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Fairhaven Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Fairhaven Lodge is a residential care home providing personal care for up to 25 people, aged 65 and over who were living with dementia. At the time of our inspection, 13 people were living at the home.

People's experience of using this service and what we found
The service was not always safe. We found risks related to infection prevention and control were not managed. Risks related to fire safety had not been suitably assessed and managed. Staff recruitment processes were not robust. We have made recommendations around calculating staffing levels, medicines competency checks and learning lessons when things go wrong.

The service was not always well-led. We found the provider's quality assurance systems had not been operated effectively. Records relating to care and the management of the service were not always complete, accurate and up to date. This could have compromised the quality and safety of the service.

The management team were receptive to our feedback and were keen to make improvements to the service, responding promptly to our concerns. They took a positive approach to working with us and provided the information we requested.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 6 June 2019).

Why we inspected
We carried out this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about infection control. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with infection control and quality assurance, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

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 coronavirus and other infection outbreaks effectively.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Fairhaven Lodge

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
Fairhaven Lodge 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.

The service did not have a manager registered with the Care Quality Commission. The registered manager had left their post and a new manager had been appointed. However, they had not yet applied to register with CQC. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We received feedback from professionals who worked with the service to support them during an outbreak of COVID-19.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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 used all of this information to plan our inspection.

During the inspection
We spoke about Fairhaven Lodge with the manager, the care manager, the deputy manager and two staff members. We looked around the building to carry out a visual check. We did this to check the home was clean, hygienic and a safe place for people to live.

After the inspection
We continued to seek clarification from the management team to validate evidence found. We reviewed records related to the management of the service including training data, policies and procedures, service certificates and quality assurance records. We made a referral to the local fire safety service.

Requires Improvement

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- The home was experiencing an outbreak of COVID-19 at the time of our inspection. All 11 residents who were at the home during the insepction had tested positive for the virus. All of the staff team had also contracted the virus.
- The provider had not ensured people, staff and others were protected against the risk of infection. We found several shortfalls in relation to infection prevention and control. These included areas of the home where high dusting had not been carried out, pedal bins which could not be operated properly and so had to be touched and equipment that had not been thoroughly cleaned and decontaminated. The manager had not carried out an infection control audit, to assess and assist with managing the risks.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not protected people by assessing the risk of, preventing and controlling the spread of infection.

- Following our inspection, the manager provided a completed infection control audit, which showed they had taken action in relation to shortfalls they identified during the audit. We also received confirmation they had taken action to address the concerns we raised during our inspection. Pedal bins had been replaced, cleaning had taken place and equipment had been decontaminated.
- We observed staff used personal protective equipment appropriately during the inspection. The home had not allowed visitors in since the pandemic began and had processes in place around safe visiting when people were at the end of their lives. The service was taking part in regular testing for staff and people who lived at the home.
- We signposted the provider to guidance around caring for people living with dementia during the pandemic.
- During the first wave of the pandemic, the staff team moved into the home for 11 weeks to keep people safe and help protect them against the risk of COVID-19 being brought into the home.

Assessing risk, safety monitoring and management

- Risks related to fire safety had not been properly assessed and managed at the time of the inspection. We found the provider's fire risk assessment was not suitable and sufficient. This was confirmed by the fire service safety officer, following our referral.
- Following our inspection, we received confirmation from the manager that external companies had been commissioned to carry out a fire risk assessment and to produce a suitable evacuation plan for the home. The fire risk assessment showed several areas of moderate risk, which the provider needed to act upon in

the next six months to reduce the level of risk.
● Staff completed assessments of other environmental risks and risks to individuals. For example, in relation to falls, nutrition and pressure area care. We found these were mostly up to date and accurate. However, we found records for two people where assessments had not been kept up to date following changes in their circumstances. Through conversations with staff, we found they were knowledgeable about people's needs and how to manage risk, but records had not been updated to reflect the changes. Accurate records are particularly important for staff who are not familiar with people's needs, such as the agency staff who were brought in during the outbreak.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the provider had not assessed risks to the health and safety of service users and done all that was reasonably practicable to mitigate such risks. The provider had not ensured the premises were safe in relation to fire safety.

Staffing and recruitment
● Recruitment of staff was not always in line with the provider's policy. We reviewed recruitment records for two staff. Both staff had begun working at the home before a full Disclosure and Barring Service (DBS) certificate had been received. For one of the staff, no written explanation of gaps in their employment history had been recorded. No written risk assessment related to a disclosure on a DBS certificate was available. The provider told us the gaps in employment would have been explored and the disclosure would have been risk assessed by the management team. However, there was no documentary evidence to support this.

This was a breach or regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not effectively operated recruitment processes to ensure staff were recruited safely, by performing checks and retaining records in line with legal requirements.

