

North Fylde Care Ltd

Fairhaven Care Home

Inspection report

43-44 Laidleys Walk
Fleetwood
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Date of inspection visit: 04 November 2015

Date of publication: 13/01/2016

Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

The inspection visit took place on 04 November 2015 and was unannounced.

The home is located on the sea front at Fleetwood and is registered to accommodate up to twenty-four people. Individual bedroom accommodation and communal areas are based on three floors. Appropriate aids are provided to promote independence and a passenger lift enables ease of access throughout the building. Access for people in wheelchairs is available at the front of the building. At the time of the inspection visit there were 22 people who lived at the home.

There was not a registered manager in place at the time of our visit. The provider had a manager currently applying to the Care Quality Commission (CQC) to be registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

Summary of findings

At the last inspection of the service in January 2014, we found the provider was meeting all the requirements of the regulations inspected.

During this inspection people told us they felt safe and secure at Fairhaven Care Home. There were sufficient numbers of staff deployed to meet people's needs and provide a flexible service. However, not all new staff had been recruited in-line with national guidelines.

We have made a recommendation the provider seeks advice and guidance to ensure all employment checks for potential staff are in place, prior to employment in line with national guidance.

Water temperatures checked were delivering water at above safe temperatures and could put people at risk of scalding or burning themselves.

We have made a recommendation about hot water temperatures.

Some areas of the building were cluttered with equipment for example wheelchairs and hoists. This could be a health and safety hazard and put people at risk of trips and falls.

We have made a recommendation the owner explores relevant health and safety guidance for the safe storage of equipment.

Medication was being administered in a safe manner. We observed a staff member administered medication at lunch and breakfast time safely. They gave out medicines to one person at a time and stayed with the person until they had their medication.

The management team had completed an assessment of people's support needs. This was before they moved into the home. We saw people or a family member had been consulted and involved in the assessment and support plan. People we spoke with said they were happy with their care and felt staff supported and cared for them.

People who lived at the home were happy with the variety and choice of meals available to them. Regular snacks and drinks were available between meals to ensure they received adequate nutrition and hydration. Comments about the quality of meals included, "The food is really good."

The owner and manager understood the requirements of the Mental Capacity Act (2005) (MCA and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who lacked capacity to make their own decisions.

Staff we spoke with had a good understanding of how people should be treated in terms of dignity, respect and caring for people. We observed good examples of staff being respectful and patient towards people.

The service had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they were comfortable with complaining to staff or management when necessary.

The manager and owner used a variety of methods to assess and monitor the quality of the service. These included staff and resident meetings and annual surveys sent out to people and their relatives. People who lived at the home, relatives and staff told us they thought the new management team operated the home well.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

We found staff had a good understanding of protecting people from potential harm or abuse.

Staffing levels were sufficient to meet people's needs. However, not all new staff had been recruited in-line with national guidelines.

Storage facilities for equipment such as wheelchairs and hoist were not suitable and could put people at risk of trips or falls.

Water temperatures were too hot and not safe. This could put people at risk of scalding or burning themselves.

People's medicines were managed safely and medication was stored securely.

Requires improvement



Is the service effective?

The service was effective.

Training records evidenced staff were trained in order to be effective in their roles and responsibilities.

Care records of people who lived at the home contained people's recorded consent to care. The management team were knowledgeable about the MCA and DoLS and we observed people were not deprived of their liberty.

The registered manager had systems in place to monitor people's health. People were protected against the risks of malnutrition.

Good



Is the service caring?

The service was caring.

We observed staff treated people with respect, sensitively and compassion. Staff respected their rights to privacy and dignity.

Staff maintained people's dignity and used a caring, respectful approach when engaging with individuals.

Good



Is the service responsive?

The service was responsive.

Care records were personalised to people's individual requirements. We observed staff had a good understanding of how to respond to people's changing needs.

There was a programme of activities in place to ensure people were fully stimulated and occupied.

Good



Summary of findings

The management team and staff worked closely with people and their families. This was so they could act on any comments or concerns straight away before they became a complaint.

Is the service well-led?

The service was well led.

There was clear leadership at the service. The registered manager understood their legal responsibilities for meeting the requirements of the regulations.

A range of audits was in place to monitor the health, safety and welfare of staff and people who lived at the home.

The registered manager was approachable and demonstrated knowledge of people who lived at the home.

Good



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 was an unannounced inspection visit carried out on 04 November 2015.

The inspection visit was carried out by an adult social care inspector and by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this inspection had a care background with caring for older people.

Prior to our inspection we reviewed historical information we held about the service. This included any statutory notifications, adult safeguarding information and comments and concerns. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the support and care people received at the service. They included the provider, the manager, five staff members, nine relatives and 11 people who lived at the home. We also spoke with a district nurse and two nurses from the 'heart failure team' at the local Blackpool Victoria Hospital. They were visiting the home at the time of our inspection visit. We contacted the Lancashire commissioning department at the local authority. We did this to gain an overview of what people experienced whilst living at the home.

