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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 effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 29 October 2015 and was unannounced.

The last inspection of Fairhaven Lodge took place on 29 May 2013. At that time we found that the provider was fully compliant with all the regulations assessed.

Fairhaven Lodge is registered to accommodate 25 people who are living with dementia. The home is situated close to both the sea front and the centre of St Annes.

The registered manager was on duty on our arrival and received feedback throughout the inspection. 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.

Summary of findings

Some people who lived at the service were unable to provide feedback. We spoke with people's representatives and observed care and support throughout the inspection.

People who lived at the service who we were able to speak with told us that they felt safe. We spoke with people's representatives and received positive comments about how the service keeps people safe.

We found that the service protected people from abuse.

We looked at how the service identified and managed risk for people on an individual basis. We found that the service completed risk assessments for many areas of care and support for example; nutrition, falls and moving and handling. However, identified risk was not always included in care plans to ensure that management of known risk was undertaken. We have made a recommendation regarding this.

We found that the service had systems in place for recruitment of staff. However, the service did not always fully risk assess new employees. We looked at staff employment records and found that 2 out of 18 employees at the service had criminal records. Risk assessments for 2 staff with criminal records had not been undertaken to ensure that people living at the service were suitably protected. We have made a recommendation regarding this.

We saw that the service had safe systems for ordering, storing and disposing of people's medicines. We looked at people's care plans and found that information regarding medicine regimes was limited and required development to ensure that people received their medicines in a person centred way.

We found that the environment was exceptionally clean and people's bedrooms had been personalised.

We saw that the provider had started to invest in modernising the service and plans had been proposed for an extension to the building which would facilitate more ensuite bedrooms, a conservatory area and easy access to the garden. We were informed that building work would hopefully be completed for Spring 2016 and that the extra communal space would enable work to be carried out in other living areas within the service.

Staff told us that they felt supported. We looked at staff training records and found that training was provided as outlined in the providers policies and procedures.

We looked at supervision and appraisal documents and found that staff were supported on a regular basis and encouraged to develop within their designated role.

We found that the service did not always record decisions made when people were being deprived of their liberty and care planning did not reflect how the person's mental capacity had been assessed prior to such decisions being made.

We found that people were suitably supported to maintain a healthy lifestyle and we observed people enjoy meal and snack times.

We observed staff interacted with people who lived at the service throughout the inspection. We saw wonderful interactions that displayed person centred care, kindness and genuine passion for improving people's quality of life.

People and representatives told us that their dignity and privacy was always maintained.

We saw that people who lived at the service had access to information that told them about how to complain and how to access advocacy support. We discussed with the registered manager need for easy read documents that would aid people living with cognitive and visual impairments. The registered manager agreed that this would be beneficial for people living at Fairhaven Lodge and acted immediately.

We found that the service provided a good standard of person centred care. We looked at people's care plans and found that they did not reflect the amount of person centred detail that we found located in other documents that were not held on the person's allocated file.

Care plans were very basic and required improvement. We found that information was not easily accessible for staff caring for people who lived at the service.

People told us that the manager was approachable and listened to their concerns. We looked at systems in place to monitor care standards at the service and found that the manager undertook audits on a regular basis.

Summary of findings

We found a positive, caring culture throughout the service and staff told us that they enjoyed working at Fairhaven Lodge.

We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to safe care and treatment and need for consent.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

We found that people were safeguarded against abuse.

We found that effective record keeping was not always maintained to ensure that individual risk to people using the service was assessed, monitored and reviewed.

We were confident in the systems used to record and act upon accidents and incidents and found sufficient staffing levels met the needs of people who lived at the service.

We looked at people's care plans and found that information regarding medicine regimes was limited and required development to ensure that people received their medicines in a person centred way.

Systems were in place for recruitment of staff. However, the service did not always ensure that risk assessments were undertaken prior to employing a person who held a criminal record.

Requires improvement



Is the service effective?

The service was not consistently effective.

People received effective health care and experienced positive outcomes due to the support they received at Fairhaven Lodge.

