

HC-One Limited

Fazakerley House Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Fazakerley House Care Home provides accommodation and personal care for up to 45 people in an adapted building over two floors. At the time of our inspection 37 people were living at the service.

People's experience of using this service and what we found

People told us they felt safe and family members told us they were confident their relative was kept safe. Risks to people's health, safety and welfare were assessed, monitored and managed in a safe way. Safety checks and tests were carried out at the required intervals on the premises, equipment and utilities. Staff knew the signs of abuse and the procedures for reporting any concerns about people's safety. Safe procedures were followed to minimise the spread of infection. New staff were recruited safely, and people received care and support from the right amount of suitably skilled and experienced staff.

People's needs and choices were assessed, and outcomes were used to plan people's care. New staff were inducted into their role and there was an ongoing programme of training and support for all staff. People received the support they needed to eat, and drink and they were offered a choice of food and drink as part of a healthy diet. People's health and wellbeing was monitored, and staff responded quickly to any concerns. People received the support they needed to access other services. The premises were adapted and designed to meet people needs.

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

People were treated well, and their privacy, dignity and independence were respected. Staff were knowledgeable about people and had formed trusting and positive relationships with them. People and family members shared positive feedback about the attitude and approach of staff. People's personal information was kept confidential.

People were involved in planning and reviewing their care along with others including family members. People's personal choices and preferences were reflected in the care plans and staff provided people with the right care and support. Staff supported and encouraged people to maintain and develop important relationships. Meaningful activities were arranged and facilitated for people. There was a clear procedure for raising complaints or concerns which was made available to people and others.

Managers and staff understood their role and responsibilities and regulatory requirements, and they were provided with updates which impacted service delivery. The providers systems and processes were used effectively to check and improve the quality and safety of the service. The culture of the service was positive, and person centred which led to good outcomes for people. People, family members and staff were complementary about the registered manager and the way they ran the service. Managers and staff had

developed positive relationships with partner agencies and worked well with them.

Rating at last inspection and update

The provider had made a change to their registration since the last inspection. This is the first inspection under the providers new registration. The last rating for this service was good (published 27 September 2019).

Why we inspected

This was a planned inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fazakerley House Residential Care Home on our website at www.cqc.org.uk.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Fazakerley House Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Fazakerley House is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed all the information we held about the service since it registered with the Commission. We also obtained information about the service from the local authority and local safeguarding teams. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection visit

We spoke with 10 people and 2 family members about their experience of the care provided. We spoke with the registered manager, 6 care staff, a housekeeper, maintenance person, two cooks and the area director.

We reviewed a range of records. This included 4 people's care records and a selection of people's medication records. We looked at recruitment records for 3 staff members employed. A variety of other records relating to the management of the service, including audits and checks were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management Learning lessons when things go wrong

- Risk was assessed, monitored and managed.
- Risk assessments relating to the health, safety and welfare of people were completed and reviewed regularly. Risk assessments included clear plans for managing risks.
- The safety of the premises, utilities and equipment was monitored through regular checks and tests. Safety records and certificates were maintained.
- Staff received training in topics of health and safety which included the safe use of equipment and emergency procedures.
- Each person had a current personal emergency evacuation plan (PEEP) and there were plans in place for dealing with unforeseen emergencies.
- There was a process in place for the management of incidents and learning took place from them.

Systems and processes to safeguard people from the risk of abuse

- There were effective systems and processes to safeguard people from the risk of abuse.
- Staff received safeguarding training as part of their induction and regular training updates. Staff knew the different types of abuse and how to report concerns.
- Allegations of abuse were reported to other agencies in a timely way.
- People told us they felt safe and were well treated. Their comments included, "I feel very safe" and "I trust them [staff] with everything." Family members told us they were confident their relative was kept safe. One family member commented, "Absolutely safe."

Preventing and controlling infection

- Safe practices were followed to prevent and control the spread of infection including those related to COVID-19.
- Staff completed infection prevention and control (IPC) training and received updates in line with government guidance. There was a designated IPC champion who advised staff on current safe working practices.
- People's health was monitored for signs of infection and COVID-19 testing was carried out when signs of infection were identified.
- The premises and equipment were kept clean and hygienic. Staff followed cleaning schedules and maintained cleaning records. People and family members complemented the standard of cleanliness and hygiene throughout the premises. Their comments included, "They're on top of it, clean my room every day" and "It always smells clean and fresh."
- The NHS Infection Prevention Control Team awarded the service with a Gold Certificate for Excellence

with infection prevention and control following a recent audit they carried out at the service. The service achieved a score of 98% out of a possible 100%.

- Personal protective equipment (PPE) including face masks, hand gel, disposable gloves and aprons were in good supply and used correctly to minimise the spread of infection. Used PPE was disposed of safely.

