

Allied Care (Mental Health) Limited

Fairhaven

Inspection report

5 Alexandra Terrace
Clarence Road
Bognor Regis
West Sussex
PO21 1LA

Tel: 01243829956

Website: www.alliedcare.co.uk

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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 is a registered care home for up to thirteen people with a variety of mental health issues. There were eight people living at the service at the time of this inspection.

At our last inspection we rated the service good. At the inspection we found that the provider was in breach of Regulation 9 of the Care Quality Commission (Regulated Activity) Regulations 2014. This was because care plans contained incomplete information. There were no clear guidelines regarding behaviours that could be challenging to other people and staff. Following the inspection, the provider sent us an action plan to say what they would do to meet legal requirements in relation to the breach. At this inspection we saw that the provider had followed their plan and had met legal requirements. We found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The service had a positive culture that was person-centred, open and inclusive. There was a strong emphasis on putting people first. People were involved in the service within their capabilities. People assisted with meal preparation with staff support. Everyone spoke highly regarding the staff. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

The service had a registered manager in place. It was well led, and the registered manager was aware of their legal responsibilities.

Staff were enthusiastic and keen to talk about their role. Staff were proud of the service and their work. They felt supported within their roles and held the registered manager in high regard. Recruitment practices were robust, and staff received training appropriate to their role and the needs of the people living at the service.

People had comprehensive plans of care and risk assessments. Care was individualised and person centred.

Further information is in the detailed findings below.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service has improved to Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Fairhaven

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.

The comprehensive inspection took place on 9 and 25 October 2018. The visit on the 9 October was unannounced. As the service is a small care home for younger adults who are often out during the day we arranged to return to the service on 25 October. As part of our inspection, we spent time and spoke with the people living at the service and we needed to be sure that they would be in.

One inspector and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and clinical commissioning group. The provider had completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

During our inspection, we observed how people and staff interacted. We spoke with five people living at the service. We also spoke with the registered manager and two care staff.

We looked at care records for three people, medication administration records (MAR), several policies and procedures, four staff files, staff training, induction and supervision records, staff rotas, complaints records, accident and incident records, audits and minutes of meetings.

Is the service safe?

Our findings

Safe recruitment practices were followed before new staff were employed. Checks were made to ensure staff were of good character and suitable for their role and we saw four staff files that confirmed this. For example, employment histories had been checked, references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work with adults at risk including, criminal records checks with the Disclosure and Barring Service.

People benefited from a safe service where staff understood their safeguarding responsibilities. The registered manager made sure staff understood their responsibilities in this area. Records showed that all staff had attended training in safeguarding adults at risk. Staff had the knowledge to identify safeguarding concerns. The registered manager was clear about when to report concerns. She was able to explain the processes to be followed to inform the local authority and the CQC.

Risks to people were assessed prior to admission to the service, on admission and regularly updated. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. Where risks had been identified these had been assessed and actions were in place to mitigate them. People were assessed for the risks associated with their vulnerability and community access. We saw that people were assisted to attend community-based activities in line with their risk assessments. Staff provided support in a way which minimised risk for people. Regular safety checks were carried out including those for the fire alarms, fire extinguishers and portable electric appliances.

The registered manager considered people's support needs when completing the staffing rota and staffing levels were calculated appropriately. Staffing rotas for the past four weeks demonstrated that the staffing was sufficient to meet the needs of people using the service. There were four care staff on duty during the day and one at night. We saw that people were supported to attend community-based activities. One person told us, "Staff take me to all sorts of places." Another person said, "We go out in the car with staff." We saw that staff supported people in a relaxed manner and spent time with them. During our visit we saw that staff were available and responded quickly to people. Staff told us they were happy with the staffing levels.

People's medicines were stored and administered safely. Medicines were stored securely following current guidelines for the storage of medicines. There was a dedicated place for storing people's medicines, which was clean and well organised. The medicines storage was locked when not in use. Each person had a medication administration record (MAR) detailing each item of prescribed medication and the time they should be given. There were guidelines for the administration of medicines required as needed (PRN). There were safe systems in place for the receipt and disposal of medicines. A record was kept of all medicines received and removed from the service.

All staff responsible for the administration of medicines training had received training in medicines handling which included observation of practice to ensure their competence. All the staff we spoke to regarding the

administration of medicines told us that they felt confident and competent.

Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the importance of food safety, including hygiene, when preparing and handling food. Records showed that all staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance. The provider had achieved a level five rating [the highest rating] at their last Food Standards Agency check.

Records were maintained of accidents and incidents that took place at the service. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Records showed actions were taken to help reduce any identified risk in the future.

Is the service effective?

Our findings

Staff demonstrated thorough knowledge of people's needs. People received effective care and support from staff they knew and who knew how they liked things done.

