

Keychange Charity

Keychange Charity Fair Havens Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 28 November and 5 December 2017 and was unannounced. The home provides accommodation for up to 21 older people with personal care needs. There were 21 people living at the home when we visited. All areas of the home were accessible via stairs and a passenger lift. There were lounges/dining rooms on the ground floor of the home and accessible outdoor space from the ground floor.

There was a registered manager at the home. 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.

The registered manager had effective systems in place to monitor the quality and safety of the service, which identified where improvements were required. They had identified shortfalls in the service's recruitment process when ensuring references from previous employment were obtained for every candidate. The registered manager had taken action to put a new more robust process in place.

The registered manager also sought feedback from people, relatives and staff about the quality and safety of the service in order to make changes and improvements. There was a complaints policy in place which the registered manager adhered to when people raised concerns.

People and staff told us the registered manager was approachable and ran the service effectively. There was a calm and relaxed atmosphere at the service. Staff were caring and considerate of people's needs and were aware of the steps needed in order to keep people safe, treat people with dignity and to ensure their rights and freedoms were respected.

People had risk assessments in place to assess, monitor and mitigate the risk of harm. Staff understood how to implement this guidance into their everyday practice. Staff were knowledgeable about people's individual needs and were able to make adjustments to ensure these needs were met.

Staff had received a training programme which met the required standards relevant to their role. The registered manager monitored their work performance through ongoing training and supervision.

Staff had also received training in delivering compassionate end of life care. The service had many examples where they worked with people, families and other stakeholders in order to help people have dignity and comfort during their last days.

The service used an electronic care planning and monitoring system in order to record care notes, incidents and track trends and changes in people's health and wellbeing. Staff had the most up to date guidance about people's needs available including important information about people's healthcare and medicines. The service had established positive working relationships with healthcare professionals, which meant that

people had access to healthcare services when required.

People told us they enjoyed the food at the service and there was a chef employed who knew which people had specific dietary requirements or preferences.

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 safe	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well led	Good ●

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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 the 28 November and 5 December 2017 and was unannounced. One inspector and an expert by experience carried out the 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 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 reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

We spoke with 10 people or their relatives living at the service. We also spoke with the registered manager, the deputy manager, five care staff, the chef and one social worker.

We looked at care plans and associated records for six people and records relating to the management of the service. These included staff duty records, staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed care and support being delivered in communal areas.

The home was last inspected in July 2015, where the service was rated good.

Is the service safe?

Our findings

The registered manager had identified discrepancies in some staff's recruitment files, which meant they did not contain all the necessary recruitment documentation, specifically references from previous employment to provide satisfactory evidence of conduct in previous employment concerned with the provision of services relating to health or social care. The registered manager showed us how they had worked to obtain this missing documentation from recruitment files since the issues had been identified.

The registered manager told us how they had adjusted their recruitment processes to include additional checks of recruitment files by the registered manager or deputy manager before new staff started working with people. They said, "We have re-allocated the task of requesting references to one person and we will put in place a matrix system to show that this has been done and within a certain time frame." This new system meant the registered manager had oversight into the recruitment process to help ensure all required pre employment checks for staff had taken place.

There were sufficient staff employed, who possessed the right skills and knowledge to meet people's needs. At the time of inspection there were vacancies for permanent staff. In the meantime, existing staff worked additional hours and staff were being provided by an agency filled gaps in the staffing rota. The registered manager told us that they received profiles of agency staff detailing their training and recruitment information. They were able to request the same agency staff on a regular basis. This helped promote consistency of staff for people.

People felt safe living at the service. One person told us, "I feel safe and comfortable living here." Another person said, "It is very good here, always nice and warm." A third person commented, "The home is lovely, it is clean and comfortable, I feel safe here." One person's relative reflected, "I feel [my relative] is completely safe living at the home. They are very well looked after." Another relative commented, "I have never had a need to raise any concerns over safety or care being provided."

People were protected against the risks of potential abuse. All staff had received training in safeguarding which helped them identify signs of abuse and actions they were required to take in order to keep people safe. One member of staff told us, "Safeguarding people is something that we all take responsibility for. We will always raise concerns or report issues if we think people have come to harm." Records of safeguarding investigations show that the registered manager had investigated concerns thoroughly and reported issues to relevant safeguarding authorities when appropriate to do so. This helped to ensure that people were protected from the risks of abuse and harm.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Risks identified included, moving and handling, medicines, falls, malnutrition and skin breakdown. One person had a risk assessment in place around their mobility. The assessment detailed the support the person needed when moving around the service. The risk assessment also detailed the mobility equipment the person used in order to keep them safe and how the use of a sensor mat by the person's bed at night could alert staff if they got out of bed. This was so staff could attend to offer assistance.

