

North Fylde Care Ltd

Fairhaven Care Home

Inspection report

43-44 Laidleys Walk
Fleetwood
Lancashire
FY7 7JL

Tel: 01253772341

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18 January 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Fairhaven Care Home is located on the promenade at Fleetwood. The home accommodates 22 people. Individual bedroom accommodation and communal areas are comfortable. Appropriate aids are provided to promote independence and a passenger lift enables ease of access throughout the building. At the time of the inspection there were 21 people who lived at the home. The home is registered for 22 people.

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.

At the last inspection in November 2015, the service was rated 'Good'. At this inspection we found the service remained Good. However at the last inspection we recommended they improved recruitment procedures to ensure all checks were in place prior to staff starting their employment. In addition we recommended water temperatures were checked regularly so that people were not at risk of scalding themselves. Also suitable storage areas to be designated for equipment as they were kept in communal areas and could be a trip hazard and could put people at risk. During our inspection visit we found the management team had addressed these issues.

We found staff had been recruited safely and procedures improved since the previous inspection. They also received ongoing training relevant to their role and supported by the registered manager to undertake training that would enhance their skills. Discussion with staff and training records looked at confirmed this.

We observed during the inspection visit staff provided care and support for people in a sensitive, patient and respectful way. People who lived at the home confirmed staff were kind and caring. Comments we received confirmed this. One person who lived at the home said, "They have been and continue to be kind, thoughtful and respectful, I mean all the staff and the manager."

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records we looked at showed they were reviewed and any changes had been recorded.

Medication procedures we checked protected people from unsafe management of their medicines. People who lived at Fairhaven told us they received their medicines as prescribed and at the correct time.

We found staff were aware of treating people as individuals with importance placed on promoting dignity and respect. People who lived at the home confirmed to us staff treated them as individuals and delivered person centred care. Care plans we looked at confirmed staff and the management team promoted people's independence and involved them in decision making about their care.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place

for people to live. We found equipment had been serviced and maintained as required.

The layout of the premises and facilities provided were appropriate for the care and support provided.

The service had safe infection control procedures in place and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

People had been 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 the service supported this practice.

People told us the standard of food at Fairhaven was good and there was plenty of choice. This was confirmed by comments we received that included, "Yes definitely if you did not like something the cook would always make something you liked." And, "Good homely food."

We found during the inspection visit and observing interactions between staff and people who lived at Fairhaven, there was a culture on promoting dignity and respect for people. Care plans documented how to treat people and respect different cultures and religions.

People who lived at the home had access to healthcare professionals and their healthcare needs had been met. Documents we looked at confirmed this.

The registered manager had information with regards to support from an external advocate should this be required for people who lived at Fairhaven.

People who lived at the home told us a variety of activities were organised and entertainers regularly visited the home. One person who lived at the home said, "I really enjoyed [professional entertainers] they were tremendous and we are having them again on a regular basis."

There was a complaints procedure which was made available to people on their admission to the home and their relatives. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff meetings, resident meetings and daily discussions with people who lived at the home to seek their views about the service provided.

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 improved to good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Fairhaven Care Home

Detailed findings

Background to this inspection

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We found staff had been recruited safely and procedures improved since the previous inspection. They also received ongoing training relevant to their role and supported by the registered manager to undertake training that would enhance their skills. Discussion with staff and training records looked at confirmed this.

We observed during the inspection visit staff provided care and support for people in a sensitive, patient and respectful way. People who lived at the home confirmed staff were kind and caring. Comments we received confirmed this. One person who lived at the home said, "They have been and continue to be kind, thoughtful and respectful, I mean all the staff and the manager."

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We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

The layout of the premises and facilities provided were appropriate for the care and support provided.

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There was a complaints procedure which was made available to people on their admission to the home and their relatives. People we spoke with told us they were happy and had no complaints.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff meetings, resident meetings and daily discussions with people who lived at the home to seek their views about the service provided.

Is the service safe?

Our findings

We asked people who lived at Fairhaven if they felt safe and secure in the home and in the care of staff who supported them. Comments received included, "I do feel safe now you ask. The staff are good and always checking up on us." A relative wrote in a survey, 'My [relative] is always happy and feels safe.'

We looked at recruitment records of staff. We found they had been improved to ensure all checks had been completed. 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, an application form that required a full employment history and references. One staff member said, "I did not start to work until everything was checked and in place. The induction training was really good and helped."

We found the management team had addressed the storage of equipment concerns. Equipment was appropriately stored in designated areas so that people were not at risk of trips or falls.

The management team had addressed the recommendation to monitor water temperatures. Records we looked at confirmed temperatures were checked on a regular basis. This was to ensure water was delivered at safe temperatures so people were at risk of scalding or burning themselves.

