

Allied Care (Mental Health) Limited

Fairhaven

Inspection report

5 Alexandra Terrace
Clarence Road
Bognor Regis
West Sussex
PO21 1LA

Tel: 01243829956
Website: www.alliedcare.co.uk

Date of inspection visit:
23 August 2016

Date of publication:
14 October 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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 23 August 2016 and was unannounced.

Fairhaven is a residential care home, which provides care and support for up to 13 people with a variety of mental health needs. At the time of our inspection there were eight people living at the service.

Fairhaven is a terraced three storey home. All bedrooms were single occupancy. There is a communal lounge, kitchen, separate dining room and a garden, which includes a designated smoking area.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run. The registered manager was not available on the day of our inspection.

Some people's individual care records did not accurately reflect their needs or were incomplete. This meant that it was not always possible to be clear if a person was supported in the right way.

People told us they felt safe with the home's staff. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

Risk assessments were in place to protect people from any identified risks and help keep them safe. There were also risk assessments in place to help keep people safe in the event of an unforeseen emergency such as fire or flood.

Thorough recruitment processes were in place for newly appointed staff to check they were suitable to work with people. There were sufficient numbers of staff to meet people's needs safely. People told us there were enough staff on duty and records and staff confirmed this.

People were supported to take their medicines as directed by their GP. Records showed that medicines were obtained, stored, administered and disposed of safely.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was currently subject to DoLS, the deputy manager understood when an application should be made and how to submit one. The provider was meeting the requirements of DoLS. There were no restrictions imposed on people and they were able to make individual decisions for themselves. The deputy manager and staff were guided by the principles of the Mental Capacity Act 2005 (MCA) regarding best interests decisions should anyone be deemed to lack capacity.

Staff received training to help them meet people's needs. Staff received an induction and regular supervision including monitoring of their performance. Staff were supported to develop their skills through additional training such as National Vocational Qualification (NVQ) or care diplomas. All staff completed an induction before working unsupervised. People were well supported and said staff were knowledgeable about their care needs.

People told us the food at the home was good and they were offered a choice at mealtimes.

People's privacy and dignity were respected. Staff had a caring attitude towards people. We saw staff smiling and laughing with people and offering support. There was a good rapport between people and staff.

People were involved as much as possible in planning their care. The deputy manager and staff were flexible and responsive to people's individual preferences and ensured people were supported in accordance with their needs and abilities. People were encouraged to maintain their independence and to participate in activities that interested them.

The deputy manager told us the registered manager operated an open door policy and welcomed feedback on any aspect of the service. The registered manager and deputy manager monitored the delivery of care.

There was a stable staff team who said that communication in the home was good and they always felt able to make suggestions. They confirmed management were open and approachable.

A system of audits were in place to measure and monitor the quality of the service provided and this helped to ensure care was delivered consistently. Suggestions on improvements to the service were welcomed and people's feedback was encouraged.

There was a clear complaints policy and people knew how to make a complaint if necessary.

During this inspection, we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 told us they felt safe. There were enough staff to support people and staff received training to help keep people safe.

Where any risks had been identified risk, assessments were in place to help keep people safe.

Medicines were stored and administered safely by staff that had received training and had been assessed as competent.

Is the service effective?

Good ●

The service was effective.

People told us staff were skilled and knew how they wanted to be supported.

People had access to health and social care professionals to make sure they received effective care and treatment.

Staff were provided with the training and support they needed to carry out their work effectively.

The deputy manager and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were provided with a choice of suitable and nutritious food and drink. Staff supported people to maintain a healthy diet.

Is the service caring?

Good ●

The service was caring.

People said kind and caring staff treated them with respect. Staff supported people to maintain regular contact with their families.

We observed care staff supporting people throughout our visit.

We saw people's privacy was respected. People and staff got on well together.

Is the service responsive?

The service was not always responsive.

Some people's care records contained incomplete information. This meant some people might not always get the right support when they needed it.

People were supported to participate in activities of their choice.

There was an effective complaints procedure and people, knew how to make a complaint if they needed to.

Requires Improvement ●

Is the service well-led?

The service was well-led.

The deputy manager was approachable and communicated well with people, staff and outside professionals.

There was an open culture in the service, focussing on the people who used the service. Staff felt comfortable to raise concerns if necessary.