Visiting in care homes

- Safe visiting procedures were followed in line with current government guidance.

Staffing and recruitment

- Safe staffing and recruitment processes were followed.
- Staffing levels were calculated based on people's needs and occupancy levels. Staffing rotas listed the right amount of suitably skilled and experienced staff on each shift.
- Applicants underwent a series of pre-employment checks to assess their fitness and suitability before they were offered a job, including a check with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were used safely.
- Designated staff administered medicines, they had the necessary training and were assessed as competent. Staff were provided with up to date policies and procedures and good practice guidance for the safe management of medicines.
- Medicines were stored safely and securely and medication administration records (MARs) were maintained.
- Regular checks and audits were carried out on medicines and associated records to ensure continuous safe practices were followed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed to make sure they could be met at the service.
- Assessments carried out for people by other professionals were obtained and used to inform the providers overall assessment.
- Staff were provided with information and national guidance on how to provide people with safe and effective care.

Staff support: induction, training, skills and experience

- Staff received the training and support they needed to carry out their role effectively.
- New staff were provided with induction training which included learning about the expectations of their role, the providers policies and procedures and training in mandatory topics. All staff received ongoing training and updates relevant to their role and people's needs.
- Staff received support through regular one to one supervisions and group meetings. Staff told us they were well supported within their roles.
- People and family members told us they thought staff were well trained and had the right skills for their job. Their comments included, "The girls [staff] do a great job, they know what they are doing" and "They [staff] do everything carefully and are so patient."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to live healthier lives and access healthcare services.
- People's healthcare needs were set out in their care plans along with the details of any healthcare services involved in their care and treatment. A record was maintained of appointments and outcomes following contact people had with other services.
- Staff worked with other agencies to make sure people received consistent and timely care. Staff quickly recognised changes to people's health and wellbeing and made referrals for people to the appropriate services.
- A family member praised staff for their attention to detail. They commented on how much their relative's health and wellbeing had improved since moving in a short time ago.

Adapting service, design, decoration to meet people's needs

- The service was adapted, designed and decorated to meet people's needs.

- The environment was light, spacious and fitted with aids and adaptations to help maximise people's mobility and independence.
- There was a choice of communal areas for people to use, including two open plan lounge/dining rooms and a conservatory and a quiet lounge. People were observed using these spaces at their leisure.
- Bedrooms were personalised with items such as people's own furniture, ornaments, photographs and pictures. People were involved in choosing décor for their bedrooms and communal areas.

