

Care for your Life (Fair Haven) Limited

Fair Haven Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Fair Haven Care Home is a residential care home providing accommodation and personal care for up to 30 older people some of whom are living with dementia.

People's experience of using this service and what we found

People at this service were well cared for by staff who loved their jobs. People using the service were relaxed with staff and the way staff interacted with people had a positive effect on their well-being. People were treated with kindness, respect and compassion and their privacy, dignity and independence were promoted. One visitor said, "A good thing here is the level of care, it's very good."

Systems and process were in place at the service which kept people safe in all areas of their care including the administration of medicines.

People's feedback was consistently positive about the care they received. People particularly liked the service because of the caring staff. One person told us, "Staff have got a lot of patience with us oldies." One visitor said, "Visitors can come any time, day or night and they are made welcome, offered a cup of tea."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Enough staff were available on each shift to support people and robust recruitment checks were carried out before staff started working at the service. Staff received induction, training and supervision to ensure that they had the right skills and abilities to support people.

People were supported to eat and drink enough to maintain a balanced diet.

Systems were in place to monitor the service, which ensured that people's risks were mitigated, and lessons were learnt when things went wrong. There was an open culture within the service, where people and staff could approach the registered manager who acted on concerns raised to make improvements to people's care.

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

Rating at last inspection

The last rating for this service was good (published 16 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Fair Haven Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Fair Haven Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We saw how the staff interacted with people who lived at Fair Haven Care Home. We spoke with 9 people

who lived there and two visitors. We spoke with the registered manager and five members of staff: two team leaders, three care staff. We also spoke with one healthcare professional who were visiting the service.

We looked at three people's care records as well as other records relating to the management of the service. These included staff meeting minutes, medicine records and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Fair Haven Care Home. One person said, "Oh definitely. The carers are always on call to help us. It's very good." People's facial expressions and body language told us that they felt safe and comfortable with the staff. A visitor told us, "Definitely yes. People are well looked after and happy in themselves."
- Systems remained in place to protect people from abuse and avoidable harm. Staff continued to understand what to look out for and who they should report any concerns to.

Assessing risk, safety monitoring and management

- Risk assessments continued to give staff clear guidance on how to manage risks to people. Staff supported people to take risks in a safe way to maximise their independence, choice and control. Risks included those with poor mobility, choking and using bed rails.
- Equipment in use in the service was maintained and serviced so that it was safe for people to use. This included regular checks of the fire safety equipment to ensure it would be effective in the event of a fire.
- Staff knew how to support people whose behaviour sometimes challenged themselves and others, to make sure everyone was safe.

Staffing and recruitment

- People told us they thought there was enough staff most of the time to meet their needs. One person said, "It's seconds, maybe a minute (for the buzzer to be answered at night). There is not always enough staff at holiday time. It's not too bad. They do their very best. They're very very busy." Another person told us, "I'm sure there is enough staff. They are very good at night."
- The registered manager told us staffing levels had met people's assessed level of need. On the day of inspection there were enough staff on duty for people to have all their support needs met. Staff said there were enough staff for the number of people currently living at the service.
- The provider's recruitment policy ensured as far as possible that new staff were suitable to work in the service.

Using medicines safely

- Medicines continued to be managed safely so that people received their medicines as the prescriber intended. One person said, "They always make sure we take them. They never run out." Another person said, "I receive my medication regularly."
- Each person has a medicine review with their GP. One visitor told us, "When [name of person] first came

here, they were almost comatosed. The doctor here takes people off as much medication as possible and they are so much better."

- Staff kept accurate records of all medicines ordered, given and disposed of. Medicines storage was appropriate.
- Clear protocols guided staff to give medicines prescribed to be given 'when required' safely.
- Staff had undertaken training and had their competence checked on an annual basis. Regular audits were conducted, and action taken when appropriate.

