Fairhaven Care

Fairhaven Residential Care Home

Inspection report

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Hampshire
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 11 June 2017 and was unannounced.

Fairhaven Residential Care Home provides residential care for older people over the age of 65. The home is registered for up to 13 people and at the time of this inspection there were 10 people living at the home.

At our previous inspection in February 2016 we found breaches of three regulations and rated the service Requires improvement. The breaches were in the areas of obtaining consent to care and support, management systems, and checks to make sure staff employed were suitable to work in a care setting.

At this inspection we found improvements had been made and sustained in all areas. There were no longer breaches of regulation, but further improvement was needed in respect to obtaining consent where people lacked capacity.

There was 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.

There were arrangements in place to protect people from risks to their safety and welfare, including the risks of avoidable harm and abuse. Staffing levels were sufficient to support people safely. The provider had recruitment processes in place to make sure they only employed workers who were suitable to work in a care setting. Suitable arrangements were in place to store medicines safely and administer them safely and as prescribed.

Staff received appropriate training and supervision to maintain and develop their skills and knowledge to support people according to their needs. Staff were aware of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. However the application of the principles in practice was not consistent. People were supported to eat and drink enough and they had access to healthcare services, such as GPs and specialist nurses.

Care workers had developed caring relationships with people they supported. People were encouraged to take part in decisions about their care and support, and their views were listened to. Staff respected people's independence, privacy, and dignity.

Care and support were based on assessments and plans which took into account people's abilities, needs and preferences. People were able to take part in leisure activities which reflected their preferences. The provider had a complaints procedure in place, but no formal complaints had been received.

The home had a warm, homely atmosphere. The provider had put in place systems to make sure the service

was managed efficiently and to monitor and assess the quality of service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected against risks to their safety and wellbeing, including the risks of abuse and avoidable harm.

The provider employed sufficient staff and carried out recruitment checks to make sure workers were suitable to work in a care setting.

People's medicines were administered and stored safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were supported by training and supervision to care for people according to their needs

Staff were aware of the requirements of the Mental Capacity Act 2005 where people lacked capacity to make decisions, but did not always follow the principles of the Act in practice.

People were supported to maintain a healthy diet and had access to other healthcare services when required.

Is the service caring?

Good

The service was caring.

People had caring relationships with staff.

People were able to participate in decisions affecting their care and support.

People's independence, privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People's care and support met their needs and took account of

their preferences.

There was a complaints procedure in place, but there were no recent complaints logged.

Is the service well-led?

Good

The service was well led.

The provider had in place processes to manage the service and to monitor and assess the quality of service delivered.

There was a warm, homely atmosphere and people were happy with the service they received.

Fairhaven Residential Care Home

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 checked 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 inspection took place on 11 June 2017 and was unannounced. A single inspector carried out the inspection.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people living at the home, three members of staff and the registered manager.

We looked at care plans and associated records, including medicines records, for five people, and three staff files. Other records we saw included audits and checks, certificates of maintenance, infection prevention and control records, and training records for all staff. We also checked policies and procedures, minutes of staff and residents meetings, and saw photographs of activities.

Good

Is the service safe?

Our findings

At our previous inspection in February 2016 we found breaches of Regulations 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time the provider could not demonstrate their recruitment process made sure staff employed were suitable to work in a care setting. The provider's risk assessment and associated care records were not always accurate and complete. There was no single emergency plan in place for the service.

At this inspection we found improvements had been made in these areas. The service was no longer in breach of regulations.

People told us they felt safe at the home. One person said they felt "totally safe".

There were sufficient numbers of suitable staff to support people safely. People were satisfied there were enough staff, and staff told us their workload was manageable. The registered manager told us staffing levels were based on people's needs and dependency. We saw staff were able to carry out their duties in a calm, professional manner.

The provider now had records to show they carried out the necessary checks before staff started work. All the staff files we reviewed contained evidence of proof of identity, a criminal record check, employment history, and good conduct in previous employment. Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people.

The provider had identified and assessed risks to people's safety and wellbeing. These included risks associated with the management of people's finances, worsening mental health, bathing and acquiring a bladder infection. Risk assessments informed people's care plans and there was clear guidance for staff about how to avoid the risk, for instance by encouraging people to drink enough to reduce the risk of bladder infection. Regular checks were in place to make sure staff actions to avoid risks were in place. Where people were at risk of behaviours which staff found challenging, arrangements were in place to record incidents in order to identify triggers and successful strategies to reduce people's anxieties.