Staff were aware of their roles and responsibilities.

There were quality assurance systems in place to measure the quality of the service delivered and to drive improvement.

Good ●

Fairhaven

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 checked 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 23 August 2016 and was unannounced. One inspector carried out the inspection.

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 any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the Registered Manager about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection, we observed how staff interacted with people who used the service and supported them in the communal areas of the home. We looked at plans of care, risk assessments, incident records and medicines records for three people. We looked at training and recruitment records for four members of staff. We also looked at a range of records relating to the management of the service such as complaints, records, quality audits and policies and procedures.

We spoke with three people on the day of our visit to ask them their views of the service provided. We also spoke to the deputy manager, and four members of staff.

The last inspection was carried out in July 2014 and no issues were identified.

Is the service safe?

Our findings

People felt safe at the home. They confirmed there were enough staff to provide support. Comments from people included, "I feel very safe", and "The staff make sure I'm looked after "and, "This has been my home for many years, I have always felt safe".

The service had policies and procedures regarding the safeguarding of people, which included details about the definitions of what constituted abuse, how to recognise abuse and how to report any suspected abuse. There was a copy of the local authority safeguarding procedures on a notice board in the office so staff had details of how to report any safeguarding concerns. Staff had received training in safeguarding procedures. They had a good knowledge of what abuse was and knew what action to take. Staff were able to identify a range of types of abuse including physical, institutional, sexual, racial, financial and verbal. Without exception, staff told us they would keep the person safe, observe the person, offer the person 1:1 support if required, talk to their registered manager and if needed report their concerns to the Care Quality Commission and/or the local authority safeguarding team.

Staff said they felt comfortable referring any concerns they had to the registered manager if needed. The deputy manager was able to explain the process, which would be followed if a concern were raised.

Before people moved to the home an assessment was completed. This looked at the person's support needs and any potential risks to their health, safety or welfare. Where risks were identified, these had been assessed and actions were in place to mitigate them. Staff were aware of how to manage the risks associated with people's care needs and how to support them safely. Risk assessments were in place and reviewed monthly. Where someone was identified as being at risk, actions were identified on how to reduce the risk and referrals were made to health professionals as required. Where a person's ability to drive had deteriorated, their risk assessment reflected their changing needs.

People's care plans provided instructions to staff on how they were to mitigate people's risks to ensure people's continued safety. Risks to people had been assessed in areas including mental and physical health, diabetes, alcohol abuse, self-neglect, and self-harm. We saw that people were allocated a keyworker who they met on a weekly basis or whenever needed. Preventative measures were identified within people's risk assessments, which included their attendance at their one to one keyworker sessions to discuss current issues and any changes to their care needs.

Risks arising from the premises or equipment were monitored and checks were carried out to promote safety. For example, for the gas heating, electrical wiring, fire safety equipment and alarms, water supply and electrical appliances, to ensure they were operating effectively and safely. The service had a fire risk assessment, which included guidance for staff, on how to support people to evacuate the premises in an emergency.

Staff had undergone pre-employment checks as part of their recruitment, which were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the

applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people. Prospective staff underwent a practical assessment and role related interview before being appointed.

Daily staffing needs were analysed by the registered manager. This ensured there were always sufficient numbers of staff with the necessary experience and skills to support people safely. Staff told us there were always enough staff to respond immediately when people required support, which we observed in practice. Between Monday to Sunday, there were four staff members on duty from 8am to 8pm. There was also staff that worked 9am to 10pm Monday to Sunday and a staff member who slept at the service between 10pm and 8am, for additional support if required. At night, there was one waking member of staff, in case of an emergency from 8pm to 8am. The registered manager and deputy manager worked Monday to Friday between 8am and 4pm. The service also had a 24 hour on call system in case additional staff were needed. Rotas we reviewed confirmed there were sufficient staff to meet people's needs safely. The rota included details of staff on annual leave or training. Shifts had been arranged to ensure that known absences were covered.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. We observed medicines being administered and staff did so safely and in line with the prescription instructions. Medication Administration Records (MAR) were in place and had been correctly completed to demonstrate medicines had been given as prescribed. Medicines were locked away as appropriate. All staff were trained to administer medicines. The registered manager completed an observation of staff to ensure they were competent in the administration of medicines. We checked a sample of the medicines and stock levels and found these matched the records kept.