We had a walk around the building and looked at all areas of the premises. We looked at records and documentation which contributed to the running of the service. They included two recruitment of staff, two care plans of people who lived at the home, maintenance records, training records and audits for the monitoring of the service. We also spent time observing staff interactions with people who lived at the home.

Is the service safe?

Our findings

People who lived at the home and relatives we spoke with told us they felt safe with the care and support provided by staff. One person who lived at the home said, “Yes, it’s alright here, everything seems okay and I’m happy living here. It’s very safe” A relative said, “It gives me piece of mind knowing [relative] is safe and looked after here.”

We had a walk around the premises and found call bells were positioned in rooms close to hand. This was so people were able to summon help when they needed to. One person who lived at the home said, “It’s next to the bed my buzzer, they come pretty quick if I need them.” Observations during the visit found staff answered call bells within a short space of time.

We spoke with people about how safely staff assisted them from time to time. For example people told us if they needed help with showers or bathing, the staff were careful to ensure their safety. This included making sure they were properly dried after bathing, as well as making the bathroom safe for them to walk around with support if required.

The owner had procedures in place to minimise the potential risk of abuse or unsafe care practices. We looked at training records for staff and found the manager and staff had attended relevant training events around safeguarding adults. Staff spoken with confirmed this. The service had a whistleblowing procedure which was on display in the hallway. Staff spoken with told us they were aware of the procedure. They said they wouldn’t hesitate to use this if they had any issues or concerns about other staff members’ care practice or conduct.

Care records of people who lived at the home contained an assessment of their social and health needs. These included reviews of any risks associated with receiving care to manage risk. For example risks covered the premises, outside the building and falls. Records were personalised and covered what actions the manager would take to manage risk.

Records were kept of incidents and accidents. Details of incidents looked at demonstrated action had been taken by staff following events that had happened. This was to ensure people were kept safe.

We had a walk around the premises and found all areas to be clean, tidy and maintained. No offensive odours were observed by the inspection team. We observed staff made appropriate use of personal protective equipment for example wearing gloves when necessary. However communal areas of the home were cluttered with equipment for example wheelchairs and hoists. This could be a potential hazard for people who lived at the home in terms of accidents due to falling or tripping over equipment. The health and safety of people was at risk.

We found equipment had been serviced and maintained as required. Records were produced for us confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. We found window restrictors were in place where they were required. Water temperatures checked were delivering water at above safe temperatures and could put people at risk of scalding or burning themselves. However the maintenance person had discovered a fault on the system and was looking into the fault. Water temperatures must be delivered safely in line with health and safety guidelines. Since the inspection visit the provider produced evidence this was in the process of being addressed.

We looked at staffing rotas and spoke with staff and people who lived at the home about staffing levels. People we spoke with found there was sufficient numbers of staff available to meet the needs of people who lived at the home. For example people who lived at the home told us they could get help day or night to get about and did not have too long to wait for staff to support them. The owner informed us they continued to monitor staffing levels and would increase staffing numbers in line with the needs of people they cared for. Staff we spoke with were comfortable with the current staffing levels. Comments from staff included, “No not an issue we have enough staff around at the moment.” Also, “You could always do with more staff but I feel we have enough to cater for the people.”

We looked at three recruitment records of staff. Required checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions with staff. Recruitment records examined contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded. However the employment application form did not contain a full employment history. This would support

Is the service safe?

the registered manager to make an informed decision for suitable staff to be employed. The provider assured us the application form for employment would be amended to request the information required.

We looked at how medicines were administered and records in relation to how people's medicines were kept. We observed medicines being administered at breakfast and lunch time. We found medicines were administered at the correct time they should be. We observed a staff member ensured medicines were taken, by waiting with the person until they had done this. The person who administered medicine had to leave the medication trolley to give a person their medicine. However they requested another staff member to stand by the medicines whilst they proceeded to administer a person's medicine. This meant they were aware of the dangers of leaving medication unattended.

The service had introduced regular audits of medicines to ensure they were correctly monitored and procedures were

safe. We were informed only staff trained in medication procedures were allowed to administer medication. We confirmed this by talking with the management team and staff.

We recommend the provider seeks advice and guidance about the delivery and monitoring of hot water temperatures to maintain peoples health and safety.

We recommend the service explores relevant health and safety guidance for the safe storage of equipment. This is to ensure peoples safety by reducing the risk of trips or falls to people.

We recommend the provider seeks advice and guidance about recruitment procedures. This is to maintain peoples safety when new employees are recruited.

Is the service effective?