Where people were living with diabetes there were assessments of the risks involved with this condition with instructions on how to manage the risk by means of the person's diet and signs that the person might be suffering from low blood sugar levels. Another person was prescribed medicine which could prevent their blood from clotting. There was a risk assessment in place for this, and staff kept records of instances of nose bleeds which showed the risk was being managed.

The provider had in place suitable procedures and policies to protect people against risks of harm and abuse that might breach their human rights. Staff had signed to show they had read and understood them. Staff had information about the types of abuse, signs and indications to look out for, and how to report concerns. The information included contacts outside the service such as the local authority, police service

and us.

The provider had put in place an emergency plan and a business continuity plan. These were kept in a location where they could be easily found in an emergency, along with an emergency grab bag containing items staff might need. The continuity plan contained guidance for staff in the case of failure of a major utility, computers, and large scale staff unavailability. People had individual, personalised evacuation plans which contained guidance on support they would need in the event of an evacuation. Arrangements were in place with a nearby care home to provide temporary shelter during an emergency. All the emergency plans were up to date and the provider had carried out drills and checks to make sure staff and people living at the home were aware of what to do in an emergency. Staff members had been appointed as fire marshalls to take the lead in fire precautions. The provider had taken steps to make sure people were kept safe in an emergency.

All staff were trained to administer people's medicines. There was a process in place to review staff competence in the area of medicines administration. Staff signed they had read and understood the provider's medication policies. These included policies for creams and ointments, and what to do in the case of missed medicines. Appropriate guidance was in place for medicines prescribed to be taken "as required", controlled drugs, and the administration of non-prescribed medicines.

There was a monthly medication audit, which was signed by two staff members and reviewed by the registered manager. The audit covered the recording, storage and administration of medicines.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection in February 2016 we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time the provider could not show they complied with legal requirements where people lacked capacity to consent to their care and support.

At this inspection we found improvements had been made in this area. The registered manager showed an improved understanding of the Mental Capacity Act 2005 and its associated code of practice. Where they carried out capacity assessments, these were now in line with the legal requirements, and the provider was no longer in breach of Regulation 11. However we found occasions where a mental capacity assessment was needed but had not been carried out. The provider had not gone back to revisit all previous decisions that had been made on people's behalf.

The Mental Capacity Act 2005 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 Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the Act and whether any conditions on authorisations to deprive a person of their liberty were being met.

Where the registered manager carried out mental capacity assessments they used a toolkit provided by the local authority which guided them to follow the correct process as described in the Mental Capacity Act 2005 code of practice. Records of assessments showed how the person was given opportunities to show they could make a decision, but was found to lack capacity. Where necessary, this was followed up with an application under the Deprivation of Liberty Safeguards.

However we found a record which showed when the decision had to be made whether to have a flu vaccination, the person's capacity to make this particular decision had not been assessed. The record did not show that a best interests process had been followed on this occasion. We could not be certain the provider had followed the correct process every time a decision was made on behalf of a person who lacked capacity to show the decision was in their best interests. Where these decisions were still in force, the provider risked neglecting people's rights under the Mental Capacity Act 2005.

Where a person was at risk of being deprived of their liberty, the provider had requested the necessary authorisation. When this was due to expire, the provider had made a renewal request two months before the date of expiry. This had been acknowledged by the local authority.

In cases where people had capacity, they had signed consent forms, for instance for the sharing of

information about their care and support. We saw that staff checked for people's agreement when supporting them with activities of daily living.

People living at the home were satisfied staff had the skills and knowledge to support them according to their needs. One person told us staff were "OK" and another person said they had "no problems" with the staff.

There was a training programme in place for staff which covered topics including health and safety, moving and positioning, fire safety, food hygiene, first aid, and safeguarding. There was also training available in infection control, medication, mental capacity, dignity and respect, and equality, diversity and human rights. Training records showed staff were up to date with their required training.

The registered manager followed up training at regular supervision meetings with staff which took place every three months, with an annual appraisal. They used other methods to make sure that staff retained knowledge learnt from the training courses. An example of this was a staff questionnaire about supporting people who were living with dementia.

There was an induction process for new staff which was based on the Care Certificate. This is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff were satisfied they received the necessary training and support to carry out their role in the home.