Is the service effective?

Our findings

People got on well with staff and the care they received met their individual needs. One person said, "The staff are always on hand if I need support". Another told us, "I can get quite anxious and need support. The staff are amazing". People told us staff arranged healthcare appointments with them and supported them to attend appointments if they asked them to. People told us the food provided was good and that they were offered choice at meal times.

Each person had an individual plan of care. These gave staff the information they needed to provide effective care and support to people and guided staff on how to ensure people were involved and supported. Each person had signed a 'consent to care' document giving staff permission to provide them with the support they needed.

A training and development plan enabled staff and management to identify their training needs and skills development and monitor their progress. Following the successful completion of a training course a certificate was awarded to evidence staff had achieved the required standard. The deputy manager said if anyone did not reach the required standard, they would have to repeat the training. The deputy manager told us the registered manager worked alongside staff to enable them to observe staff practice. This was documented and discussed with staff in supervision sessions and at annual appraisals. She was confident that staff had the skills and knowledge to support people effectively.

Training records showed staff had completed training in the following areas: fire, first aid, manual handling, food hygiene, nutrition and hydration, safe handling of medicines, infection control, health and safety, safeguarding, the Mental Capacity Act & Deprivation of Liberty Safeguards, equality and diversity. This training helped staff to develop their skills and staff confirmed the training provided was good and helped them to give people the support they needed. Staff knew how people liked to be supported and were aware of people's care needs.

All new staff members were enrolled on the Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings. The provider encouraged and supported staff to obtain further qualifications to help ensure they had the skills and knowledge to look after people effectively. This included specialised training in mental health awareness, diabetes, drugs and alcohol / substance abuse, behaviour management and various mental health diagnoses such as bi-polar, depression and schizophrenia. This training provided staff with the knowledge they needed to support people effectively.

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. We checked whether the service was working within the principles of the MCA. The deputy manager and staff understood their responsibilities under the MCA. They knew that, if a person lacked capacity, relevant people needed to be involved to ensure decisions were made in the person's best interest.

The deputy manager told us all people at the home had capacity to make their own decisions and staff respected these decisions. Staff confirmed they received training in this area, which helped them to ensure they acted in accordance with the legal requirements.

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 deputy manager and staff understood their responsibilities in this area.

Staff received regular supervision every four weeks and records were up to date. The deputy manager told us that each staff member received regular supervision and staff had an annual appraisal. Staff confirmed this and said they did not have to wait for supervision to come round if they needed to talk with the registered manager or deputy manager. Staff said communication was good and that everyone worked together as a team.

People were supported to eat and drink enough and to maintain a balanced diet. We saw drinks were freely available throughout the day. Care plans clearly documented people's food likes and dislikes and there was a list in the kitchen detailing people's preferences.

We asked people for their views on the food provided and everyone said the food was good and they always had enough to eat and drink. People said they could ask for something to eat or drink at any time. Breakfast was normally cereals and toast but people could request a cooked breakfast if this was what they wanted. We asked people if they had sufficient choice and they said if the meal on offer was not to their liking then they could always have something else. People were provided with suitable and nutritious food and drink.

People's healthcare needs were met. People were registered with a GP of their choice and some people had their own dentists, opticians and chiropodist. For other people the home arranged regular health checks with GPs and specialist healthcare professionals through GP referrals.

Care records showed people's mental health and physical health care needs were assessed with corresponding care plans of how to support people with these needs. Arrangements had been made for people to have specialist assessments and treatment where needed such as for eye care and mental health conditions such as schizophrenia.

Is the service caring?

Our findings

People were happy with the care and support they received. They told us they were well looked after and said all the staff were kind and caring. Comments from people included, "I feel completely respected", "I feel listened to and I am treated normally" and, "The staff are lovely. I know they care about me".

People were supported to be independent where possible. This included cooking, tidying their rooms and doing their laundry. Staff told us that it was important to encourage people in order to help prepare them for independent living. This also included visiting the gym and independently travelling to attend activities. People were given information about the service in the form of an information leaflet; this leaflet outlined the standard of care to expect and the services and facilities provided at the home.

People and their relatives were involved in the care, which people received. Minutes of reviews sampled showed relatives in attendance at meetings. Family and friends were able to visit without restriction.