Supporting people to eat and drink enough to maintain a balanced diet

- People received the support they needed to eat and drink and maintain a balanced diet.
- Care plans clearly set out people's dietary needs including their likes and dislikes and any associated risks such as allergies and food intolerances. Kitchen staff had up to date information about people's dietary requirements, likes and dislikes.
- People's weight and food and fluid intake was monitored where this was required. Prompt referrals were made to other professionals for people where they showed signs of poor diet or fluid intake or an unexplained change in their weight.
- People were offered a choice of food and drink for their main meals and snacks were offered in between. People told us they got plenty to eat and drink and enjoyed the food. Their comments included, "Meals are very nice, I can ask for something different to the menu and it's not a problem" and "I get more than enough food and drink."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Consent to care and treatment was obtained in line with the law and guidance.
- Capacity assessments were completed to ensure people were supported appropriately to make decisions.
- People were involved in decisions about their care. Where people did not have capacity to make decisions in an area of their life, decisions were made in their best interest in line with the MCA.
- DoLS authorisations were monitored and regularly reviewed to make sure they remained appropriate for the person.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well, and their equality and diversity was respected.
- Each person had a personal profile held at the front of their care file. The profile summarised things of importance such as people's preferred name, preferred gender of carer, likes and dislikes and important relationships. Staff were knowledgeable about people and respected their lifestyle choices.
- Staff were compassionate towards people. They recognised when people were upset and anxious and used techniques to reassure them with positive outcomes for the person. We observed staff comforting a person who was upset and within a short period of time the person was laughing and dancing with staff.
- Staff interactions with people were kind and respectful. Staff greeted people and enquired about their comfort and wellbeing.
- People and family members complemented staff on their kind and caring approach. Their comments included, "Very nice, caring and obliging" "They [staff] have become my family, they are so kind and caring" and "Angels, all of them, nothing is too much trouble."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted.
- People told us staff respected their privacy. Their comments included, "Yes, they always knock on my door" and "They [staff] are discreet when helping me to wash and dress."
- People's personal information was treated in confidence. Records about people were locked away and only shared with others on a need to know basis. Discussions with and about people took place in private.
- People received their personal mail on the day it arrived. One person told us, "I always get my post, they bring it to my room."
- Care plans included people's level of independence and the things they were able and preferred to do for themselves. Care plans promoted people's independence using statements such as 'prompt' and 'encourage.'
- People told us their independence was respected. One person told us, "I see to most of my own personal care at the moment whilst I can." Another person told us, "I like to make my own bed."
- People told us care was taken to make sure their clothes and other personal items were laundered and returned to them. Their comments included, "I put things in the wash, and they are often returned to me the same day looking and smelling lovely" and "Those who wash my things do a great job."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and make decisions about the care they received.
- The views of people and family members were obtained through a variety of different ways. This included annual surveys, routine care reviews and 'resident and relative' meetings which were planned in advance.
- The registered manager operated an open-door policy and welcomed the views of people and family members. A family member told us, "[Managers] door is always open and the girls [staff] always make time for you."
- Staff involved people throughout when providing them with care and support. They explained to people what they were doing and checked on their wellbeing.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- There was a personalised approach to planning people's care.
- People and relevant others such as family members were involved in the planning and reviewing of people's care. People's needs and choices were set out in a care plan unique to them. Care plans reflected people's needs and how they wished them to be met to achieve their desired outcome.
- Care reviews were carried out routinely each month or following a change in people's needs. The reviews provided people and relevant others such as family members the opportunity to reflect on the care provided and agree any required changes or any they wished to make.
- On the day of inspection, a family member attended a care review to discuss changes to their relative's care plan following a sudden change in their needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain important relationships and follow their interests.
- Relationships of importance, preferred hobbies and interests were detailed in people's care plans along with how these were to be supported. People's family members and friends were made to feel welcome and encouraged to join in seasonal events and celebrations. A family member told us, "They all [staff] are so welcoming and friendly."
- People had established meaningful relationships with others they lived with at the service. Staff supported and respected these relationships. One person told us they had established friendships with several other people they lived with.
- Staff were employed to plan and facilitate activities for people. One person told us, "I love the singers that come."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met.
- Staff communicated with people using effective methods. People were supported and encouraged to use equipment provided to them to aid their communication such as glasses and hearing aids.
- People were given information in a way they could understand including large print and easy read. Other

formats would be provided to people on request.

Improving care quality in response to complaints or concerns.

- There were systems and processes in place for responding to concerns and complaints.
- No recent complaints about the service had been received. However, the registered manager knew of their responsibilities for ensuring complaints were managed in line with the providers procedures.
- People and family members were provided with information about how to complain and they were confident about raising a complaint or concern should they need to and felt they would be listened to. Their comments included, "No complaints at all, I'd tell them if I had any", "I'm not frightened to speak up" and "[Relative] would let me know if they had any complaints and I'd follow it through."

End of life care and support

- End of life care and support was provided where this was needed.
- People were given the opportunity to plan their end of life care wishes, and family members were involved where this was appropriate.
- Community based services were called upon to provide care and support to people approaching the end of their life and to support staff in providing the care people needed.
- The appropriate documentation was in place for people where they had expressed a wish to not be resuscitated.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Managers and staff were clear about their roles and understood their responsibilities for ensuring regulatory requirements were met.
- The registered manager understood their responsibilities for submitting the required notifications to CQC without delay and for sharing information with other agencies about events and occurrences which impacted on people's care and service delivery.
- There was a clear management structure which everyone understood. There was a skilled senior member of staff in charge on each shift.
- Learning was promoted through an ongoing programme of training for managers and staff and their performance was regularly assessed.
- The provider's policies and procedures were kept under review and updated to reflect any changes which impacted on service delivery.
- The quality and safety of the service was assessed and monitored through effective use of the providers governance systems and processes. Any areas identified as requiring improvement were actioned in a timely way.
- Lessons were learnt following incidents and shared with staff for their learning.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and person-centred culture promoted at the service.
- Good outcomes were achieved for people.
- People, family members and staff felt included and were confident about speaking up.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was good partnership working with others.
- Positive relationships had been developed with others involved in people's care and support, including other agencies and family members.
- There were effective lines of communication. Information was shared with people, staff and others through a variety of ways including, notices, newsletters and emails. A family member told us, "Communication is brilliant, they keep me up to date about what's going on with [relative]."

- Meetings for people, family members and staff were regular and daily flash meetings for heads of departments were held as a way of sharing information about people and any changes to the service. Minutes of meetings were provided for those unable to attend.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and managers acted in an open and transparent way by being open and honest with people when things went wrong.
- Accidents, incidents and events that effected service delivery were reported promptly to CQC and other relevant agencies.
- The ratings from the last inspection were displayed in the reception area and on the providers website.
- The provider and registered manager shared information with others that needed to know.