

Amira Residential Homes Limited

Fairhaven

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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 4 August 2016 was unannounced. We last inspected the service on the 8 October 2015 and found that they were not meeting the required standards. Following the comprehensive inspection, the provider wrote to us to tell us how they would make the required improvements to meet the legal requirements. At this inspection we found the service was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2012.

Fairhaven provides accommodation and personal care for up to 21 older people. It does not provide nursing care. At the time of our inspection there were 17 people living at the home.

The home had a registered manager. 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 2008 and associated Regulations about how the service is run.

People's wellbeing was not always supported by staff who met their individual needs and preferences by ensuring people's social needs were met.

Safe and effective recruitment practices were followed and there were sufficient numbers of suitable staff available at all times to meet people's individual care and support needs. Information from incidents was used to good effect in reducing identified risks and keeping people safe.

There were effective plans and guidance in place to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained.

People were helped to take their medicines safely by trained staff who had their competences assessed and checked in the workplace. Potential risks to people's health and well-being were identified, reviewed and managed effectively.

Relatives and health care professionals were positive about the skills, experience and abilities of staff who worked at the home. Staff received training and refresher updates relevant to their roles and the needs of the people they supported.

Staff regularly worked with senior colleagues and had opportunities to discuss any concerns they had, issues about their personal development and performance and how the home operated. However, the registered manager acknowledged that formal 'one to one' supervisions and annual appraisals were not as up to date or complete as they could be in all cases.

People were supported to maintain good physical and mental health and well-being. They had access to health and social care professionals when necessary and were supported to eat a healthy balanced diet that

met their individual needs.

We saw that staff obtained people's consent and agreement before providing personal care and support, which they did in a kind and patient way.

Arrangements were in hand to ensure that people were supported by advocacy services where appropriate to help people then access independent advice or guidance. People and their relatives were involved in the planning and reviews of care wherever possible.

We saw that staff had developed positive and caring relationships with the people they cared for. The confidentiality of information held about people's medical and personal histories had been securely maintained throughout the home.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their individual needs and took account of their preferences. Staff knew the people they looked after well and were knowledgeable about their background histories, preferences, routines and personal circumstances.

Relatives told us that staff listened to them and responded to any concerns they had in a prompt and positive way. Complaints were recorded and investigated thoroughly by the registered manager with learning outcomes used to make improvements where necessary.

Relatives, staff and health care professionals were positive and complimentary about the new management team and how the home was run. Appropriate steps were taken to monitor the quality of services provided, reduce potential risks and drive continuous improvement in consultation with staff and people who lived 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 were supported to stay safe by staff who had been trained to recognise and respond effectively to the potential risks of abuse.

Safe and effective recruitment practices were followed to ensure that staff were suitable for the roles performed.

Sufficient numbers of staff were available to meet people's support needs at all times.

Where necessary, people were helped to take their medicines safely by trained staff.

Potential risks to people's health were identified and managed effectively.

Is the service effective?

Good ●

The service was effective.

Staff obtained people's agreement and consent before support was provided.

Staff were trained and supported which helped them meet people's needs effectively.

People were supported to maintain good health and access health and social care services when necessary.

Is the service caring?

Good ●

The service was caring.

Staff treated people in a kind and sensitive manner.

People's privacy and dignity was promoted by staff who was gentle in approach, knocked on people's doors and respected their individuality.

People who lived in the home were involved in the planning and reviewing of their care.

Is the service responsive?

The service was not always responsive.

People were not always supported or offered the opportunity to pursue social interests relevant to their needs.

People received personalised support that met their needs and took account of their preferences and personal circumstances.

Guidance enabled staff to provide person centred care and support.

People knew how to raise concerns and were confident these would be dealt with in a prompt and positive way.

Requires Improvement ●

Is the service well-led?

The service was well led.

Systems were in place to quality assure the services provided, manage risks and drive improvement.

People who received support, relatives, staff and health care professionals were very positive about the managers and how the service was operated.

Staff understood their roles and responsibilities and were well supported by the management team.

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 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 4 August 2016 and was unannounced. The inspection was carried out by one inspector.

Before our inspection we looked at the previous inspection records, we also reviewed other information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with the registered manager, five people who used the service, the manager and six care staff. We also requested feedback from commissioners of the service from the local funding authority.