Our findings

People who lived at the home received effective care because they were cared for by an experienced and trained staff team who had a good understanding of their care needs. We confirmed this by our observations and discussions with people during the visit. People had freedom of movement around the building and the atmosphere was relaxed and friendly. People went to their rooms when they chose to, there was no restriction of movement around the home. Comments included, "It is nice and quiet most times I like to wander around the lounges to the front of the home and sit by the sea." Also, a relative said, "It is really good for [relative] they are so well looked after and not restricted to their bedrooms."

We looked at training records for staff members. Members of staff had completed key training in areas of safeguarding vulnerable adults and moving and handling techniques. Certificates of staff awards were on display on a wall in the dining area. Staff told us access to training courses relevant to their roles was good. They told us they were encouraged to further their skills by attending training events. One staff member said, "No problem with training the manager is very supportive to provide training courses for us."

Some staff members had achieved national care qualifications. One staff member we spoke with said, "The manager was supporting me through my National Vocational Qualification (NVQ) which I am pleased about."

We looked at staff supervision and appraisal records to check staff were supported to carry out their duties effectively. Staff told these supervision sessions took place approximately every month. Records looked at confirmed this. One staff member said, "I meet with the manager monthly or there about." Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities.

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).

The manager demonstrated an understanding of the legislation as laid down by the (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Discussion with the manager confirmed she understood when an application should be made and in how to submit one. When we undertook this inspection the manager had completed applications to request the local authority to undertake DoLS assessments for persons who lived at the home. The manager had followed the correct process to submit an application to the local authority. We did not see any restrictive practices during our inspection visit.

We found staff catered for a selection of food preferences and dietary requirements for people who lived at the home. We saw people being provided and offered regular hot drinks and also cold drinks were available. We spoke with the cook who told us they cater for special diets, such as blended meals if and when required.

We observed meals could be taken in the dining areas or wherever the person might prefer. This included one person we observed being assisted to eat in the lounge area. We were told by those we met they did not require assistance to eat but were told staff would do this for others nicely when it was needed. One person who lived at the home said, "The staff are so obliging if people need help at mealtimes they do."

At lunch time we carried out our observations in the dining room. We saw lunch was a relaxed and social experience with people talking amongst each other whilst eating their meal. We observed people received a meal of their choice if it was not to their liking on the menu. One person said, "I don't like the meals today but the cook will make me anything I want. The food is really good." We observed staff did not rush people allowing them sufficient time to eat and enjoy their meal.

People's healthcare needs were monitored and discussed with the person as part of the care planning process. Staff had recorded in care records visits to and from the General Practitioners (GP's) and other healthcare professionals such as dentists. For example one person who lived at the home informed us that a local GP would visit the home if

Is the service effective?

needed. We heard one relative arranging access to a podiatrist whilst we were there. This confirmed good communication processes were in place for people to receive continuity with their healthcare needs.

Is the service caring?

Our findings

People who lived at the home told us staff and manager were caring, respectful and kind towards them. Relatives we also spoke with told us staff were caring. We did not receive any negative comments about staff mistreating people or not showing kindness or patience. Comments included, “The staff are wonderful” Also, “You have to be kind and patient and I must say all the staff are that.”

When we had a walk around the premises and during our general observations during the day, we found staff caring and kind towards people. For example we noticed staff knocked on people’s doors before entering. They would not enter until a response was given or they were aware the person was out. One person who lived at the home said, “They are respectful and aware of my privacy.” Another person who lived at the home said, “They always call out my name before coming into my room.”

Throughout the day we saw people moved around the premises from communal areas to their own bedrooms with staff oversight. Routines were relaxed and arranged around people’s individual and collective needs. We saw people were provided with the choice of spending time on their own or in other areas of the building. A staff member we spoke with said, “People have freedom of movement and we encourage that. However we are always on hand to lend support if need be.”

On the day of the inspection we observed four health professionals visit the service to manage ongoing health

issues. Staff communicated sensitively, effectively and professionally in a way that allowed that person’s privacy and dignity to be promoted. We spoke with the health professionals who told us the manager and staff worked closely with them to ensure people received the care and support they required.

Care records we checked showed evidence discussion had taken place between staff and people regarding end of life care. This demonstrated a respect for people’s views, preferences and wishes. People had contributed to the planning of their own end of life care.

People who lived at the home told us they were encouraged to express their views and wishes about all aspects of life at Fairhaven Care Home. We noticed the manager constantly enquired about people’s comfort and welfare throughout the visit and responded to people promptly if they required any help.

Prior to our inspection visit we received information from external agencies about the service. They included the commissioning department at Lancashire local authority. Links with these were good and we received some positive feedback from them about the care being provided.

We spoke with the manager about access to advocacy services should people require their guidance and support. They had information details that had been provided to people and their families. This ensured people’s interests were represented and they could access appropriate services outside of the service to act on their behalf.

Is the service responsive?