People told us that staff were responsive to their needs. People received support that was individual and person centred. There was a thorough approach to planning and coordinating people's move to the service. People had their care and support needs assessed before they were admitted to the service. Information had been sought from the person, their relatives and / or any professionals involved in their care. Information from the assessment had informed the plan of care. The transition between services took in to account people's individual needs and the needs to the people already living at the service. This ensured that the staff were able to meet people's needs.

Staff were well trained to make sure they had the skills and knowledge to effectively support people. On commencing work at the service new staff were supported to understand their role through a period of induction. This ensured that staff had the knowledge needed to provide personalised care to people. Their progress was reviewed on a frequent basis by the registered manager. One staff member told us that they were initially apprehensive about working at the service as they had not worked for some time. They said that they, "Loved the job and [Managers Name] was really supportive." They said the induction and training was very good and they now felt confident in the job. The induction, which incorporated the Care Certificate Standards, consisted of training and competency checks. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve.

Following induction all staff entered onto an ongoing programme of training specific to their job role. Staff received regular training in topics including, first aid, fire safety and nutrition and hydration. Records were kept detailing what training individual staff members had received and when they were due for this to be repeated. The staff training records confirmed that the training was up to date. Staff were positive about the training opportunities available. They told us that they were happy with the level of training provided. People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. People spoke positively about staff. They told us they were confident that staff knew them well and understood how to meet their needs. They told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age. As well as providing all training considered mandatory by the provider the service provided training focussed on the needs of the people using the service. For example, training in mental health and substance misuse.

People were supported by staff who had regular supervisions (one to one meetings). All staff we spoke with told us they felt supported. They said there was opportunity to discuss any issues they may have and any training needs they had. Staff told us there was sufficient time within the working day to speak with the registered manager. During our visit we saw good communication between all staff. Staff told us that they could discuss any issues or concerns at any time and that their input was encouraged and valued. Staff felt that they were inducted, trained and supervised effectively to perform their duties.

People had enough to eat and drink throughout the day. People had access to the kitchen and took part in the preparation of meals. Staff were aware of people's individual preferences and patterns of eating and drinking. People were fully involved, helped to plan the meals and shop for any ingredients with staff. One person told us, "I can cook anything I want." Another person told us, "I like to cook pizza." People's weight was recorded to monitor whether people maintained a healthy weight. One person told us, "I go to the gym three times a week to keep in shape."

The registered manager told us that the service had good links with external professionals. The service worked with a wide range of professionals such as a consultant psychiatrist and community psychiatric nurses to ensure people lived comfortably at the service and their medical needs were met.

Where staff had concerns about a person's welfare the service had good links with professionals to ensure any changing needs were reassessed. People's health conditions were well managed and staff supported people to access healthcare services. Staff knew people well and care records contained details of multi-professional's visits and care plans were updated when advice and guidance was given.

People's needs were met by the design of the premises. All bedrooms were currently being used as single occupancy giving people private space to spend time with their visitors, or to have time alone.

People's rights to make their own decisions, where possible, were protected. Throughout our inspection we saw staff asking consent and permission from people before providing any assistance. Staff received training in the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work. During our visit we saw people made their own decisions and staff respected their choices. One person told us, "I am free to do as I please."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff clearly understood their responsibilities with regards to the Mental Capacity Act 2005 (MCA).

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). We checked whether the service was working within the principals of the MCA, and whether any conditions on authorisation to deprive people of their liberty were being met. The registered manager understood when an application to deprive someone of their liberty should be made and appropriate applications had been made. Where DoLS had been authorised for people, any conditions to these authorisations were complied with.

Is the service caring?

Our findings

People received care and support from staff who knew them well. Staff were skilled in talking to people and had a good rapport with people. The caring ethos of the service was evident. There was a strong, visible person-centred culture. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Everyone we spoke with thought people were treated with respect and dignity.

All staff were highly motivated, care and support was compassionate and kind. Throughout our visit staff interacted with people in a warm and friendly manner. We saw people were treated in a caring way by staff who were committed to delivering high standards. People told us they liked the staff. Comments included, "The staff are good," and "They're nice."

Staff focused their attention on providing support to people. Staff knew people's individual abilities and capabilities, which assisted staff to give person centred care. People's care was not rushed enabling staff to spend quality time with them. Staff gave eye contact when talking to people. They spent time listening to them and responded to them.

People were encouraged to be involved in the running of the service and to make decisions about how it operated. One person told us, "I have to tidy my room. I help out and I do my own washing."

Staff described how they maintained people's privacy and dignity by knocking on doors, waiting to be invited in. Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. Care planning documentation used by the service helped staff to capture information. This was to ensure the person received the appropriate help and support they needed, to lead a fulfilling life and meet their individual and cultural needs. For example, respecting people's disability, gender, identity, race and religion. People gave numerous examples of how they were supported and enabled to express their identity, for example, choosing how they wished to dress. Staff received training on equality and diversity. This helped ensure that staff were aware of their responsibilities in how to protect people from any type of discrimination.