We observed care and support being provided throughout our inspection. We also reviewed care records for four people who used the service and three staff recruitment files. We looked at information about recruitment processes, induction, training records, supervisions and appraisals. We also looked at the general maintenance in the homes communal areas, including the kitchen and food storage areas. We sought permission to look in people's bedrooms and bathrooms.

Is the service safe?

Our findings

At the previous inspection in October 2015 we found that the provider had not taken appropriate steps to ensure that there were sufficient numbers of suitably qualified, skilled and experienced staff employed to provide care and support for people who lived at the home. At this inspection we found that staffing levels had improved and there were now appropriate numbers of suitably trained staff employed at the service people to support people and keep them safe.

We spoke with three relatives and asked them if they considered their family member was safe living at the home all three confirmed that they were confident in the staff to provide a safe place in which to live. One relative told us "I never worry when I leave, as the staff are always there when we need them and happy to help wherever they can, yes I feel confident in both the management and staff team."

One person told us "I know there is always someone around to help me if I get a bit confused or a bit anxious and during the night I press my 'buzzer' and they always come and help me settle back to sleep."

People told us they felt safe at the home and they were well supported by staff who had been trained to recognise and respond to the potential risks and signs of abuse. One person said, "I never have to worry about being safe." All the staff we spoke with were knowledgeable about the principles of safeguarding, how to raise any concerns they had, both inside the home and externally and also how to 'whistle blow' if the need arose. One carer told us "I was told about the whistle blowing procedure when I first started here and know what to do if and when necessary." Staff told us they had access to detailed guidance about how to report safeguarding concerns which included contact details for the relevant local authority. One staff member told us, "We have had training in safeguarding and learnt how to protect people. Another staff member told us that, "I have been here for two years and each year we have training about safeguarding to keep us up to date with changing practices."

People were supported by staff who had been through a robust recruitment process. This helped to ensure staff employed at the home were suitable for the roles performed. This included checks to make sure they were of good character and physically and mentally fit to do their jobs. The provider had flexible working arrangements which ensured there were enough suitably experienced and skilled staff available to meet people's agreed care and support needs safely, effectively and in a calm and patient way. People had detailed assessments of their needs and dependency levels had been carried out and reviewed to help the manager ensure there were enough suitable staff available at all times. One person told us, "There is always staff around if I need help." During our inspection we saw that there were sufficient numbers of staff available to care for and support people in a calm, patient and unhurried manner.

Three relatives told us that they always considered there were enough staff on duty to provide care and support to people. Staff told us that they felt there were enough staff to keep people safe. An on call system was in place for staff to seek guidance and advice out of office hours from the registered manager. We saw from the rota on the day of our visit that there were 3 care staff plus the deputy and registered manager.

At our last inspection we found that people were not always supported to take their medicines in a safe or timely way. During this inspection we found that the home had the appropriate systems in place to manage medicines safely. We saw evidence of peoples prescribed medicines on the Medicines administration records (MAR). These correlated with the GP's copy of prescriptions kept by the home. We looked at recording of medicines and saw no omissions in the recording of receipts of medicines, administration of medicines and disposal of medicines. Storage of medicines in all units was tidy and well-organised and secure. Temperature monitoring of rooms and fridges ensured that medicines were kept at the right temperature to maintain their potency.

Several people were prescribed 'As required' medicines to be taken for example if they were in pain or very agitated. We saw clear protocols to describe how and when these medicines were to be given and a separate record was kept of the benefit or effect of giving each dose.

The home was carrying out daily checks of the MAR charts which ensured accurate recording and monthly detailed audits where the medicines systems were scrutinised and random stock checks were made. The last audit we viewed was carried out in April 2016 and we saw that action was taken and recorded when concerns were noted.

Potential risks to people's health, well-being and safety had been identified, documented and reviewed on a regular basis. Steps were taken to mitigate and reduce the risks wherever possible in a way that took full account of people's individual needs and personal circumstances. This included areas such as mobility, nutrition, medicines and skin care. The manager adopted a positive approach to risk management which meant that safe care and support was provided in a way that promoted people's independence wherever possible. For example, risk assessments associated with the risk of falls, the risk of malnutrition and the risk associated with people's skin breakdown had been completed.