Our findings

People who lived at the home were supported by staff who were experienced, responsive and had a good understanding of their individual needs. The manager encouraged people and their families to be fully involved in their care. This was confirmed by talking with people. For example a relative we spoke with said, “We visit a lot and we discuss [relative] care needs with the manager they are always open about things.”

During our visit people told us they were encouraged to take part in a range of activities which kept them entertained and occupied. For example staff played card games, Bingo and general quizzes. One person who lived at the home said, “I particularly like bingo.” There was an activity planner for the week on display in the reception area of the home. However staff told us they did not always follow the activity that was planned. One staff member said, “It is always up to the residents if they want to change something that is not a problem.” Staff also told us people liked to spend time on their own or just enjoyed talking with staff. One staff member said, “We have time to spend on a one to one basis with residents sometimes and some like to do that as you can see.”

There was a list of activities displayed in the reception area. They included group activities as well as one to one with staff events such as trips out in the community. Staff told us these could change if people requested other activities they would like. Activities included, entertainers visiting the home such as singers and musicians. Also card games and bingo. One person who lived at the home said, “I do enjoy what is going on and join in for example the bingo days.”

Care records of two people we looked at were developed from the assessment stage to be person centred, which meant they involved the person in planning their care. Also where appropriate relatives had an input. The details demonstrated an appreciation of people as individuals. The care plans were detailed and organised.

Care records contained information for staff on how identified needs could be met and taken into account all expressed wishes and preferences. Throughout the care plan there was repeated reference to, choice, preference, what individuals disliked and enjoyed. There was also a section on personal history and life experiences. This meant staff were able to get to know people better which helped build relationships between staff and people who lived at the home. One staff member said, “Going through people’s life history is so interesting and we get so much information about the person. It all helps to provide better care for them.”

We spoke with relatives who told us they were encouraged to join in when entertainers were on or specific games were held. For example relatives had been invited to come for Christmas dinner. One relative said, “Yes looking forward to join [relative] for their Christmas day dinner.”

The service had a complaints policy in place which was given to all people who lived at the home, their relatives and advocates. This was to ensure people were aware of the process to make a complaint. Information about how to complain and who to contact was on display on a notice board in the reception.

We discussed the management of complaints with staff, who demonstrated a good understanding of the process for responding to complaints. One staff member said, “If we received any we would look upon it as a positive learning exercise.”

The manager told us the staff team worked closely with people who lived at the home and relatives to resolve any issues before they became a formal complaint. Comments from people who lived at the home and relatives included, “Never had to complain but I certainly would if we had a problem.” Also, “I have lived here for some time and would speak with the manager should I have a complaint.”

Is the service well-led?

Our findings

People who lived at the home, relatives and staff told us they thought the new manager and owners operated the home well. One staff member said, “[The manager] is so good and things have improved. The place is run really well.” A person who lived at the home said, “All the staff are lovely and the manager and owner are caring people. They take an interest in you.”

We observed during the inspection visit the manager and provider were part of the staff team providing the care and support people required. One staff member said, “They are so good and are part of the team even though they are the managers.” She does help out a lot despite having to get to know the management routines at the home.” Relatives we spoke with were impressed by the new manager and comments we received confirmed this. One relative said, “There has been changes however for the better and things are settling down.” People knew who the new manager was and told us she always had time to spend supporting with the daily routines and providing care for people.

There was good visible leadership shown by the new manager. From discussion with them it was clear they had good knowledge of their role and responsibilities. They showed understanding and an awareness of the operational issues around the home. It was evident by our observations the new manager had a positive relationship with the people who lived in the home, relatives and staff. This was confirmed also by talking with people.

People who lived at the home and their relatives told us they were encouraged to be actively involved in the continuous development of the service. For example

relatives were encouraged to complete annual surveys to give their opinions on how the service was run. We looked at the completed survey from 2015. They were positive, any negative response would be analysed by the management team and action taken. For example one response was concern over appropriate seating around the outside of the home for people to enjoy the outside areas. The provider recorded the action taken which was to provide suitable new seating to allow access for people to sit outside in warm weather.

Staff meetings were held monthly and minutes kept of the meetings. On staff member said, “We do have meetings monthly and I feel they are productive and we can share our views of how to improve the home for people.”

Monthly ‘resident’ meetings were held and everyone was invited to attend. People we spoke with confirmed these meetings took place. Suggestions would arise from these meetings and we saw where suggestions had been made and followed through. For example people had suggested different meal options. We talked with staff and looked at documentation and found these had been implemented at the request of people who lived at the home.

We found there were a range of audits and systems put in place by the owner. These were put in place to monitor the quality of service provided. The audits they were undertaking included the environment, medication, infection control, staffing levels and food preparation. Audits were taking place every month. We looked at records of completed audits and found examples of where the provider had found some issues which they had followed up on to ensure the service continued to develop.