about my plans and what sort of things I want to buy."

There was information on advocacy services which was available for people and their relatives to view.

Some people currently living at the home had used an independent advocate. Staff were knowledgeable about what advocacy services could offer people and to refer people.

Visitors, such as relatives and people's friends, were encouraged and made welcome. The registered manager told us that people's families could visit when they wanted and they use the lounge area or meet in people's own rooms. One person said "My cousin visits me twice a week and sometimes we sit in the garden; the cook will cook a dinner for them as well if they want."

Good

Is the service responsive?

Our findings

People's care and support needs were assessed before they came to live at the home to determine if the service could meet their needs. People and their relatives were encouraged to visit the home to gain an insight into whether the home was right for them. We saw that during the admissions process the registered manager visited people in their homes or other care setting and gathered as much information and knowledge about people as possible. Staff encouraged people's relatives, advocates and care professionals to be involved in their assessment to better understand people's preferences and strengths. This ensured as smooth transition as possible once the person decided they would like to move into the home.

People's care and treatment was planned and delivered in line with people's individual preferences and choices. Information about people's past history, where they lived when they were younger and what interested them was detailed in their care plans.. This information enabled care staff to personalise the care they provided to each individual, particularly for those people who were less able to say how they preferred to receive the care they needed.

People had been involved in writing their care plans and detailing the information held with in them. One person's care plan was not as detailed as others and when we questioned this the registered manager told us that the person had been quite specific about not wanting all of their life history written down. We spoke with the person and they confirmed this was their choice.

Care plans were reviewed on a regular basis to help ensure they were kept up to date and reflected each individual's current needs. We saw that care plans reflected peoples changing needs including alterations in medication.

The risk of people becoming withdrawn and lonely within the home was minimised by encouraging them to join in with the activities that were regularly organised. People living in the home were involved with arts and crafts, DVD nights, baking and 'beauty sessions', bingo and motivational activities. One person said "I love it when we make jam tarts, I want to eat them straight away but we have to wait for them to cool down, then we share them with everyone." One relative in a questionnaire said "My relative now joins in lots of activities mainly due to the encouragement of the staff and especially the manager." Care staff made efforts to engage people's interest in what was happening in the wider world and local community, by discussing news items and looking at local newspapers.

Staff were responsive to people's needs. They spent time with people and responded quickly if people needed any support. Staff were always on hand to speak and interact with people and we observed staff checking people were comfortable and asking them if they wanted any assistance. Staff knew people well and were able understand people's needs from their body language and from their own communication style.

People participated in a range of activities including visiting garden centres, trips to county parks, meals out, cake baking and grocery shopping. One person told us about a trip to the seaside and said they were

planning another one very soon. People had the opportunity to join in a variety of activities and staff were proactive in supporting people to attend events.

When people were admitted to the home they and their representatives were provided with the information they needed about how to make a complaint. One person said "If I had a complaint or I wasn't happy I would just speak to [the registered manager]; they would put it right for me." There were arrangements in place to record complaints that had been raised and what action had been taken about resolving the issues of concern. We saw that one complaint had been raised and it was responded to appropriately and in a timely manner. The registered manager said "The family member didn't want it recorded as a complaint it was just some changes they wanted us to make; but I wanted it to be recorded so it was clear how we respond to feedback."

Good

Is the service well-led?

Our findings

The manager had created an open and transparent culture with the staff team, staff told us they felt confident going to the manager with any concerns or ideas and that the manager would listen and take action. One staff member told us "[The manager] is really good, very approachable and easy to talk to and the residents always come first."

Communication between people, families and staff was encouraged in an open way. The registered manager and care staff put great importance in maintaining people's relationships with their families and ensured they were kept informed. One relative said "The whole family is updated on [my relatives] care and if anything changes we know about it straight away and they always update me with [my relatives] progress; I am really happy."

The culture within the home focused upon supporting people to receive the care and support they required to have a happy and comfortable life. All of the staff we spoke with were committed to providing a high standard of personalised care and support and were proud of the job they did. One member of staff told us "I love working here; I make a difference to people's lives and I am really well supported." Staff were focussed on the outcomes for the people and spoke passionately about providing care to people in a person centred way clearly describing the aims of the home in providing an environment that was homely and recognising people as individuals.

People using the service were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. Meetings took place on a regular basis and people were encouraged to talk about any changes that they wanted to make, plans for the future, staffing and menu's.

Staff worked well together and as a team, they were focused on ensuring that each person's needs were met and they worked well together and shared information. Staff clearly enjoyed their work and told us that they received regular support from their manager. One staff member said "The manager is very approachable, easy to talk to and she listens to what the staff have say and supports all of us." Staff meetings took place on a regular basis and minutes of these meetings were kept. Staff said the meetings enabled them to discuss issues openly and was also used as an information sharing session with the manager and the rest of the staff team. The manager worked alongside staff to observe their practice and monitor their attitudes, values and behaviour.

The home had a programme of quality assurance in place to ensure people received good quality care. The service completed health and safety audits, medication audits and completed monthly monitoring of care plans to ensure they were up to date and reflected peoples current needs.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.