The registered manager used information from accident, injury and incident reports to monitor and review new and developing risks and put measures in place to reduce them. This meant that the registered manager used information and learning outcomes effectively to mitigate risks wherever possible which ensured people received safe care.

We found that the equipment used in the home, such as wheelchairs, and hoists were clean. There was a cleaning schedule used to ensure all equipment was checked and cleaned regularly in line with the infection control principles. The equipment people used or required had been assessed by an occupational therapist or other appropriate person to ensure it was appropriate for people to use. This was an area which improved since our last inspection.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example first aid and fire safety. Regular checks were carried out which ensured that both the environment and the equipment used were well maintained to keep people safe.

Is the service effective?

Our findings

At the previous inspection we found that the staff induction programme had been ineffective in ensuring staff had a good understanding and knowledge of the service. We found that the induction programme had improved. We were told that new staff received an induction which was now carried out over six days which included a period of shadowing an experienced member of staff who knew the people in the home well. During the induction staff received training in moving and handling, fire safety, first aid, food hygiene, infection control and safeguarding.

We spoke with five staff about the training they had received. All five staff told us that they considered they were trained and supported effectively to carry out their role. Records seen showed that all staff received safeguarding training in 2016. One person told us "We have been offered a lot more training since the new manager has been in post, which helps improve your skills and knowledge about the people we care for."

People's identified needs were documented and reviewed on a regular basis which ensured that the care and support provided helped people to maintain good physical, mental and emotional health and well-being.

Staff were clearly knowledgeable about people's health, welfare, individual support needs and personal circumstances. One person who received support told us, "The girls are all lovely and we always have a laugh and a joke together." They all know what I like and what I don't like when it comes to looking after me."

We saw that people's agreement and consent to the support they received was both accurately and consistently reflected in their individual plans of care. One person told us, "The staff know that I prefer a woman to give me a bath and this is always respected."

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).

Staff told us they had received training about the MCA 2005 and DoL's and that they understood what it meant. All five staff we spoke with were able to describe how they supported people to make their own decisions as much as possible such as with their personal care and daily choices.

People who lived in the home told us that consent was sought before care or support was provided. We saw

that records of assessments of mental capacity and 'best interests' documentation were in place for people who lacked capacity to make their own decisions. We found that the manager demonstrated a good understanding of when MCA applications were necessary to apply to the local authority. At the time of the inspection we found that applications had been made to the local authority in relation to people who lived at Fairhaven and were awaiting an outcome. These related to access to the community and people's safety. This meant that people were safeguarded from harm from staff who had been adequately trained and possess the knowledge and skills to ensure that people were appropriately assessed.

People said that staff respected their choices. Our observations throughout the inspection showed that staff asked people their choice and respected the choices made. People told us that they felt listened to by staff. Staff were able to demonstrate to us an understanding that they knew how to ensure people did not have their freedom restricted. For example one staff member gave an example of where a person's freedom may be lawfully restricted in order to protect their welfare. The example they gave was in relation to the need for a key code on the front door, which meant that some people were unable to freely leave the home. They went on to give further examples which included the use of a lap belt and the need for bedrails if the person had been assessed at risk of falling out of bed. This meant that staff had been provided with the information and knowledge to support people who were the subject of a DOLS application and restriction.

Staff were knowledgeable about people's nutritional requirements and helped those in need of support to eat a healthy balanced diet that met their needs wherever possible. The levels of support provided varied in accordance with people's individual needs and personal circumstances.

We saw that people were offered a choice of where they would like to eat their meals. Some people chose to eat with their friends in one of the dining rooms, whilst others either ate in the lounge areas or in the privacy of their own room. Those who needed additional support were encouraged to eat in the dining room as there was always a member of staff available to support them. We observed the lunchtime meal and found that it was a relaxed and social occasion. Our observations during the lunchtime meal showed that social interaction was promoted by staff.

One person said, "The only thing I would say is that I would like a cooked breakfast now and again. This issue had been raised at the previous inspection also. One relative told us, "[family member] is always quite happy with the choices of meals offered each day and drinks are plentiful." Another person told us "There are always two choices and if I don't like what is on the menu then they make me something else." We noted that the daily menus were only presented in a written format and not in a pictorial format which could help people with memory loss make an informed choice about the meals they would like. Information received from discussions with people as part of this visit were feedback to the manager, for their attention, which included the request for more choices at breakfast time.

