

Oakray Care (Fairhaven) Limited

Fairhaven Care Home

Inspection report

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Date of inspection visit:
14 December 2017
21 December 2017

Date of publication:
22 February 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Fairhaven 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. Fairhaven accommodates up to 21 people in one adapted building. At the time of our inspection 19 people were living at the home.

This is the first inspection since Oakray Care (Fairhaven) Limited was registered to provide the service in June 2017.

This inspection took place on 14 December 2017 and was unannounced. We returned on 21 December 2017 to complete the inspection.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

The systems for responding to incidents and reporting to the local authority safeguarding team were not always followed effectively. The registered manager was not aware of some incidents that had happened and action had not always been taken to review the care provided to people to minimise the risk of incidents happening again.

On the first day of the inspection we found that the systems to identify and manage other risks people faced were not always effective. Action had not always been taken to ensure staff had clear information about how to minimise the risks to people. By the second day of the inspection the registered manager had taken action to address the concerns regarding risk management.

On the first day of the inspection we found decisions taken on behalf of people who did not have mental capacity did not always follow the principles of the Mental Capacity Act. By the second day of the inspection the registered manager had taken action to ensure they met their legal responsibilities when making decisions on behalf of people.

Whilst the registered manager had taken action following the first day of the inspection, action was needed to ensure the improvements were sustained and embedded in practice.

The governance systems were not effective at ensuring the provider met their legal obligations and the service made any necessary improvements. Oakray Care (Fairhaven) Limited had been the provider of the service since June 2017. The registered manager reported that visits to assess the service by one of the directors of Oakray Care (Fairhaven) Limited had taken place on several occasions, but they had not received any feedback from the visits. The registered manager was not aware whether there were actions

they needed to complete following the visits.

The registered manager completed a number of internal audits in the service. However, these audits had failed to identify the concerns identified in this inspection. The governance systems did not ensure the quality and safety of the service was assessed, monitored and improved.

People who use the service and their relatives were positive about the care they received and praised the quality of the staff. Comments from people included, "Without a shadow of a doubt they look after [my relative]. She wouldn't be with us unless she lived here"; "Staff are very good. They have looked after [my relative] extremely well" ; "I have been very happy with the care provided". We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy and responded to requests for assistance.

People told us they felt safe when receiving care and were involved in developing and reviewing their care plans. Medicines were stored safely in the home and staff had received suitable training in medicines management and administration. People received the support they needed to take their medicines. There were sufficient staff available to provide safe care.

Staff understood the needs of the people they were providing care for and had the knowledge and skills to meet their needs. Health and social care professionals who had contact with the service were positive about the care people received and skills of staff. Comments included , "Staff ask for help when appropriate, but when they do they have already tried a number of options and come with relevant information"; "Staff always liaise with me if they feel a resident needs extra input and they are always open to new ideas" and "The home manages people's complex needs very well".

Staff received a thorough induction when they started working at the home. They demonstrated a good understanding of their role and responsibilities. Staff had completed training relevant to their role, which they said was good and helped them to meet people's needs.

People had regular meetings to provide feedback about their care and there was an effective complaints procedure. People enjoyed the group social activities that were arranged.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

The systems for responding to incidents and managing risks people faced were not always followed effectively.

People who use the service said they said they felt safe when receiving support.

There were sufficient staff to meet people's needs. Medicines were managed safely and people were supported to take the medicines they had been prescribed.

Is the service effective?

Requires Improvement 

The service was not always effective.

Decisions made on behalf of people did not always follow the principles of the Mental Capacity Act.

Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for. People were supported to eat and drink enough to maintain a balanced diet.

People's health needs were assessed and staff supported people to stay healthy. Staff worked well with specialist nurses and GPs to ensure people's health needs were met.

Is the service caring?

Good 

The service was caring.

People spoke positively about staff and the care they received.

Care was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided care in a way that maintained people's dignity. People's privacy was protected and they were treated with respect.

Is the service responsive?

Good 

The service was responsive.

People were involved in planning and reviewing their care.

People and their relatives told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Staff supported people to set out what they wanted at the end of their life. There was clear information about people's wishes.

Is the service well-led?

Requires Improvement 

The service was not always well led.

The governance systems were not effective at ensuring the provider met their legal obligations and the service made any necessary improvements.

There was a registered manager in post who promoted the values of the service, which were focused on providing individual care in a homely setting.

Fairhaven Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 14 December 2017 and was unannounced. We returned on 21 December 2017 to complete the inspection.

The inspection was completed by two inspectors. Before the inspection we reviewed all information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with the registered manager, three people who use the service, three visitors to the home and eight care staff. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for four people. We also looked at records about the management of the service. We received feedback from five health and social care professionals who have contact with the service.