We spent time observing care practices in the communal area of the home. We observed staff maintain people's privacy and they knocked before entering people's bedrooms. People's care plans contained guidance for staff on how to maintain people's dignity while supporting them with personal care tasks. When staff approached people, staff would say 'hello' and check if they needed any support. Staff chatted and engaged with people and took time to listen to them. Staff showed kindness, patience and respect to people. This approach helped ensure people were supported in a way, which respected their decisions, protected their rights and met their needs. There was a good rapport between staff and people.

Throughout our visit, there were frequent, positive interactions between staff and people and there was a relaxed atmosphere. People were confident to approach staff and any requests for support were responded to quickly and appropriately. Everyone was well groomed and dressed appropriately for the time of year. We observed that staff spent time listening to people and responding to their questions. They explained what they were doing and offered reassurance when anyone appeared anxious. Staff used people's preferred form of address, chatted, and engaged with people in a warm and friendly manner. Staff said they enjoyed supporting the people living in the home.

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 passed verbally in private, at staff handovers, put in each individual's care notes or recorded in the communication book. This helped to ensure only people who had a need to know were aware of people's personal information.

The service had a calm and positive atmosphere. People's rooms were personalised with possessions such as pictures, family photographs and bedding of their choice. People were able to bring in their own furniture to make their room feel more familiar and homely. Staff had a good understanding of people's needs and individual likes, dislikes, and understood the importance of building relationships with people.

Is the service responsive?

Our findings

We found the quality and completeness of care records was variable. For example, some people had behaviours that could be challenging to other people and staff. However, for some of those people there was a lack of guidance to show what could trigger their behaviours or what support staff should provide. For example in three care plans sampled, comments included, 'Use diversions when [person] is displaying paranoia'. The care plan did not indicate what diversions were known to be successful. Another care plan stated, 'I require reassurance if I am feeling unwell and experiencing negative symptoms'. These negative symptoms were not stipulated. A further care plan said 'Behaviours I have that may be challenging or cause risk, please read separate guidelines attached'. There were no guidelines attached to the document. Another care plan stated, '[Person] has a history of self-harm behaviour, staff to support [person] with this area'. The care plan did not provide guidance for staff in how to do this. We spoke to four staff members on duty regarding the lack of detail in the care plans and without exception; they were able to explain what they would do in each circumstance to support those people. However, they explained this was because of how long they had worked in the home, not because of the care plans and guidance provided. This meant staff lacked guidance to make a consistent judgement about supporting people in a personalised way that met their individual needs and in line with safe practice.

Some care records were not dated so it was not possible to determine if these were current. In addition, some care records were not complete or had not been signed by staff members to show they had read them, which was contrary to the provider's own policy.

The incomplete information in people's care plans meant that we could not be sure that people received personalised care that was specific or current to their individual needs. The lack of guidance about how staff should be supporting people could lead to inconsistencies in care delivery.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found examples of personalised care plans. Before people moved into the home, they had received an assessment to identify if the provider could meet their needs. This assessment included the identification of people's communication, physical and mental health, mobility and social needs. There was a 'personal profile, which contained information about people and asked questions such as: 'Who are the most important people in your life, what do you like to do during the day/night? What makes you angry/happy/sad?' Following the assessment there were some care plans, which had been developed with the involvement of the person concerned and their relatives to ensure they reflected people's individual needs and preferences.

In discussions, staff were knowledgeable about the individual preferences and needs of each of the people staying there at the time of this inspection.

People were supported to maintain relationships with their families. Details of contact numbers and key

dates such as birthdays for relatives and important people in each individual's life were kept in their care plan file. People told us staff helped them to keep in contact with their friends and relatives.

Handover records sampled showed entries were completed by staff three times a day between 8am and 8pm. Handover records demonstrated that when staffing teams changed shift, people's needs were discussed such as their behaviour or their mood. This helped ensure people's needs were monitored and that all staff were aware of any changing needs. At handover, a nominated staff member on each shift recorded what each person had done that day. It detailed what else was planned, a reminder for staff to read the house diary for appointments and the name of the staff member who was nominated to administer medication. It stated which staff were supporting people to cook their meals, which staff were supporting people in checking toiletry supplies and do their agreed tasks of hoovering, dusting and other general house cleaning tasks. This ensured staff provided care that reflected people's current needs. Daily records compiled by staff detailed the support people had received throughout the day and this followed the plan of care.