Is the service responsive?

Our findings

At our last inspection we found that the provider was in breach of Regulation 9 of the Care Quality Commission (Regulated Activity) Regulations 2014. This was because care plans contained incomplete information. There were no clear guidelines regarding behaviours that could be challenging to other people and staff. Following the inspection, the provider sent us an action plan to say what they would do to meet legal requirements in relation to the breach. At this inspection we saw that the provider had followed their plan and had met legal requirements. We saw that people's care plans contained clear behavioural guidelines.

Care plans contained details of people's care needs, wishes and preferences. Each care plan was based on a full assessment of their needs. Care plans were kept under review and amended when changes occurred or if new information came to light.

Daily records were consistently completed for people. These provided evidence that people were supported in line with their care plans and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. Staff completed a handover at the start of each shift. This helped ensure there was a consistent approach between different staff and this meant that people's needs were consistently met.

The provider was following the Accessible Information Standard (AI). The Accessible Information Standard is a framework put in place in August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss are given information they can understand, and the communication support they need. The manager was fully aware of their responsibilities under the AI standard. People's assessments included specific details of their communication needs. Conversation with staff demonstrated that they were aware of people's individual communication needs and our observations showed that these were put into practice.

Staff were able to talk about people's likes, dislikes and what was important to them without referring to the care plan documentation. Staff were observed being responsive to people's needs. Each person had a key worker and staff knew how each person wanted their care to be provided. One person told us, "I like my keyworker. She arranges stuff, just like that. Clothes, shopping, new activities, all sorts of stuff." People were seen being treated as individuals and received care relevant to their needs. People were engaged and occupied during our visit. We saw that people interacted with each other and staff. One person told us, "There's eight of us here, we're all friends." Another person said, "We're all mates here." Staff told us that they liked the people's company. People had a range of activities they could be involved in to allow them to lead as full a life as possible. One person told us, "[Manager's Name] drove to Wembley and we saw Aerosmith. It was fantastic. I love rock music."

The service had a complaints policy and a complaints log was in place for receiving and handling concerns. People told us they were happy with the service. One person said, "It's the best place I've ever been." They

told us that were confident that any issues raised would be addressed by the registered manager.

The service was not currently providing end of life care.

Is the service well-led?

Our findings

The service had a positive culture that was open and friendly. Staff were approachable and keen to talk about their work. There was a management structure in the service which provided clear lines of responsibility and accountability. People appeared at ease with staff and staff told us they enjoyed working at the service. Comments from staff included, "It's a really great place to work." People's care records were kept securely and confidentially, in line with the legal requirements.

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

People knew who the registered manager was and held her in high regard. The registered manager told us that they regularly spent time with people to observe the care and to monitor how staff treated people. Records confirmed that the manager also discussed staff practices within supervision and at staff meetings. We observed people approaching the registered manager and vice versa. It was apparent that people felt relaxed in the manager's company and that they were used to spending time with them. The manager knew people and their needs extremely well.

The registered manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. They were fully aware of their responsibilities under the legislation and ensured that all significant events were notified to the Care Quality Commission. We use this information to monitor the service and ensure they responded appropriately to keep people safe. Staff told us if they had concerns senior staff would listen and take suitable action. A staff member told us, "[Manager's Name] is really great. She really listens." The registered manager said if they had concerns about people's welfare they liaised with external professionals as necessary and had submitted safeguarding referrals when they felt it was appropriate.

People were encouraged to contribute to improve the service. People had opportunities to feedback their views about the service and quality of the care they received. There were weekly meetings for people which meant they could share their views about the running of the service. People told us that they felt involved in the service. Everyone spoke highly of the service and felt that it was well-led. People received a consistently good standard of care, because the ethos of the service was to put people first. People's comments were overwhelmingly positive. One person told us that if they wanted something, "I just ask and they authorise it."

The registered manager met regularly with the staff team. Staff told us meetings were well attended and help them identify areas that were working well and any that needed improvement. Staff were highly motivated. Staff said that everybody had the opportunity to have their views heard and considered, they were encouraged to make suggestions to improve the service.

Quality assurance systems monitored the quality of service being delivered and the running of the service, for example health and safety audits. All identified areas for improvement were clearly documented and followed up to ensure they were completed. This demonstrated a commitment to continual development.

Accident and incident forms were completed. These were checked by the registered manager who analysed them for trends and patterns. The service worked in partnership with other agencies to improve outcomes for people. The registered manager said relationships with other agencies were positive. Where appropriate the registered manager ensured suitable information, for example about safeguarding matters, was shared with relevant agencies. This ensured people's needs were met in line with best practice. The service had appropriately displayed its rating at the service.