Is the service safe?

Our findings

The systems for responding to incidents and reporting to the local authority safeguarding team were not always followed effectively. In one incident in November 2017, a person using the service stamped on another person's foot. There was no record that any review had taken place to minimise the risk of a similar event happening again and no record that the incident had been reported to the Isle of Wight safeguarding team or the Care Quality Commission.

In two separate incidents in November 2017 a person was reported to have 'thumped' another person on the back with 'some force' on one occasion and grabbed another person's arm and fingers in a tight grip and 'pulled them about'. There was no record that any review had taken place to minimise the risk of a similar event happening again and no record that the incident had been reported to the Isle of Wight safeguarding team or the Care Quality Commission.

The registered manager was not aware why these incidents had not been reported. The registered manager was working away from the service at the time of these incidents. They felt the correct procedure may have been overlooked by staff with the incident report placed directly in the person's file rather than being reported to the registered manager or deputy.

The lack of action in response to these incidents did not ensure risks to people using the service were assessed and action taken to manage those risks.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On other occasions incidents had been reported effectively and action taken to review care plans to minimise the risk of a repeat of the incident.

On the first day of the inspection we found that the systems to identify and managed other risks people faced were not always effective. There was no assessment of beds with rails fitted to ensure they did not present a risk of entrapment. We found that one person's bedrails were not positioned in line with the manufacturer's guidance. The registered manager told us they were not aware of the guidance or that the bed rails needed to be regularly checked.

Risk assessments and management plans were not in place for people who were using paraffin based creams. Paraffin based creams whilst safe to use can become flammable when exposed to an ignition source so a risk assessment is required to set out how these risks should be managed.

On the second day of the inspection the registered manager had taken action to address these concerns. Risk assessments had been completed where needed and there were risk management plans in place. A system of regular checks of the bedrails had been established to ensure they remained safe for people to use. Staff demonstrated a good understanding of these plans, and the actions they needed to take to keep

people safe.

Staff had access to information and guidance about safeguarding procedures to help them identify possible abuse. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report suspected abuse if they were concerned and were confident senior staff in the service would listen to them and act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. A medicines administration record had been fully completed. This gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and disposed of. Where people were prescribed 'as required' medicines, there were protocols in place detailing when they should be administered. People and relatives told us staff provided good support with their medicines, bringing them what they needed at the right time.

Sufficient staff were available to support people. People told us there were enough staff available to provide support for them when they needed it. We observed staff responding promptly to requests for assistance and the call bells. Staff told us they were able to provide the care and support people needed.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. We checked the recruitment records for two recently employed staff. The records demonstrated the recruitment procedures were being followed.

People said they felt safe living at Fairhaven. Comments included "I like it here. I've been here for some time and it feels safe" and "I feel safe at night".

All areas of the home were clean and people told us this was how it was usually kept. There was a colour coding system in place for cleaning materials and equipment, such as floor mops. There was also a colour coding system in use to ensure soiled laundry was kept separate from other items. There was a supply of protective equipment in the home, such as gloves and aprons, and staff were seen to be using them. All areas of the home smelt fresh and clean.

Is the service effective?

Our findings

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 legally authorised under the MCA. One the first day of the inspection we found the systems to make decisions in people's best interest when they did not have capacity to consent were not always followed. For some people, decisions had been made in their best interest without detailing who was involved in making the decision. For one person there was no information available to demonstrate the process to make a decision to live in a shared room. For another person decisions had been made in their best interest regarding their medicines, use of bed rails and the use of CCTV in communal areas of the home because they did not have capacity to consent to these issues. However, the records did not set out who had been involved in making these decisions and whether anyone outside of the staff team had been consulted.

We raised concerns with the registered manager about the way best interest decisions were recorded at the end of the first day of the inspection. By the second day of the inspection the registered manager had taken action to update the records. There were details of who had been involved in decisions. These demonstrated that people had been involved in decisions as far as possible and there was evidence of consultation with family members, health and social care professionals and staff at the service. Whilst the registered manager had taken action following the first day of the inspection, action was needed to ensure the improvements were sustained and embedded in practice.

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 are called the Deprivation of Liberty Safeguards (DoLS). Applications to authorise restrictions for some people had been made by the service. Cases were kept under review and if people's capacity to make decisions changed then decisions were amended.

Kitchen staff had information about people's specific dietary needs. This included the consistency of the food people needed, information about people who had lost weight and medical conditions which affected the diet people followed. Staff demonstrated a good understanding of people's needs. Care plans contained details of people assessed to be at risk of malnutrition and strategies to manage those risks. People's weight was being recorded regularly and action had been taken to review plans where people had lost weight.

