

## Pathways Care Group Limited

# Fair Haven Care Home

### Inspection report

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Date of inspection visit:  
29 October 2018

Date of publication:  
27 November 2018

### 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 29 October 2018 and was unannounced.

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. Fair Haven Care Home is registered to accommodate 20 people with mental health conditions. At the time of our inspection there were 19 people living in the home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. However, at this inspection, we rated the service as 'requires improvement' under the responsive domain. Details about this can found below.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Whilst there were adequate staffing levels to keep people safe, there were not enough staff to provide people with meaningful activity throughout the day. Activities, including use of the local community, were not happening on a regular basis.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe. We saw that staff had been appropriately recruited in to the service and security checks had taken place. There were adequate levels of staff to keep people safe. People received their prescribed medicines safely.

The service was regularly cleaned by the staff. Several areas were in need of decoration and refurbishment, and the registered manager showed us that this work was booked in to be carried out imminently.

The care that people received was effective. Staff had access to the support, supervision, training and ongoing professional development that they required to work effectively in their roles. People were supported to maintain good health and nutrition.

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

People continued to be treated with empathy and kindness and their individuality was respected. The staff were friendly, caring and compassionate. Positive relationships had been developed between the people and staff.

People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints that they may receive.

The service had a positive ethos and an open culture. The provider was committed to developing the service and actively looked at ways to continuously improve the service. There were effective quality assurance systems and audits in place; action was being taken to address improvements identified.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was not always responsive  People were not always provided with meaningful activity, conversation, or support with community access. Care plans contained personalised information.  A complaints system was in place.	<b>Requires Improvement</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Fair Haven Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 29 October 2018 and was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider completed and returned the PIR in March 2018 and we considered this when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During the inspection we spoke with four people who used the service, one care staff, one senior care staff, the registered manager, and the operational manager.

We looked at the care records of four people who used the service to see whether they reflected the care that was required and reviewed two staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

## Is the service safe?

### Our findings

People told us they felt safe living at Fair Haven Care Home. There were enough staff on site to make sure people were safe. On the day of our inspection, there was some staff absence due to sickness. This was covered by agency staff and staff from another service run by the provider locally.

The Health and Safety Executive guidelines for care homes state that where there is a risk of people falling from windows above the first floor, window restrictors should be in place and restricted to a maximum opening of 10 centimetres. None of the upstairs windows that we looked at had window restrictors, however, the management arranged for restrictors to be fitted to all the upstairs windows on the day of our inspection. The registered manager confirmed after our inspection, that this work had been completed.

There were risk assessments in place, which gave staff clear instructions about how to keep people safe. For example, we saw that a risk assessment was in place to safely manage a person's diabetes and associated medicines. Risk assessments were also in place to document any behaviours people may display which were a sign of mental ill health. Appropriate controls had been put in place to reduce and manage these risks.

Staff understood their responsibilities in relation to keeping people safe from harm. Staff we spoke with told us they had not ever had to raise any concerns about people's safety, but they were confident that if they did, the management staff would respond promptly and appropriately. There was a safeguarding procedure in place and the registered manager was aware of their responsibilities to notify the local authority and Care Quality Commission if there were any safeguarding concerns. Any lessons learnt would be shared with staff and training in safeguarding was regularly refreshed.

The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers before new staff began work at the service. The provider had taken appropriate action to ensure staff at the service were suitable to provide care to vulnerable people.

Medicines were safely managed. Staff had received training in this area. Medicines were stored securely and medication administration records were completed accurately by staff. People we spoke with were happy that their medicines were administered correctly and on time. Procedures were in place to make sure medicines that were required as and when needed, were all managed and administered appropriately.

People were protected by the prevention and control of infection. We found a clinical waste bag with soiled items in it. There was no appropriate bin for this waste to be stored in. The registered manager told us that there was a bin in place which had been damaged, and would be replaced immediately. Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection.

Lessons were learnt from any mistakes made. Team meetings were used to discuss improvements with the

staff team. For example, when improvements were required to medication administration procedures, and general record keeping.

## Is the service effective?

### Our findings

People's care was effectively assessed and identified the support they required. Staff were provided with information that guided them in providing effective care that met people's cultural needs. The staff we spoke with understood the people they were supporting had a diverse range of needs and preferences. Staff told us they ensured that people were not discriminated against.

Staff had the skills and knowledge required to make sure people received the care they needed. All new staff went through an induction process which included an introduction to the company policies and procedures, basic training including infection control and mental capacity act training, and spending time with more experienced staff to get to know people and the care they required. New staff also took part in the care certificate qualification. The care certificate covers the basic skills required to care for vulnerable people. All the staff we spoke with confirmed that the induction process was effective and gave them the confidence they required to provide care for the people at the service.

People were supported to eat and drink enough and maintain a balanced diet. One person told us "The food is good, no complaints." During our inspection we saw that one person was brought a plate of food with a sauce on that they did not like. The staff were able to immediately provide the person with another plate of food, without any sauce on it. Risks to nutrition and hydration were assessed and people were offered the support they required. Staff closely monitored the amounts people ate and drank when risk was identified. Action was taken where this was required.