People were kept safe from the risks associated with the environment and emergencies at the service. The registered manager carried out regular tests and checks of emergency equipment such as fire alarms, first aid boxes and emergency lighting. This helped to ensure equipment was in a good state of repair. Each person had a personalised evacuation plan. These detailed the support they required in the event of an emergency. The registered manager also had a system in place to ensure all essential equipment was regularly tested or serviced. This included gas, electricity and the passenger lift. This helped to ensure that the service was a safe place for people to live in.

The registered manager analysed incidents to look for trends, causes and areas where learning could be applied. The registered manager kept a log of all incidents involving people such as falls. They reviewed these logs to identify if there were any measures that could be taken to reduce the likelihood of reoccurrence. In one example, one person had suffered a few falls as they did not always carry round their mobility aid as required. The registered manager spoke to staff, who provided prompts to the person to remind them to use this equipment. This helped to reduce the number of falls for this person.

Peoples' medicines were managed and administered safely. Suitable arrangements were in place for obtaining, storing, administering and disposing of medicines. People were supported with 'as required' (PRN) medicines for conditions such as pain or anxiety. Staff used guidance in people's care plans to help identify when people needed these medicines. Staff observed and prompted people to determine whether they required their PRN medicines. One member of staff told us, "We always ask people if they are in pain, there is always pain relief available." This helped to ensure that people received their PRN medicines appropriately to manage their pain.

People were protected against the risk of spread of infections. Staff were aware of their roles and responsibilities in relation to hygiene and infection control. All staff had received training in infection control and were able to describe the steps they would take to in order to minimise risk of infection by use of appropriate hand washing and personal protective equipment such as using gloves during personal care. The service had also received a five star rating from the food standards agency. This demonstrated that the food preparation areas met a high standard of cleanliness and hygiene.

Is the service effective?

Our findings

People told us that staff were competent in their role. One person said, "The staff are all very good at their jobs." Another person commented, "I think they are well trained."

Staff received training, induction and supervision, which helped give them the skills to be effective in their role. Staff attended regular updates of their training to help ensure that their knowledge was in line with current best practice. Staff induction included shifts working alongside experienced staff to ensure new staff understood people's needs. The registered manager also carried out competency based assessments of all staff in key areas such as medicines administration and moving and handling. This helped the manager monitor the behaviours and working practices of their staff.

People's legal rights were protected as staff followed the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. When people lacked the mental capacity to take particular decisions, decisions had been made in the person's best interests and who was involved in making specific decisions was documented in people's care files.

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. We checked whether the provider was working within the principles of the MCA, and if any conditions on authorisations to deprive a person of their liberty were being met. We found staff at were following the necessary requirements. The registered manager had applied for authorisations where necessary and showed us records of when authorisations would need to be reapplied for.

People were supported to have enough to eat and drink and maintain a healthy diet. People told us they enjoyed the meals provided. One person said, "Yes the meals are always fresh and hot." Another person said, "I love the smell of the food when it's cooking, it's delicious." A third person said, "The food has improved no end over the past year. There is more meat now, which I like." People's specific dietary requirements were detailed in their care plans. This included any allergies, food intolerances or dietary requirements such as the need for thickened liquids or encouragement whilst eating. The chef was aware of people's dietary requirements and told us how one person could become overwhelmed by large portions, so they presented food on smaller plates to encourage them to eat. There were drinks and snacks available to people throughout the day and also a station where people could help themselves to drinks if they wished. This demonstrated that the service had considered people's individual needs and preferences around food.

Staff worked pro-actively to ensure people's health needs were met and people had access to healthcare services. Staff were proactive in identifying changes in people's health and contacted relevant healthcare professionals on these occasions. Staff were on hand to support people to appointments where necessary

and people's records were updated after appointments took place. The registered manager had established positive working relationships with health professionals such as care managers and GPs, which helped ensure that people had timely healthcare input when required.

People's health and wellbeing were assessed and monitored using a set of nationally recognised assessment tools. These tools assessed people's risk in relation to, malnutrition and pressure related injuries, people's ability to carry out everyday tasks independently to ensure appropriate staffing levels were available and assessments which staff could use to assess whether people were in pain if they were unable to verbally communicate this. Staff had received training in order to effectively use these tools. This helped to ensure that people's needs were effectively assessed and monitored.