People told us they enjoyed the food provided by the home and were able to choose meals they liked. Comments included, "It's very nice food. I wouldn't stay if it wasn't." A relative told us, "The food is OK."

We observed lunch being served in the dining room and people being supported to eat in their rooms. We saw good support for people who needed help to eat and drink. People were able to choose where to have their meal and were offered a choice of two meals. Staff supported people to use plate guards where needed. This helped to ensure some people could remain independent with eating their meal. People were

offered drinks and these were replenished when people finished them and had said they'd like more.

People and their relatives told us staff understood their needs and provided the care and treatment they needed. Comments included, "Without a shadow of a doubt they look after [my relative]. She wouldn't be with us unless she lived here". Staff demonstrated a good understanding of people's medical conditions and how they affected them.

One of the healthcare professionals who provided feedback told us staff had a good understanding of people's needs. They said "Staff always liaise with me if they feel a resident needs extra input and they are always open to new ideas." Another healthcare professional commented, "The home manages people's complex needs very well".

Staff told us they received regular training to give them the skills to meet people's needs, including a thorough induction and training on meeting people's specific needs. Training was provided in a variety of formats, including on-line, classroom based and observations of practice. Where staff completed on-line training, they needed to pass an assessment to demonstrate their understanding of the course. Staff told us the training they attended was useful and was relevant to their role in the home. The registered manager had a record of all training staff had completed and when refresher training was due, which was used to plan the training programme. The registered manager said they had recently completed a review of the training programme following feedback from staff. The registered manager said as a result of the review they had moved away from some of the on-line training and introduced more group training sessions. Care staff were supported to complete formal national qualifications in health and social care.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. We saw these supervision sessions were recorded. The management team kept a record of the supervision and support sessions staff had received, to ensure all staff received the support they needed. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from staff included, "I feel well supported. We have regular supervision and staff meetings and we're able to raise any concerns" and "I have regular supervision meetings and I'm able to raise concerns whenever they come up".

People were able to see health professionals where necessary, such as their GP, specialist nurse or attend hospital clinics. People's care plans described the support they needed to manage their health needs. There was clear information about monitoring for signs of deterioration in their conditions, details of support needed and health staff to be contacted. A doctor from the local memory clinic told us, "Staff ask for help when appropriate, but when they do they have already tried a number of options and come with relevant information".

The service had followed guidance in relation to decorating the environment. Toilet and bathroom doors were identified through signs and were painted a different colour to other doors in the home. People had been encouraged to personalise their bedroom doors to help identify them. The garden had been designed with people living with dementia in mind. There was a path wide enough for people who used a walking frame or wheelchair which went through different areas of planting. This gave people opportunity to smell and touch different plants.

Is the service caring?

Our findings

People and their relatives told us they were treated well and staff were caring. Comments included, "Staff are very good. They have looked after [my relative] extremely well" ; "I have been very happy with the care provided. They have provided good support for [my relative] to attend the funeral of their partner, which we didn't think they would be able to do" and "Staff are very welcoming to me when I visit. I come at different times and have always been happy with what I see." We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy and responded to requests for assistance.

Staff had recorded important information about people; for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. This information was used to ensure people received support in their preferred way.

Staff communicated with people in accessible ways, that took into account any sensory impairments which affected their communication. For example, documents were provided in large print versions and easier to read versions, which included pictures and symbol to help people understand them. There was clear information in people's care plans about any specific communication needs they had and support they needed from staff to ensure they understood. One of the social care professionals who provided feedback said the service had worked well to support a person who did not speak any English. Staff had supported the person to make a communication book, which enabled them to ask questions and respond to questions from staff.

People were supported to contribute to decisions about their care and were involved wherever possible. For example, people had regular meetings with staff to review how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people's care plans. People and their relatives told us staff consulted them about their care plans and their preferences. There were also regular residents' meetings, which were used to receive feedback about the service and make decisions about the organisation of the home.

We observed staff working in ways that supported people to maintain their independence, including encouraging people to be independent when eating and supporting people to make decisions by giving them clear information about their options, in ways which were accessible to them. People were supported to be independent with managing their medicines where they wanted to and it was safe.

Staff received training to ensure they understood the values of the service and how to respect people's privacy, dignity and rights. In addition, the management team completed observations of staff practice to ensure these values were being reflected in the care provided.

Is the service responsive?

Our findings

People had care plans which contained individual information about their specific needs. The plans included information on people's specific health needs and preferences regarding their personal care. Care plans set out how people wanted their needs to be met. The plans were regularly reviewed with people and we saw changes had been made following their feedback.