The management team monitored and assessed staffing levels to ensure sufficient staff were available to provide support people needed. Staff we spoke with told us they were satisfied with the numbers of staff on duty and the deployment of staff in communal areas. One staff member said, "Definitely have enough staff. I like the fact we have plenty of time to sit and talk with residents which is an important part of caring for people." A person who lived at the home said, "There seems to be enough people around. I know if I press the buzzer for assistance they always come rather quickly."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. Staff we spoke with were aware of the whistleblowing policy and knew which organisations to contact if the service didn't respond to concerns they had raised with them. During the inspection process we contacted the local authority and they told us there had been no concerns raised with them about people's care at Fairhaven Care Home.

Care plans we looked at of people who lived at the home had risk assessments to identify potential risk of accidents to staff and people in their care. Risk assessments provided instructions for staff members when delivering their support. These included moving and handling assessments, mobility and fire and environmental safety. They had been reviewed and updated if circumstances changed. Individuals who lived at the home were involved in the process to ensure support provided was appropriate to keep the person safe.

Documentation was provided for us of personal emergency evacuation plans (PEEPS) for staff to follow

should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

We looked at how accidents and incidents were being managed at the home. There were documents for accident and incidents to monitor for trends and patterns. The management team had oversight of these. Records looked at were completed and had information related to lessons learnt from any incidents. This meant the service was monitored and managed to keep people safe and learn from any incidents that may happen.

We observed one staff member administering medication during the lunch time round. We saw the medication storage room was locked securely whilst they attended to each person. People were sensitively assisted as required and medicines were signed for after they had been administered. Staff completed people's medication records in line with the National Institute for Health and Care Excellence guidelines. For example, there were no missing signatures and new stock was countersigned to evidence it was correct.

There were controlled drugs being administered at the time of our visit. We found controlled drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the registered provider had systems to protect people from unsafe storage and administration of medicines.

We looked around the building found it was clean, tidy and maintained. Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. This meant staff were protecting people who lived at Fairhaven and themselves from potential infection when delivering personal care and undertaking cleaning duties.

Is the service effective?

Our findings

People who lived at Fairhaven Care Home told us staff were knowledgeable about their individual care needs and were happy with support they received. Comments from people who lived at the home and relatives confirmed this. For example comments included, "The staff are very good at what they do and the bulk of them seem well trained and experienced." A relative said, "When I come here to see [relative] the staff know what they are doing and how to look after people as far as I can see."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff employed at Fairhaven made sure people had choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice. We observed during our visit people were not deprived of their liberty or restricted.

Prior to admission to home the registered manager had completed a full assessment of people's individual needs and produced a plan of care to ensure those needs were met. We found evidence in care records we looked at they or a family member had been involved with and were at the centre of developing their care plans. People signed to agree consent to care being delivered by staff at the home.

People were supported by a trained staff team who had a good understanding of their assessed needs. We were able to establish through our observations and discussions with people who lived at the home they received care which was meeting their needs and protected their rights. All staff had achieved or were working towards national care qualifications. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

People who lived at Fairhaven told us they enjoyed the meals provided for them and had plenty of choice. For example two people who lived at the home we spoke with confirmed if they did not like any of the choices an alternative would be provided. One of the people said, "Yes definitely if you did not like something the cook would always make something you liked." Other comments about the quality of food included, "We are lucky to have good cooks." And, "Good homely food."

Catering staff had information about people's dietary needs and these were being accommodated. These included people who had their diabetes controlled through their diet. Fresh fruit was available for people who wanted it and offered throughout the day with drinks and light snacks. People's food and fluid intake were monitored and their weight regularly recorded.

The service had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

People's healthcare needs were carefully monitored and discussed with the person or family members as

part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been.

The service had a refurbishment programme in place and we saw bedrooms were in the process of redecoration. Accommodation was on three floors with a passenger lift for access between the floors. There were separate lounges and a sun lounge at the front of the building. Each room had a nurse call system to enable people to request support if needed. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems.

Is the service caring?

Our findings

People who lived at the home and relatives told us they were happy at Fairhaven and treated with kindness and care. For example comments received included, "They have been and continue to be kind, thoughtful and respectful, and I mean all the staff and the manager." Also a relative said, "I come here often visiting and the staff do treat people so well."

We observed positive interactions throughout the inspection visit between staff and people who lived at Fairhaven. For example staff took time to sit with people and discuss the topics of the day. One staff member we noted discussed a person's work history with them and took time to listen and join in the conversation. We spoke with the person who lived at the home afterwards who said, "The staff are attentive and I enjoy sitting down and chatting. I was telling [staff member] about my job. I think they found it interesting."

Care plans seen and discussion with people who lived at the home and their family members confirmed they had been involved in the care planning process. The plans contained information about people's needs as well as their wishes and preferences for their care delivery. Daily records described support people received and activities they had undertaken. We saw people's care plans had been reviewed with them and updated on a regular basis. This ensured staff had up to date information about people's needs.

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness. Staff were aware to treat people as an individual. This was recognised when we spoke with people who lived at the home and relatives. For example one person who lived at the home said, "What I like is they treat me as an individual. They remember personal things about me, they show an interest and care."