● At the time of our inspection, the home was experiencing an outbreak of COVID-19. Staffing levels had been severely affected and agency staff were being used to make up the shortfall.
● The provider did not take a systematic approach to calculating staffing levels. We asked the management team how staffing was calculated. They told us staffing levels were based on people's needs but were unable to provide anything to show how they were worked out.
● We received feedback from the fire service which raised concerns about staffing levels during the night. The fire service felt the two staff who were on duty would not be sufficient to carry out an emergency evacuation. In response, the provider increased staffing levels at night to include a 'sleep-in' member of staff who could be woken in an emergency.
● There were times when communal areas were not supervised by staff. The home had two lounges and a dining room on the ground floor. Three care staff were employed during the day. At the time of our inspection visit, three people required support from two staff for personal care. This meant at the times those people needed support, there was only one staff member to supervise three communal areas. Following our inspection, we received confirmation that one of the lounges had been taken out of use to reduce the risk.

We recommend the provider reviews their approach to calculating suitable staffing levels.

● Following our inspection visit, the management team provided a completed dependency tool, which showed the service was staffed sufficiently to meet people's needs.

Using medicines safely

● Medicines were managed safely and properly. People received their medicines when they should. Only staff who had been trained, administered people's medicines. Where people were prescribed medicines for use 'when required', staff produced written instructions and information about how and when these medicines could be given to people, to ensure they were used safely.

● The manager had not recorded checks on staff competence to administer medicines. National guidance states such competency checks should be recorded. Staff told us checks had taken place but were unable to provide any evidence to support this. Following our inspection, the manager told us recorded competency checks had begun to take place.

We recommend the provider reviews their systems around assessing staff competence to administer medicines, to ensure it is in line with best practice guidance.

Learning lessons when things go wrong

● We looked at what process the manager followed to learn and make improvements when something went wrong. Staff recorded accidents and incidents. Records showed staff took appropriate action at the time to manage events and to ensure people's safety and wellbeing. Staff sought medical advice where necessary. However, the manager had not carried out any analysis of accidents and incidents to identify any trends, themes or actions which could have been taken to reduce risks.

● Following our inspection, the manager provided a document which showed analysis of falls data. However, there was no detail provided around actions taken to reduce risks. The deputy manager confirmed they had taken action, such as taking one of the lounges out of use, to reduce the risk.

We recommend the provider consult best practice guidance and reviews their processes around learning from events.

Systems and processes to safeguard people from the risk of abuse

● People were protected from the risk of abuse. The provider had systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies.

Requires Improvement

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- Since our last inspection, the registered manager had left their post. A new manager had been recruited but had not yet begun the process to register with CQC. The manager was supported by a deputy and another member of the management team. The management team were receptive to feedback during and after the inspection and acted on the shortfalls we highlighted.
- We reviewed quality assurance systems at the home. We found all quality assurance activities had stopped when the registered manager left their post in September 2020. Quality assurance systems had also not identified the shortfalls we found during our inspection. The provider had not used events such as accidents and incidents to learn lessons to improve the service provided for people.
- During the inspection, we found records which were not accurate and up to date. We also found records had not been kept, which should have been available.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the provider had failed to operate effectively systems designed to assess, monitor and improve the service. Accurate and contemporaneous records related to each service user, persons employed, and the management of the service had not been kept.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 culture at the service was open, inclusive and put people at the heart of the service. Staff told us the aim of the service was to help people to be safe, happy and living their best life. Staff promoted independence and treated people as individuals, recognising their strengths and supporting them to make decisions.
- Staff had received training to enable them to provide person-centred care. This included training around behaviour which may challenge, dementia care, equality, diversity and dignity. Staff told us they worked well together as a team and felt well supported.
- The management team were aware of their responsibilities around duty of candour.

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

● The management team and staff we spoke with told us they engaged with and involved people as far as possible. This included reviewing their planned care. Staff had maintained contact with people's family members throughout the pandemic, to provide updates on their loved ones and updates on what the service was doing to help protect people against the risks associated with COVID-19.
● The service worked in partnership with healthcare professionals and other agencies to ensure they could continue to meet people's needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not protected people by assessing the risk of, preventing and controlling the spread of infection. 12(1)(2)(h) The provider had not assessed risks to the health and safety of service users and done all that was reasonably practicable to mitigate such risks. The provider had not ensured the premises were safe in relation to fire safety. 12(1)(2)(a)(b)(d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate effectively systems designed to assess, monitor and improve the service. The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; Accurate and contemporaneous records related to each service user, persons employed, and the management of the service had not been kept. 17(1)(2)(a)(b)(c)(d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not ensured the effective operation of recruitment practices to make sure

staff employed were suitable for the role and had not retained information required by schedule 3 of the Act. 19(1)(2)(3)(a)