People were satisfied that their meals were of good quality, nutritious and appetising. One person said, "The food is excellent. There is choice. We get a good tea with sandwiches." Another person's family member had commented that, "The food looks good and smells good". Staff confirmed that choices were available to people. One staff member said, "Whatever people want to eat [the registered manager] will buy." There were pictures of menu items available to help people choose what they ate.

Staff were aware of people's food preferences which were displayed in the kitchen. Information was also available about nutrition, allergies and possible eating issues when people were living with dementia. Guidance was in place for making sure people had enough to drink during hot weather. We noted the local government environmental health officer had given the home a food hygiene rating of "very good" (5).

Records showed people had access to other healthcare services when they needed them. These included visits by GPs, community and specialist nurses. People had received support according to their needs from foot care and mental health specialists. When needed, staff had arranged a review of people's medicines by their pharmacist. A visiting healthcare professional had commented, "I am very impressed with the carers and have no concerns when my team visit."

Good

Is the service caring?

Our findings

There were caring relationships between people and staff who supported them. Staff knew people's preferred names and were aware of their needs and preferences. They addressed people in a kindly, respectful way, offered them choices and respected their choice if they declined help. Staff spoke clearly, made eye contact with the person they were talking with, and gave people time to understand and reply.

One person told us they were "very happy" and the registered manager had been "marvellous". They said they were "treated well as a human being". Written testimonials from people's family members read, "Always welcome, always friendly" and, "People are treated with dignity and love."

We saw staff sitting and chatting with people, holding hands and laughing together. There were spontaneous moments of singing and dancing in which both staff and people took part. Staff were aware of people's emotional and other needs. We heard one member of staff reassuring a person in a caring manner. Another staff member said to a different person, "I am pleased to see you brighter." Staff were aware if people had been feeling down and reacted appropriately in a way that showed empathy. When a person wished to go outside into the garden, a staff member guided them by the hand in a caring manner.

Where people wished to spend time with other people living at the home, and both parties had capacity to consent, staff encouraged them to do so and arranged activities so that friends could take part together. The registered manager had been supporting other people to make contact with family members they had not seen for some time. The provider actively encouraged people to develop and maintain social contacts which improved their wellbeing.

Staff were aware of people's preferences, and involved them in their day to day care by offering choices. For instance, people were offered a choice of drinks. On one occasion offering a choice led to a light hearted exchange between the person and the staff member. When asked if they wanted to watch TV or have some music, the person replied, "As long as it is not that country and western stuff." People were supported to express their views and make choices about their care and support.

People were able to express their views about their care and take part in care planning. One person said, "I was there when they made my care plan so I know what is in it." Another person said, "It is a two way thing, we agree to agree." A third person told us, "They are always willing to listen. We can put ideas and suggestions forward." The registered manager had introduced a monthly newsletter which was written with the people living at the home. Some people had, for instance, written poems for the newsletter.

Staff had received training in dignity and were able to describe to us how they respected people's dignity and privacy when supporting them with activities of daily living. People appeared to be well cared for, and their clothes were clean and appropriate for the season and time of day.

The provider had an equality and diversity policy which staff had signed when they had read and understood it. Staff we spoke with had an understanding of their responsibilities in this area and had

received relevant training. The registered manager told us they were confident staff would carry out their responsibilities in practice. At the time of our inspection there were no people with specific needs arising from their religious or cultural background, legally protected characteristics or lifestyle choices.

Good

Is the service responsive?

Our findings

At our previous inspection in February 2016 we found concerns that there were insufficient planned activities to enhance people's wellbeing in line with their interests and hobbies. We recommended that the provider seek guidance about supporting people living with dementia to engage in meaningful activities, maintain their social skills and pursue their interests. At this inspection we found improvements had been made in this area.

People's care plans had information about their family history, interests and hobbies. We heard staff talking with people about their family and other topics of interest. When a person's relation phoned, a staff member was able to tell them confidently who it was as they passed over the phone. Staff were familiar with people's background and interests and could support them with this in mind.

Staff kept records, including photographs, of activities and events in which people took part. This meant they were able to use the photographs as the basis of conversations and reminiscence. The records showed that people had taken part in shopping trips, visits to the pub, walks and informal socialising according to their wishes. One person who had enjoyed playing darts told us the registered manager had provided a safe version of the game for them to play in the home. People were supported to continue hobbies and pastime which they enjoyed before they came to live in the home.

There was a programme of activities related to the time of year. These included celebrations of Pancake Day, Valentine's Day and people's birthdays. These were entertaining and enjoyable for people, and also kept them in touch with what might be happening in the wider community.