People had access to the healthcare services they required. Staff were knowledgeable about people's healthcare needs, they knew how to recognise when a person was unwell even when the person had difficulty communicating this. Staff requested healthcare support when this was needed and followed the advice given. We saw that one staff member had noticed a person felt pain in their hand. The staff member raised this with the registered manager who then organised for a doctors appointment to be booked in as soon as possible. There was good communication between staff and healthcare professionals.

The premises and environment met the needs of people who used the service and were accessible. Many areas of the home were in need of redecoration and refurbishment. The registered manager and operational manager showed us that an extensive improvement plan had been implemented, and that work to improve the environment was about to begin.

Consent was sought before care and support was provided. 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the



Deprivation of Liberty Safeguards (DoLS).

## Is the service caring?

### Our findings

People told us they felt well cared for by the staff. One person said, "The staff are always kind and respectful." Another person said, "I've no complaints about the staff. They are all good." All the people we spoke with made similar comments. During our inspection, we saw that staff interacted with people in a warm and friendly manner, and gave people the time they required to respond and communicate without being rushed.

Staff spoke respectfully of the people they cared for and knew people's likes, dislikes and their preferences as to how they wished to be cared for. We saw that people's care plans recorded all the information the care staff required to deliver consistent care. The service was working towards a new format of care planning that was more organised and easier for staff to access information. Older formats were still in use for some people, and these still contained sufficient information to ensure staff understood what people required.

People were supported to express their views and be actively involved in making decisions. We saw that staff met with people on a monthly basis to review their care and gather their feedback on any changes required. These reviews considered each person's emotional, social and physical support from staff. The people we spoke with confirmed that they felt listened to and in control of their own care.

Privacy and dignity was respected by staff. We saw that staff knocked on people's doors before entering rooms, and were respectful of people's dignity when prompting any care that was required to take place. We saw staff throughout our inspection were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions.

Staff understood their responsibilities in maintaining confidentiality. The provider had a policy in place in relation to data protection and all files and information was kept securely.

## Is the service responsive?

### Our findings

The service was not always responsive. We found there were sufficient staff on site to keep people safe, but there were not enough staff to ensure people had meaningful activities to engage with, or access the community when they wanted. A staff member told us, "We don't have any activities planned. We do some activities when we can, but there generally isn't enough staff to do things. We don't have enough staff to allow for people going out in to the community as and when they want if they require assistance." We observed that people within the service were sitting for long periods of time in the communal areas of the service, watching television. We saw that no activities were prompted, and staff had limited time to interact with people and have conversation. The registered manager told us, "The staff have a lot of duties including cleaning. We are recruiting a domestic member of staff to take on those duties, which will free up the staff to enable more activity and engagement going forward."

The care planning in place documented people's likes, dislikes, preferences and personal history, and the staff we spoke with had a good knowledge of what people liked, and how they wanted to be supported. We saw that religious and cultural beliefs were documented as part of people's plan of care as and when required, to ensure staff knowledge in this area.

People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. The registered manager was aware of the need to present some information, for example, a service user guide and the complaints procedure, in an accessible format.

The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that staff had acted to investigate a complaint and had resolved the concern.

No end of life care was being delivered at the time of inspection. The registered manager told us that people's decisions could be recorded if they wanted to make any advanced plans for end of life care should they require it.

## Is the service well-led?

### Our findings

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

There was a clear vision and culture that was shared by managers and staff. The culture was person centred and staff knew how to empower people to achieve the best outcomes. People who used the service knew who the registered manager was and enjoyed talking to them. We saw the registered manager interact with people and staff, and saw that they were approachable and involved in people's care. Staff told us they felt well supported and could get assistance or advice from the registered manager at any time. Staff meetings were held, staff were asked for their feedback and if appropriate, this was acted upon.

People and staff spoke positively about the management team. One member of staff told us, "It has taken a while for the team to get used to some of the changes implemented by the manager, but I think we are settled in now. I am hopeful that things will continue to improve."

Staff demonstrated their knowledge and understanding around such things as whistle-blowing, safeguarding, equalities, diversity and human rights. The supervision process and training programme in place ensured that staff received the level of support they needed and kept their knowledge and skills up to date.

There were effective systems in place to monitor the quality of the service. Audits were undertaken, which ensured that the systems in place to monitor the standards and quality of the service were being managed effectively. We saw that when errors were discovered, improvements were actioned, for example, through discussions in staff supervisions and team meetings.

People using the service were encouraged to feedback and be involved with the development of the service. People's views had been sought via a questionnaire that looked at all aspects of the care at the service. We saw that results were reviewed and analysed, and actions taken up when required. We also saw that people had the opportunity to feedback at resident's meetings, designed to update people on service developments and allow people's voices to be heard.

Staff worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.

The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.