The service had received a five star rating from Environmental Health inspection in May 2016 and the service had also enrolled on the 'food first' training programme which commenced in June 2016 in order to promote healthier eating and to further staff members knowledge with regard to food and nutrition.

Kitchen staff were kept updated by the care staff regarding people's weight gain or loss or any special dietary needs. The manager confirmed that if people did not like the food that was on offer they would make them something else to eat. This was confirmed by our observations during the lunch time meal. Drinks were available to people throughout the day. We saw staff encouraged people who needed some assistance with their fluid intake to drink throughout our visit..

People and the relative said and records showed that staff were quick to involve external health care

professionals when needed. One person told us, "They [staff] send for a doctor if they're consider you need one." One relative said, "They [staff] will let me know if they have to call the doctor out."

Is the service caring?

Our findings

During our inspection we saw that people were cared for and supported in a kind and compassionate way by staff who knew them well and were familiar with their individual needs. One person told us "I think we are lucky here as I have heard not all homes are as good as this one." A visiting [relative] told us "The manager and staff always makes me smile and we have a joke together but they are also kind when they give me my shower, which is very important to me, if anyone was unkind I would tell the manager." One person was happy to tell us "The carers are very good and help my [family member] and are always cheerful as well, it's not an easy job looking after older people but at Fairhaven they do it well."

Staff had developed positive, caring relationships and were very knowledgeable about people's individual personalities, characters, personal circumstances and the factors that influenced their moods and behaviours.

People were assisted by staff to be as independent as possible. Observations showed that staff encouraged people to do as much for themselves as they were able to. We noted that staff guided people, when needed, in a respectful way. We saw one person being encouraged to stand up from their chair before transferring to their wheelchair. This was done in a patient and caring manner.

A person's relative visiting the home told us, "The care [family member] gets is first class, certainly when compared to the previous home they were in." Nothing is too much trouble and the way they speak and treat people is excellent."

Staff supported people in a kind and patient manner. Staff took time to support people when needed at a pace the person was comfortable with. We also saw staff reassure people, who were becoming anxious, in an understanding manner to help them settle. We also noted good examples of how staff involved people in conversations throughout our visit. These included conversations about lunch, weather and what was on the television.

People told us that staff respected their privacy and dignity when supporting them. One person said that staff knocked on their bedroom door when they wanted to enter and waited for a response. This was confirmed by our observations throughout our inspection. This meant that staff respected and promoted people's privacy.

The environment throughout the home was warm and welcoming. People's individual bedrooms were personalised with many items that had been brought in from their home such as pictures, memorabilia and small pieces of furniture. We saw that people were relaxed and comfortable to approach and talk with care staff, domestic and kitchen staff and the management team.

We saw that the home displayed the services of a local advocacy group in the main reception and we were told that they had recently accessed this service to support a person with a family matter. Advocates are people who are independent of the service and who support people to make and communicate their

wishes.

People were involved in regular reviews and discussions about their care and support with key workers, family members and health and social care professionals. This involvement was reflected in people's individual plans of care and showed they were consulted about progress in terms of activities, their independence, relationships and their health care needs. For example one person's care plan described how to support the person when they became anxious or upset. We saw that there were step by step guidelines on how to deescalate the situation but also gently reassuring the person using family photographs and objects that provided them comfort.

We asked five people if they had been involved the planning of their care. Three people told us that they had seen their care plan when they first moved into the home and also when they had asked to see it or for their relatives to see it. The remaining two people told us that they knew there was information kept about them in the office but had never asked to see it. One person told us "I know that they write about how I am and if I need to go the doctors but I don't feel the need to read it regularly. We found that all care plans we looked at had been signed by the person themselves or their relative. This meant that people had been involved and consulted about their plan of care.

Is the service responsive?

Our findings

At the last inspection in October 2015 we found that people were not always involved in the planning or review of their care. At inspection we found people's care plans had been updated and improved and now included people's preferences and choices. For example one person's care plan stated 'Give me a choice of what to wear, leave my door open and offer me a shower twice a week. We reviewed the daily records for this person and saw that they had received twice weekly showers regularly. However we found that some of the daily write ups were repetitive and 'task' orientated rather than recording the well-being of the person and how they had spent their day. This was passed on to the manager for their attention.