Where people expressed a wish to do so, they were able to help around the home. One person enjoyed laying the table for meals, which contributed to their wellbeing. Another person told us they liked to go for a walk in the mornings when they felt able to do so. They said, "If I can go for a walk in the morning they (staff) are pleased for me." People were able to take part in informal activities if they so wished.

People's care and support were delivered according to detailed plans which contained guidance for staff about supporting people with activities of daily living and to manage certain medical conditions. Activities of daily living included how they preferred to be supported with personal care, how to promote their mental wellbeing and how to promote social interactions. The registered manager told us where people had struck up a particular friendship with another person, they were supported to take part in activities and excursions together.

There was detailed information in people's care plans about how to support them to manage medical conditions such as diabetes. Care plans were individual to the person. They contained information about the person's diet and how they had been seen to react when their blood sugar level dropped. Staff kept records to show that regular checks were made to monitor the person's condition and that they had received their prescribed medicines.

Where appropriate care plans contained information about avoiding pressure injuries and bladder infections. Records showed that actions to address these risks were carried out, and steps were taken to avoid these conditions.

Since our last inspection the provider had installed a new call bell system, and people were satisfied they received care and support in a timely manner. One person said, "There are not too many people. You just have to ask." The registered manager told us two people had recently been able to return to their own homes because their health and wellbeing had improved while living at the home. Another person told us they hoped to do the same. People received care and support that met their needs and which helped their health improve.

People told us they had not had reason to complain about the service. One person told us if they had a complaint the registered manager was approachable, but their first port of call would be a senior staff member. There was a complaints process in place, but no formal complaints had been recorded since our last inspection.

Good

Is the service well-led?

Our findings

At our inspection in February 2016 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have effective management and quality assurance systems in place to identify areas of concern and drive improvement. We issued a warning notice requiring the provider to meet the requirements of this regulation by June 2016. At this inspection we found improvements made had been sustained. There was no longer a breach of this regulation.

Staff and people described the home as small and homely. One person told us, "I like it here. I do not want to leave." Staff told us there was an open culture and they were encouraged to raise concerns on behalf of people. One member of staff said it was like working with their own family. The registered manager told us their intention was to provide a "non-clinical" atmosphere where people felt at home.

Written feedback from visiting health and social care professionals described the home positively:
- "A warm, clean pleasant and friendly environment. Staff are always ready to assist with my visits and provide all privacy with my client."
- "A really happy and cheerful home where the residents are completely 'at home', happy and content."

One person's family member had provided a positive compliment, "Dad is doing brilliantly here. Carers are very good and the manager is very professional."

Management systems in place were appropriate for a small home where the registered manager knew all the people and staff well. People who use services and others have a right to know how care services are performing. To help them do this, the Government introduced a requirement for providers to display our ratings in the home. The provider had displayed the ratings from our previous inspection near the entrance to the home.

The registered manager had regular residents meetings and staff meetings which were minuted. Residents meetings had addressed safety and meal menus, and gave an opportunity for people to raise any concerns they had. In a small home it was also possible for the registered manager to seek and get feedback from people on a day to day basis. We heard the manager and staff informally checking people were happy with their service as they chatted with them. A staff member asked a person, "Do you like your room?" and, "Do you like the food?" The conversation then developed along more light hearted lines with the question "And do you like me?" answered by the person with, "I love you!" Staff maintained caring relationships with people while allowing them an opportunity to raise any concerns.

The registered manager had continuing membership of a local provider forum which meant they had access to information about current developments and good practice in the care sector. People at the home had benefited from guidance about improving the "dining experience" for people living with dementia. A volunteer at the service had received an "unsung hero" award to recognise their support to people living at the home.

Since our last inspection the registered manager had put in place and sustained in practice processes to monitor infection control, medicines management, recruitment records and care plan reviews. They had made improvements in risk assessment, emergency planning, incident reporting and staff support.

Senior staff members carried out daily audits and checks which were reviewed by the registered manager. These were supplemented by monthly audits by the manager. These covered the fabric of the building and environment, the kitchen, spillages, and staff training. The audits also covered aspects of the support given to people, including medicines management, hygiene and use of protective clothing, and waste management.

The registered manager had surveyed people's families and visiting health and social care professionals for their views on the quality of the service. All the responses from families and professionals were positive. One person's relation had commented, "Very pleased with the care and service provided. Would highly recommend to anyone."