Staff sought to enhance people's independence and involvement in the community and involve them in the way the service was run. For example, people were supported to take part in cooking, cleaning and to manage their own laundry. Support and encouragement was given to people to access community facilities. The majority of people living at Fairhaven had been assessed as being able to access the community safely and independently.

Records were kept of activities undertaken by people such as shopping trips and visiting relatives. We observed people going out independently, visiting the bank, going to the gym and socialising with each other or spending time in their rooms.

People, their representatives and staff were asked for their views about their care and treatment through regular meetings and surveys, which were sent to them. Requests included a person wishing to include onion rings and hot pot to the menu, which was actioned by staff. Another person wanted a bicycle to be purchased for staff to use, so that they had company when they went out on theirs. The area manager authorised this and the deputy manager confirmed a bike had been ordered.

There was an effective complaints system available and any complaints were recorded in a complaints log. There was a clear procedure to follow should a concern be raised. People told us they were aware of the complaints procedure and knew what action to take if they had any concerns. One person had made a number of complaints about their care, which had all been quickly resolved by the registered manager and area manager to the satisfaction of the person concerned. The provider's complaints policy and procedure helped ensure comments and complaints were responded to appropriately and used to improve the service.

Is the service well-led?

Our findings

People we spoke with were positive about the care and support they received and the way in which the service was managed. Comments included, "We can talk to [registered manager] anytime", "[registered manager] door is always open" and "[registered manager] listens and acts. What more can you ask for?".

Staff said they felt valued and listened to. Staff felt they received support from their colleagues and that there was an open, transparent atmosphere. Four staff told us, "We have a manager and deputy manager. They have definitely improved us, in terms of our roles. We are all supported", "I think she is a good registered manager. She helps answers our questions", "The manager and deputy manager are always trying to explain everything. They are doing their best" and "Our management is very good. We have a good relationship".

Staff were aware of the whistleblowing policy and knew how to raise a complaint or concern anonymously. The deputy manager felt confident that staff would report any concerns to them. Staff said they felt valued, that the registered manager was approachable and they felt able to raise any concerns, which would be acted upon. We were told there was a stable staff group at the home, that staff knew people well and that people received a good and consistent service.

The deputy manager told us the registered manager aimed to ensure people were listened to and were treated fairly. She operated an open door policy and welcomed feedback on any aspect of the service. Open communication was encouraged and staff were able to question practice. The deputy manager said she would welcome any suggestions and make changes if this benefited people.

Regular meetings took place with staff and people, which enabled them to influence the running of the service and make comments and suggestions about any changes. The minutes of the meetings did not reflect peoples and staffs suggestions, however; people and staff confirmed meetings did take place and their comments and suggestions were sought. They also told us, they could discuss issues openly with the registered manager.

The deputy manager was able to demonstrate good management and leadership. The deputy manager told us that the registered manager and she regularly worked alongside staff. This enabled them to identify good practice or areas that may need to be improved. Each member of staff was given a job description and this detailed their role and responsibilities so staff knew what was expected of them.

The deputy manager showed a commitment to improving the service people received by ensuring their own personal knowledge and skills were up to date. The registered manager and deputy manager completed the same training as the rest of the staff team.

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The provider had a policy and procedure for quality assurance. The quality assurance procedures carried out helped the provider and managers ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved. The deputy manager carried out weekly and monthly checks, which included medicines, food hygiene, health and safety, fire alarm system, fire evacuation procedures and care plan monitoring. The deputy manager also carried out regular audits to identify any trends in areas such as medicines and falls. Any shortfalls or areas for improvement would then be discussed with staff so that appropriate action could be taken.

We asked the deputy manager how learning took place from any accidents, incidents or complaints. She told us that any issues were discussed with staff during staff meetings.

Records were kept securely. All care records for people were held in individual files, which were locked away when not in use. Records we requested were accessed quickly, consistently maintained, accurate and fit for purpose.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care 9 (1) (a) (b) The incomplete information in people's care plans meant that we could not be sure that people received personalised care that was specific to their individual needs. The lack of guidance about how staff should be supporting people could lead to inconsistencies in care delivery. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.