The rights of people who did not have capacity to consent to certain elements of their care or support were not always promoted because staff were not working in accordance with the Mental Capacity Act 2005.

Staff told us that they received good standards of training and support.

We saw that people were supported to maintain a healthy lifestyle and provisions for nutrition and hydration at the home were to a good standard.

We saw that the environment was being developed. The registered manager told us that a dementia friendly environment was planned.

We saw that the service had necessary adaptations throughout the environment to aid people living with cognitive and visual impairment.

Requires improvement



Is the service caring?

The service was caring.

People who lived at the service and their representatives told us that they were satisfied with the standard of care they received.

We observed kind and caring interventions between staff and people who lived at the service.

Good



Summary of findings

People felt they were treated with kindness and respect and said that their privacy and dignity was always respected.

We saw that people had access to information about how to request advocacy support. This information was not in easy read format to aid people living with dementia.

Is the service responsive?

The service was responsive.

We saw that people were provided opportunities to engage in social inclusion. We observed a very good standard of person centred care interventions and staff understood the needs of people they supported.

We looked at people's care plans and found that person centred information was minimal, the service did have person centred information throughout other records, however the information had not been cross referenced to the associated care plan to facilitate easy access for staff supporting people who lived at the service.

We saw that the service was responsive to people's needs. People were supported to maintain an independent life style when possible and the least restrictive options were considered.

We saw that people had access to information about how to complain. This information was not in easy read format to aid people living with dementia to be able to understand how to complain.

We looked at complaint management and found that the registered manager was responsive to people raising concerns and complaints.

Good



Is the service well-led?

The service was well led.

We found that the registered manager and deputy manager played an active role at the service.

The culture at the home was open and best practice principles were under continual review.

Staff told us that the registered manager and provider were supportive and encouraged them to develop within their roles.

We found that the service had effective quality assurance tools to assess, monitor and improve the standard of care provided for people living at Fairhaven Lodge.

Good



Fairhaven Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 October 2015 and was unannounced.

The inspection team comprised of two adult social care inspectors.

Prior to this inspection we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us since our last inspection.

We asked for feedback from district nurses, general practitioners, a community dietician, a community mental health nurse and community pharmacist. We received limited feedback. Comments are included within this report.

At the time of our inspection of this location there were 15 people who lived at the service. We spoke with five people who received care and six people's representatives. This enabled us to determine if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed.

We observed how staff interacted with people who used the service and viewed four people's care records. We spoke with four care workers, one cook, one domestic worker, deputy manager, maintenance contractor and the registered manager during the course of our inspection.

We also looked at a wide range of records. These included; the personnel records of three staff members, care records of four people who lived at the service, a variety of policies and procedures, training records, medication records and quality monitoring systems.

Is the service safe?

Our findings

We asked people who lived at the service and their representatives if they felt safe. People told us "I feel safe here". "Staff are here all night, I have a bell in my room and staff come quickly". "My wife is safe, she has a nice room which is always clean and tidy". And "I feel my wife is safe. She has improved since being at Fairhaven".

We looked at people's care plans and found that information regarding medicine regimes was limited and required development to ensure that people received their medicines in a person centred way. For example, people who required medicines on an as and when required basis did not have care plans in place to identify when they may require their medicines.

We found that three people who lived at the service received their medicines in a covert way. We looked at the providers policy and procedure for covert administration of medicines and found that the service did not follow all stipulations as outlined in the policy. For example, pharmacist advice had not been sought to ensure that the way in which medicines were given covertly was safe.

This amounted to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that the service had safe systems for ordering, storing and disposing of people's medicines. We observed the lunch time medicine round and found that staff followed safe practice principles for the administration of medicines.

Staff told us that they had received training in safe administration of medicines and this was found when we looked at staff training records. Competency assessments had also been undertaken for all staff who administered medicines on an annual basis.

We looked at procedures in place to protect people who used the service from bullying, harassment, avoidable harm and abuse.