Preventing and controlling infection

- The provider had systems in place to make sure that staff practices controlled and prevented infection as far as possible. Staff had undertaken training and were fully aware of their responsibilities to protect people from the spread of infection.

Learning lessons when things go wrong

- Staff recorded any incidents and accidents and the registered manager regularly met with the provider to discuss any accidents or incidents to look for any trends or patterns. This information would then inform any action needed to be taken to reduce the risk of recurrence.
- Staff meetings gave staff the opportunity to discuss any safety issues or investigations from their own and other organisations, to learn from them and to change their practice if needed.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Each person's needs continued to be fully assessed before they are offered a place at the service. Needs were assessed in line with current good practice guidance. This initial assessment formed the basis of the person's care plan.
- Care plans contained information about people's needs and it was evident that staff knew people extremely well.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- New staff completed an induction which included training and shadowing another staff member until they were competent and confident to deliver care.
- A training programme continued to be in place. This ensured staff knowledge to deliver safe and effective care was developed.
- Staff told us they were supported by the management team. They continued to receive one to one sessions to discuss any work-related issues. Staff welcomed team meetings which they told us they were very much involved with.

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

- People received food that constituted a balanced diet and were offered choices. One person said, "I can't moan about the food, it's very good. There is a board as you come in to the dining room with a choice." Another person told us, "Lovely, plenty of food. We get another meal later on. Cake, biscuits. I keep putting on weight. There are choices; two different soups. After tea the chef comes round and tells us what's on the menu for the next day and we choose what we want. If you didn't want the hot meal you can just have a jacket potato or a salad."
- A variety of drinks and snacks were available throughout the day. One visitor told us, "There is always plenty to drink here and hot drinks are brought round regularly. People are always given choices; what drink, what kind of biscuit etc."
- Advice was sought from appropriate health professionals in relation to nutrition. The chef and staff had updated information to hand on special diets when required.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other

agencies to provide consistent, effective, timely care

- There was a good relationship between the service and healthcare professionals. One person told us, "Staff straightaway ask us if we want the doctor, and straightaway they get the doctor. The chiropodist comes, and cuts toenails every three weeks."
- People were referred to other healthcare professionals as required. People were supported by staff to access healthcare appointments. Visitors confirmed they were kept informed as appropriate of changing health conditions. One visitor told us, "Staff ring me with information or if [family member] needs a doctor or if there's anything wrong."
- Appropriate information was shared in a timely way, if a hospital admission was required

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff knew how the MCA and DoLS applied to their work. They asked people for their consent before they carried out any personal care and they offered people choices in all aspects of their lives. One person said, "We get asked if we want anything different. If we ask, they change it."
- Appropriate applications to the local authority meant that people's freedoms were not unlawfully restricted.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff treated them in a kind and caring way. One person said, "Nothing is too much trouble ever, at all. Staff are always kind and caring." Another person told us when they have been upset. "Staff come straightaway, give you a hug, ask what's up and help you feel better."
- Staff showed patience when supporting people and ensured people were comfortable when they had assisted them to move around. One person said, "One or two (people) get up every minute, it must irritate staff but they never get angry. They just hold their hand and get them to sit down again or take them for a walk."
- People were supported to establish and maintain relationships with their families and friends.
- People told us they regularly met up with friends and family which was important to them.
- People told us that their relatives were always made to feel welcome at the service, at any time. One visitor said, "I'm here every day and take [name of person] out or home for a few hours. (Name of person) son phones every day and the staff take the phone to [name of person] every time and they can talk."