In addition to the main plans, people had been supported to develop 'one page profiles'. These gave information about what was particularly important to people, their likes and dislikes, their personal history and how best to support them. One the first day of the inspection we found some of the one page profiles had not been updated as people's needs had changed. By the second day of the inspection the registered manager had taken action to ensure these details were updated where needed.

Staff demonstrated a good understanding of people's needs and the support they should provide. The registered manager told us they were planning to move to an electronic system for care planning in the near future. The registered manager felt the new system would be an improvement and make it easier to keep all of the records up to date.

People told us they were able to keep in contact with friends and relatives and take part in group activities they enjoyed. The registered manager told us they had previously employed activities co-ordinators, but no longer did as they felt it was not the best use of staff time. The registered manager said they preferred to support staff to provide individual support for people to take part in things they enjoyed. We saw staff supported people to go out into the local area to visit shops and have a walk, attend events and group activities at a local church. The registered manager had also arranged entertainers to visit the service. Meetings were held for people who use the service and their relatives, which included sections on planning activities in the service. The most recent meeting was used the plan activities over Christmas and how they could make more use of the garden when the weather improved. The meeting was a social occasion, with tea and cakes provided and an opportunity for people to meet the management team.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. People said they knew how to complain and would speak to staff or their relative if there was anything they were not happy about. The service had a complaints procedure, which was provided to people when they moved in. The procedure was displayed on notice boards and had also been provided in an easy to read version, with pictures and symbols to aid understanding.

Complaints were monitored, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. Staff were aware of the complaints procedure and how they would address any issues people raised in line with it. Complaints received had been investigated and a response provided to the complainant.

People's preferences and choices for their end of life care were discussed with them and their relatives and recorded in their care plans. This included people's spiritual and cultural needs and contact details of

relevant people who the person wanted to be involved. The registered manager told us they worked with the local hospice team to ensure staff had the right knowledge and support to meet people's needs. Staff confirmed they worked closely with the hospice team and said they received good support.

Is the service well-led?

Our findings

There was a registered manager in post and they were available throughout the inspection. In addition to the registered manager, there was a deputy manager who supported the management of the service. The registered manager had clear values about the way care should be provided and the service people should receive. These values were based on creating a homely environment where people felt comfortable, with a strong emphasis on person centred care.

The governance systems were not effective at ensuring the provider met their legal obligations and the service made any necessary improvements. Oakray Care (Fairhaven) Limited had been the provider of the service since June 2017. The registered manager reported that visits to assess the service by one of the directors of Oakray Care (Fairhaven) Limited had taken place on several occasions, but they had not received any feedback from the visits. The director had not provided the registered manager with a report of the visits' findings and there were no action plans that were developed following the visits. The registered manager was not aware whether there were actions they needed to complete following the visits.

The registered manager completed a number of internal audits in the service. These included audits of people's weight, infection control systems, accidents, safeguarding referrals, environmental audits and observations of staff practice. However, these audits had failed to identify that staff were not always reporting incidents correctly and action was not being taken to manage risks people faced. The audits had also not identified best interest decisions were not always being recorded in ways that demonstrated they had followed the principles of the Mental Capacity Act; or that some of the one page profiles were out of date and did not reflect people's current needs.

The registered manager had completed surveys of people who used the service, relatives, staff and professionals who had contact with the service. The majority of the feedback was positive, with people reporting they were satisfied with the care provided. However, where survey responses were critical, there was no system to provide feedback to people about the action that had been taken. For example, two people had reported they 'often' or 'very frequently' had to wait a long time for staff to answer the call bell; a staff member commented that communication was sometimes a problem with things handed over not acted upon; and a member of staff's suggested improvement was to meet with a representative of the provider. Although these comments had been recorded, there was no evidence that action had been taken to address them.

The governance systems did not ensure the quality and safety of the service was assessed, monitored and improved.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure in the home and staff told us the registered manager gave

them good support and direction. However, staff reported they had limited contact with senior staff in the provider organisation.

Personal confidential information was securely stored in locked offices and cabinets. Staff were aware of the need to ensure information remained secure. We observed staff following the home's procedures and ensuring confidential information was not left unattended or unsecured.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how the registered manager expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the registered manager worked with them to find solutions.

Feedback from health and social care professionals who worked with the service was positive about the way the registered manager and staff worked with them. Comments included, "I have always found the manager and staff helpful and maintained a good joint working relationship" and "The manager is very motivated and does a good job. She is pro-active and tries to resolve problems, always putting people who live in the home at the heart of what she does".

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured risks to people who use the service we assessed and action taken to manage those risks. Regulation 12 (2) (a) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured systems were established and operated effectively to assess, monitor and improve the quality of the service provided. Regulation 17(2) (a)