We found that the service had robust reporting systems and staff told us that they were confident to raise concerns. Staff comments included; "I would have no hesitation to

report concerns to the manager". "We always have an on call manager, we can report issues at any time". And "We have all had safeguarding training so we understand how to protect people from abuse".

We looked at staff training records and found that all staff had received safeguarding training inline with time scales stipulated in the provider's safeguarding policy and procedure.

We found that the service had systems in place for recruitment of staff. However the service did not always fully risk assess new employees. We looked at staff employment records and found that 2 out of 18 employees at the service had criminal records. Written risk assessments for 2 staff with criminal records had not been undertaken to evidence that people living at the service were suitably protected.

The registered manager told us that risk was fully considered when they were recruiting new staff. It was agreed that more robust record keeping around safe recruitment was needed.

We found that staff had completed application forms and references had been sought prior to an offer of employment.

On the day of our inspection we noted there were sufficient staff deployed and this observation was reflected in the staffing rotas we saw.

We found that the service was clean and well organised. Maintenance checks were undertaken as planned. We looked at maintenance records and found that safety checks for fire, water temperatures, equipment and electricity were completed.

We looked at how the service managed accidents and incidents. We found that a comprehensive policy and procedure was available for staff to access. Staff told us that they had received first aid training and health and safety training. We looked in staff training records and found that training had been undertaken in 2014 and 2015.

We looked at how the service identified and managed risk for people on an individual basis. We found that the service completed risk assessments for many areas of care and support for example; nutrition, falls and moving and handling. However, identified risk was not always included in care plans to ensure that management of known risk was undertaken.

Is the service safe?

We looked at four people's care records. We found that risk assessments had been undertaken. For example, 'risk assessment for moving and handling'. However, the identified risk was not cross referenced in the person's care plan to ensure that staff supporting the person would fully understand identified risks.

We asked staff how they would identify risk for people on an individual basis and they told us that they felt confident to read and understand risk assessments. We observed safe care interactions throughout the inspection.

We recommend that the service reviews recruitment processes to ensure that new employees are suitably risk assessed.

We recommend that the service considers ways of improvement for recording people's identified need, known risks and preferences.

Is the service effective?

Our findings

We asked people and their representatives if they were happy with the care they received. People told us "Care is excellent". "This home allows me to go home feeling comfortable and relaxed knowing [name] is being cared for". And "I couldn't look after [name] as well as the staff do here".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We looked in people's care records and found that the service did not formally record when they had considered a person's mental capacity prior to requesting consent or making decisions on a person's behalf.

For example, three people who lived at the service received their medicines in a covert way. Documents had been completed to show this was in the person's best interest, however the service had failed to evidence assessment of the person's mental capacity prior to making a complex decision on their behalf. We did not see any records that told us the person's GP or involved professionals had undertaken an assessment to judge the person's mental capacity.

We found that people's representatives were involved in the review of care planning, care records showed that

people's mental capacity had not been assessed to ascertain if they were able to be involved in their own care planning prior to this decision being made by their representative.

This amounted to a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that Deprivation of Liberty Safeguards applications had been submitted for all of the people who used the service. Each application had been completed with individual information, however this information was not held on the person's individual care file. The registered manager told us that regular contact with the DoLS team was maintained.

Successful applicants were supplied with a wide range of information, such as job descriptions, specific to their roles and terms and conditions of employment. They were also supported through a detailed induction programme. Together this helped them to understand the policies, procedures and practices of the organisation and the care home, which meant all new staff were equipped to do the job expected of them.

We looked at staff training records and found that multiple training courses were provided. For example; first aid, safeguarding, nutrition, challenging behaviour, equality and diversity, medicine administration, infection control, dementia awareness and load management.

Staff told us "I really enjoy the training courses". "Training here is second to none". And "The training I receive is excellent, over and beyond my role but helps me understand about the needs of people who live here".

We found that the provider considered training for staff to be an important aspect of staff personal development programmes.

We observed meal service at lunch time. We saw that people were offered choice and control. The chef offered people extra portions and people thoroughly enjoyed their meal.