We found care records of people who lived at the home documented their preferences, choices in terms of social and health needs and thoughts and beliefs. Other information included checks of how involved they and their representatives wished to be in their care delivery. Each person's care records followed good practice in checking they understood information and explanations given. For example, the registered manager assessed their communication skills and capacity to make decisions and give consent to care and treatment that was provided.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The service had information details in the hallway of Fairhaven Care Home for people and their families/friends if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the home to act on their behalf if needed.

We saw staff had an appreciation of people's individual needs around privacy and dignity. For example we witnessed staff knocked on bedroom doors before entering. In addition people who lived at the home told us staff respected them and treated them with patience. A person who lived at the home said, "Staff respect the fact I like to stay in my room a lot and do not force things on me."

Is the service responsive?

Our findings

During the inspection visit we talked with people at the home and found staff were responsive to their needs. They told us care they received was focussed on them and they were encouraged to make their views known about how they wanted their care and support provided. One relative said, "They keep me up to date with what is going on and always respond to me if any changes happen."

Care plans of people who lived at Fairhaven were reflective of people's needs and had been regularly reviewed to ensure they were up to date. Staff spoken with were knowledgeable about support people in their care required. Completed assessments of the person's expressed needs, preferences and ongoing requirements were included in people's care plans.

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen confirmed the management team's assessment procedures identified information about whether a person had communication needs. These included whether the person required for example, large print to read. This was to ensure people who lived at the home had access to information in different formats, such as easy read.

Community care plans were in place which were documents that promoted communication between health professionals and people who cannot always communicate for themselves. They contained clear direction as to how to support a person and included information about whether a person had a DoLS in place, their mobility, skin integrity, dietary needs and medication. The care plan also provided information about whether the person had a do not resuscitate order which is a legal form to withhold cardiopulmonary resuscitation (CPR).

The registered provider had a complaints procedure which was on display in the hall area of the building and given to people who lived at Fairhaven. The document information was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. One person who lived at the home we spoke with said, "Don't you worry yourself if I had a gripe or a problem they would soon know about it. I know who to tackle and what to do. However I never had to they are very good."

A formal activity programme was on display in the hallway. However people who lived at the home told us they would change games and events to suit people who chose different activities. Comments from people who lived at the home about activities and social events included, "I really enjoyed [professional entertainers] they were tremendous and we are having them again on a regular basis." Another said, "I like the bingo every Wednesday and trips out."

People's end of life wishes had been recorded so staff were aware of these. The registered manager informed us this allowed people to remain comfortable in their familiar surroundings, supported by staff

who knew them well. Training schedules for staff identified further 'end of life care' training in 2018. Two staff we spoke with told us they had completed training courses in end of life care. Another staff member said, "I know there is some coming up this year." This showed the registered manager understood the importance of providing end of life support and how this should be delivered.

Is the service well-led?

Our findings

People who lived at the home and relatives told us they were satisfied and confident in the way the management team operated the home. A relative said, "[Registered manager] is very helpful she runs a tight ship and is always willing to spend time with me to discuss things." Also a person who lived at the home said, "[Registered manager] is conscientious and willing to talk and listen to people. This makes the place run smoothly."

A registered manager was in place. 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

We found the home had clear lines of responsibility and accountability with a structured management team in place. The registered provider and registered manager were supported by a core group of staff that had worked at the home for a number of years. The management team had experience of managing and working at senior level in care homes. The registered manager was knowledgeable and familiar with the needs of people they supported. Also they had support from the registered provider. The registered manager confirmed they were clear about their role and provided a consistent well run home. This was confirmed by relatives and staff we spoke with.

The management team had a number of ways to measure and improve the quality of care at Fairhaven for the benefit of people who lived there. For example surveys were sent to relatives/residents and staff annually. The last survey in July 2017 produced positive comments they included from a relative, '[Relative] is well cared for by good staff and management.' The management team informed us any negative responses would be looked into and acted upon. This showed the management team ensured any issues would be addressed. At the time of the inspection visit a further survey was ongoing and the few responses received so far were all positive.

The registered manager had improved auditing systems to assess quality assurance and continue to improve the service for people who lived at the home. For example recruitment processes had been updated to ensure required checks were carried out so suitable people were employed. Other audits undertaken included medication, incidents/ accidents analysis and the environment. Any issues found on audits were quickly acted upon and lessons learnt to improve care for people and keep them safe.

The management team held regular staff and relative/resident meetings and minutes were taken. In addition the registered manager and staff told us they spoke with people daily and suggestions on any issues or improvements were sought after on an informal basis. We confirmed this with people who lived at the home.

We saw evidence of the management team working with other organisations in the ongoing improvement of people's lives. For example social workers and care co-ordinators. The service also worked closely with

Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them. A staff member said, "It is important to build relationships with health and social care professionals to make life better for residents who live at Fairhaven Care Home."

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.