The manager informed us that the current care planning system was being updated and improved to ensure that each care plan was person centred and provided clearer guidance to reflect and include the individual person's voice and preferences.

Also at the last inspection we observed that some staff did not always communicate with people in a way they could understand. At this visit we found that the staff actively engaged with people in a positive and friendly way. We saw one person reminiscing about the 1930's music that was playing and how it had brought back happy memories for them. Staff were patient and understanding when they assisted people to go about the home and during the lunchtime meal.

During the last inspection we observed no meaningful activities offered to people. When we spoke with the previous registered manager about this and they told us that many people did not want to participate in activities within the home. During this inspection we found that the activity programme had still not been updated or improved since 2013 and therefore did not necessarily reflect the changing interests of the people who now lived at the home.

Throughout our inspection we observed the television within the main lounge was selected to the same programme that was repeatedly played over and over again. We saw that none of the staff noticed this, offered people the choice to change the channel or offered an alternative activity. The activities primarily offered on a regular basis were, bingo and skittles but this was not an activity that was commonly reflected as an interest, within people's individual care plans. This meant that people were not always provided with a range of activities that reflected their individual interests or hobbies.

At our Inspection in October 2015 we found that there were no systems in place in which people were offered the opportunity to provide their views or opinions on the service provided. However at this inspection we found that resident meetings were now in place, with the most recent meeting held in June 2016 where one person requested a cooked breakfast and another person asked if they could go out for a picnic. However the minutes of these meetings should also record the actions taken and timescales to address points raised by the people who live within the home.

The home had a complaints policy and procedure in place, as well as a complaints book which appropriately recorded complaints, the action taken and the outcome of the complaints. We spoke with

three people who told us that they were all aware of the complaints procedure. One person stated that would speak to the manager if they were unhappy about anything.

Is the service well-led?

Our findings

At the previous Inspection in October 2015 we found that the service had failed to provide and maintain accurate records. During this inspection we found that care records, training records and medication records were now all up to date and a recent audit on medicines had been completed with no errors found.

The home had a registered manager, senior staff, care staff and ancillary staff. We saw that people who lived at the home and staff interacted well with the manager during our inspection. People we spoke with had positive comments to make about the newly appointed manager and the care staff. Relatives said that the registered manager kept them up to date about their family member and that communication was good. A member of staff told us "The home has improved since the new manager arrived and the information we receive is much more forthcoming.

Staff told us that the new manager was 'visible' within the home and ensured that they met people on a daily basis to ensure any issues that people may have were discussed and resolved at the earliest possible stage. One staff member said, "Things have really improved since the new manager came and there have been a number of new care staff come to work here." Staff told us that the culture in the home was 'open' and that the manager was approachable and open to listening to new ideas. Staff spoken with told us that they were supported by the registered manager. They said that they had supervisions and an annual appraisal. However the manager must ensure that records of supervision are up to date and offered on a regular basis, as two staff records showed that formal supervision had not been provided within the past three months.

Records showed that regular staff meetings were held with an open forum where staff could raise any topics of concern they wished to discuss. Staff told us that they were encouraged to make any suggestions that they may have to improve the service. Such as the CQC model of inspection, safeguarding and people's feedback and experiences of the meals provided.

There were effective quality assurance systems in place that monitored people's care. We saw that audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such care planning, medication and health and safety, and infection control audits. Where action had been identified these were followed up and recorded when completed to ensure people's safety. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.

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A training record was maintained detailing the training completed by all staff. This allowed the registered manager to monitor training to make arrangements to provide refresher training as necessary. Staff told us that the manager 'worked alongside' the staff in providing care. This ensured that staff were implementing their training and to ensure they were delivering good quality care to people. As a result of these checks staff knew what was expected of them.

People's care records contained sufficient detail to provide a comprehensive account of a person's needs and care. Care plans contained sufficient information about a person's life history, needs or preferences, and had been reviewed when required. The care plans we reviewed reflected people's preferences and choices and individual risk assessments had been reviewed. This included people who were at risk of choking. This meant that care plans were maintained, accurately, with an up to date record of people's care needs.

Records, and our discussions with the manager, showed us that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the registered manager had an understanding of their role and responsibilities.