People told us that they enjoyed the food and drinks provided. We saw that people were given choice when being served their meal, however daily menu information was not available for people to freely access.

Is the service effective?

We saw that snacks were available throughout the day. Staff told us that people were encouraged to eat fortified foods if they are known to be at risk of malnutrition.

We looked at four people's care records and found that people were effectively assessed against the risk of malnutrition.

We spoke at length with the chef who had been in post for 9 years. He demonstrated a sound knowledge and good understanding of people's dietary needs. He was very enthusiastic about providing a good quality of food and a varied menu.

Records showed that a wide range of community professionals were involved in the care and treatment of the people who lived at Fairhaven Lodge, such as psychiatrists, opticians, district nurses, dieticians, chiropodists and the mental health team. Evidence was also available to show people were supported to attend hospital appointments. This helped to ensure people's health care needs were being met.

We tried to contact community professionals for feedback, however a poor response was received.

We received feedback from a general practitioner who visited the service on a regular basis. He told us "The understanding of patient's needs is very good, especially by senior staff who are very caring. They have close links with the elderly mental health team and seem to call them in appropriately".

We looked at the environment and found that the provider had started to invest in modernisation of the building. We were shown plans for extending the building to provide extra communal living space and larger bedrooms. We found that recent environment investment had fully considered adaptation for people living with dementia and we were reassured by planning documents that this would be continued.

Is the service caring?

Our findings

We received positive feedback from people who lived at the service and their representatives about the care provided. People told us “the staff are smashing we have a laugh” and “everyone is treated with dignity”.

We saw a good number of thank you messages had been sent to the home. We looked at satisfaction surveys and found a high number of positive feedback comments. A quote from a relative said, “we have encountered excellent communication with all of the staff. Respect and dignity is always apparent”.

The registered manager and deputy manager had achieved end of life accreditation training [six steps]. This meant that support and guidance for staff at the service when a person required end of life care was inline with best practice. Staff had also been trained in end of life care.

We looked at care records that had been developed with people and their representatives to capture end of life care wishes. A good standard of person centred detail was recorded, however we found that people had not always been assessed in line with requirements of the Mental Capacity Act 2005 to ensure that a person's mental capacity was assessed prior to advanced care planning. We have asked the provider to take action with regards to compliance with the Mental Capacity Act 2005.

We observed staff approached people who used the service with respect. Privacy was always considered, staff knocked on bedroom doors before entering and people were encouraged to maintain their dignity.

One staff member was observed to help a resident with their clothing. This was done in a discrete manner that protected the person's dignity. People were given information and offered choices. Staff were observed offering kind reassurance to people who expressed concerns. A relative told us about their experience of staff going out of their way to comfort his loved one in their time of need.

We looked at social activity records and found that the service provided stimulating activities that were person centred for all people who lived at Fairhaven Lodge. People were encouraged to maintain links with the local community and regular visits to local attractions were available.

We observed people participating in various games throughout the inspection and people showed great enjoyment. We saw that an aroma therapist was employed by the provider and attended to people on an individual basis. We observed people find this service comforting and relaxing.

We saw that people had individual bedrooms that had been personalised with their own belongings and individual bedding. People had their own space that facilitated privacy and independence. One person told us “My bedroom is comfortable and warm”.

We saw that people had access to advocacy information, however this was not in easy read format and did not aid people living with cognitive and visual impairment. We discussed this with the registered manager who agreed and took action to remedy this immediately.

Is the service responsive?

Our findings

People we spoke with gave us a number of examples of how the service had been responsive to their or their loved one's needs. One person told us "Staff acknowledge that each person needs caring for in a different way". Another person said "I get my hair and nails done and have even had a spray tan".

We asked people and their representatives if the service was responsive to complaints. People told us that care staff and management responded well to their feedback and took into account their opinions. People felt that they were kept informed of any action being taken.

We have observed staff interacted with people who lived at the service throughout the inspection. We saw wonderful interactions that displayed person centred care, kindness and genuine passion for improving people's quality of life.