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

- Staff continued to support people to make decisions about their care. Peoples decisions were recorded in the care plans such as when they wanted to get up and when they wished to go to bed. One person told us, "If I want to stay in my room, they say okay. I can get up late if I want. I can choose."
- Staff signposted people and their relatives to sources of advice and support or advocacy support.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and promoted independence. One person told us, "Staff knock and wait before coming into the room and close the curtains."
- Staff spoke with people in a polite and caring way and showed patience when people asked them for support.
- People chose when they wanted time alone, which was respected by staff.
- People had access to equipment to aid their independence such as equipment to help them move and specific cutlery which helped people to eat independently.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us their needs were met in a personalised way. One visitor said, "I can't praise the staff enough. They know all [name of person] little foibles."
- Various people from the different denominations come to the service to undertake church services and communion for those that wish to partake.
- People told us staff were available when they needed them and responded promptly when they used call bells or requested assistance. Staff were not rushed and had time to spend with people.
- Care plans had been developed for each person. They provided information as to how care should be provided to meet the person's needs. One person told us, "Yes, my key worker comes and talks to me about my care and I sign the paperwork."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers

- Staff did not rush people when speaking with them and allowed them time to respond. This supported their communication needs.
- Care plans included information about people's individual communication needs and how these should be met, including the need for spectacles or hearing aids. Care plans also included information as to how some people who were unable to speak may express themselves to others.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they felt they had enough to keep them occupied during the day. One person said, "We do all sorts of things. Bingo, cards, hangman." Another person said, "Staff ask about places we'd like to go, what we'd like to do. Christmas time, oooh all the food and the cards and the tree. Santa came." A third person added, "We do baking too. I'm never bored."
- The registered manager said they supported people to go into the community. One person said, "We're going out on Friday to the seaside. You take it in turns. Everyone has a turn if they want to go out. Staff don't favour one or two."

Improving care quality in response to complaints or concerns

- A complaints system and procedure is in place. The procedure was displayed.
- People and visitors said that they felt able to speak to the registered manager at any time. Staff were aware of how to resolve concerns at a lower level if possible. One visitor said, "I've had no complaints. I would go to the (registered) manager. Everything is always nice and clean."
- The registered manager said that all complaints received would be taken seriously to improve the service. No formal complaints had been received in the last year

End of life care and support

- People were supported to make decisions about their preferences for end of life care, and staff empowered people and relatives in developing care and treatment plans This included Do Not Attempt Resuscitation (DNAR) orders. A DNAR form is a document issued and signed by a doctor or medical professional authorised to do so, which tells the medical team not to attempt cardiopulmonary resuscitation (CPR). Professionals were involved as appropriate. One person told us, "Staff talk to us about if we are afraid to die, and where we want to go; buried or cremated. It's helpful, yes." One member of staff told us, "The residents have a say in what they want to happen at the end (of their lives). We would always try to care for the residents here at their home if this is their wish."
- Staff understood people's needs, were aware of good practice and guidance in end of life care. A member of staff told us, "We have had further support from our district nurse team if the time came."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and visitors felt able to approach the registered manager and staff team. One person said, "The (registered) manager is always around and says hello." Another person told us, "(Name of registered manager) you only have to ask once, and it happens. It's done in a nice way, but you can tell that she's in charge. A third person told us, "Yes, it's well managed
- Staff were positive about the registered manager and the management team. One member of staff told us, "The (registered) manager would listen to me. We can go and speak to them at any time."
- The registered manager promoted the values of the service, 'Pride and dignity, 'which the staff followed in practice.
- The previous CQC inspection rating was displayed so people and their visitors could refer to this if they wished to.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff team gave examples of learning when something had gone wrong or had been a near miss. They told us how they had tried to learn from it to reduce the risk of recurrence.

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

- The service was well-run. Staff at all levels understood the importance of their roles and responsibilities.
- The registered manager notified the CQC of incidents that they were legally obliged to.

Continuous learning and improving care

- There was organisational oversight of the service.
- The registered manager was committed to ensuring that a high-quality service was provided and sought information from people using the service, their relatives and staff to bring about improvements
- Audits were carried out to monitor the quality of the service provided and this included quality checks from the provider.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people`s care. We spoke to one visiting health professional who said that the registered manager and staff were very good communicators and they are always looking to make improvements for people living at the service.