For example, we saw staff supporting a person who was distressed and agitated. We observed positive interactions with the person that enabled them to feel calmer and their safety was protected. Staff were confident in their approach.

We also saw staff sit with people and talk to them. Conversation was natural and we could see that this was routine practice within the service. We observed the management team interacted with people throughout the inspection in a kind and compassionate way.

People's bedrooms were personalised and we could see that the service had considered people's individual needs and preferences in all bedrooms that we viewed.

We looked at four people's care plans and found that they did not reflect the amount of person centred detail that we found located in other documents that were not held on the person's allocated file.

Care plans were very basic and required improvement. We found that although person centred information had been collated, this was not easily accessible for staff caring for

people who lived at the service. However, we asked staff about the needs and preferences of people who lived at the service and we found that staff had a very good understanding of people's preferred care needs.

We discussed this with the registered manager who told us that care planning systems were being reviewed to ensure that person centred information was captured in all care plans.

We saw that people who lived at the service had access to information that told them about how to complain and how to access advocacy support. We discussed with the registered manager need for easy read documents that would aid people living with cognitive and visual impairments. The registered manager agreed that this would be beneficial for people living at Fairhaven Lodge and acted immediately.

We looked at complaint records and found that the registered manager had acknowledged and responded to each complaint as outlined in the providers complaints policy and procedure.

We looked at satisfaction surveys from May 2015. We found that all responses were positive, for example "The care team have worked wonders", "The activity programme ensures mum is stimulated and active" and "It is the little touches that make a difference".

We found that the provider issued annual satisfaction surveys that were reviewed by the registered manager and by the provider during management meetings.

We looked at meeting minutes titled 'Service User Preference Discussion'. These meetings were held on a monthly basis and showed that people were encouraged to be involved in the general running of the service. October minutes showed people's comments 'I like to decorate the Christmas tree', 'I enjoy singing Christmas carols' and 'I like it when the children come in to sing Christmas songs'. We could see that actions were made following the meetings to ensure that people's preferences and requests were achieved.

Is the service well-led?

Our findings

People who lived at the service and their representatives told us “The management here is very good”. “They keep me up to date and ask for my opinion”. And “The managers are around a lot and are approachable”.

A visiting professional told us “Its fantastic here and well run”.

There was a long term registered manager and deputy manager in place at the service. 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 and associated regulations about how the service is run.

Staff told us that they were confident in the managers' response to resolve problems at the service. Comments included; "Managers are very approachable". "I have no worries about approaching the manager or deputy". "The managers are always around when we need them". And "I feel a valued member of staff, the managers really care about you".

Prior to the inspection we looked at notifications the registered manager had sent us with regards to incidents at the service. We found that the manager worked in a transparent way.

There were processes in place to monitor quality across the service which included scheduled audits. We found evidence these were undertaken as planned and effective. For example, the management team completed regular audits for infection control, medicines, staff files, training, equipment and care records.

We found that audits were completed in full and action plans were created and reviewed.

We looked at the providers 'One year progress and development plan 2015-2016'. We found that targets, objectives and risks were clearly identified and understood by the registered manager and provider.

We observed staff interacted with the registered manager and deputy manager and saw that good working relationships had been made. We found that the service invested in maintaining effective communication between the staff team and management.

We looked at staff meeting minutes and found that these were held twice per year. Minutes included information about known areas for improvement, what was going well and gave staff the opportunity to raise concerns and ideas.

We found a positive culture throughout the service. We saw that the managers and care staff go over and beyond their duties, often participating in external activities with people who lived at their service in their own time.

We spoke with a visiting professional who told us that the service works in partnership with external agencies.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The provider did not have suitable arrangements in place to ensure that the treatment of service users was provided with the consent of the relevant person in accordance with the Mental Capacity Act 2005.

Regulation 11 (1) (2) (3).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider did not have suitable arrangements in place to make sure that care and treatment was provided in a safe way for service users in relation to medicines management.

Regulation 12 (2) (g).