The provider had made some adaption to the home to meet the needs of the people living there. The provider had arranged for ramps to be installed to enable people using wheelchairs to safely access garden spaces. There were hand rails available to support people when mobilising through corridors and a passenger lift on site for people to use if they did not want to use the stairs. The registered manager had also invested in a music and entertainment system which was controlled via voice command. This helped enable people to choose music they wanted to listen to without needing to physically operate the music system.

Is the service caring?

Our findings

People told us they were happy with the care they received. One person told us, "The staff are all lovely." Another person said, "We have some wonderful staff here. They are caring and kind to me." A third person reflected, "I can't be the easiest person to look after, but the staff never complain and look after me well." There was a warm, calm and friendly atmosphere at the service where people were relaxed and staff were attentive to their needs.

Staff understood people's backgrounds, likes and preferences. They were attentive to people's needs and patient when encouraging them with their personal care. Staff were aware of people's preferred routines, where they liked to sit and who they liked to socialise with. Staff told us how some people liked to get up earlier as they had done so throughout their working life and how they adjusted personal care times or meal times accordingly.

Staff respected people's dignity. One member of staff told us, "Keeping people's dignity is the most important thing we can do." People's care plans included information for staff to follow which people had identified as important to them. In one example, the person wanted staff to ensure a picture of their loved one was turned around to not face them whilst they were being supported with their personal care. One member of staff told us, "[Person] feels that receiving personal care is a very private matter and so in respect to [relative] we turn the picture round so it is not in view."

People told us they were involved in making decisions about their care. The registered manager told us how some people had preferences around the staff who supported them with personal care. One person only liked female staff to support them. They told us that this decision was respected. People were regularly consulted about how they would like the service to be run. This included discussions about menu choices, activities and internal decoration of the service.

People were encouraged to be as independent as possible. They were encouraged to participate in everyday activities such as making themselves drinks and setting the dining room table. The registered manager had arranged for toilet seats to be brightly coloured, so they were recognisable for people to use. People with dementia can sometimes struggle to distinguish objects which are similar colours. Therefore, by providing a contrast, people were able to access the toilets independently as they would be able to easily locate where the toilet was.

The service demonstrated a clear understanding through the planning and delivery of care about the requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics. These are, age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Staff had all received training in equality and diversity and there were policies in place to help ensure staff were considering people's individualised needs in the delivery of care. The provider had arranged for a local church to visit the service monthly to support people in their spiritual needs. The registered manager told us

how they had supported people of other beliefs and faiths to meet their spiritual needs if they did not want to participate in church services. This helped to ensure that people's spiritual diversity was respected and celebrated.

Is the service responsive?

Our findings

The service used a computer based care planning and monitoring system to record care notes regarding people's health and wellbeing. Staff used mobile phones provided by the service to update people's records. This included details about; when drinks and food had been offered and taken, personal care received, people's daily routines, behaviour or incidents and medicines. The registered manager monitored these records and was alerted if any planned activities such as medicines administration had not been recorded by staff as having taken place. This enabled the registered manager to monitor the care being provided on a real time basis and quickly respond to concerns and changes in people's needs.

People's care plans and risk assessments were also recorded on this electronic system. This enabled the registered manager to update records quickly to respond to changes in people's needs. This also meant that staff would have access to people's most up to date records. People's care was personalised and people's care plans included information about their life histories and preferences around routines. People's care plans included details about how they liked to receive personal care and the support that they required.

The service had complied with the Accessible Information Standard by identifying, recording and sharing the information about the individual communication needs of people with a disability or sensory impairment. The registered manager ensured that all staff had a good understanding of people's individual communication needs by sharing this guidance in staff handovers, team meetings and supervisions. This helped enable staff to communicate effectively with people to ensure their wishes and needs were met and their human rights were protected.

People told us there were plenty of activities available for them to participate in. One person said, "There are lots of things to do here, I am always busy." Another person remarked, "There is certainly a lot to do." There was a range of activities available; some were group based whilst others were on a one to one basis. The registered manager had arranged for a minibus to be available on a regular basis so people could have trips out to places which they identified as of interest.

There was a policy and systems in place to deal appropriately with complaints. People told us that they knew how to complain to the registered manager and felt comfortable doing so. A complaints policy was displayed clearly in the entrance to the home. This gave details of how people could make a complaint and to whom. Records of complaints demonstrated that the registered manager followed the provider's complaints policy when dealing with people's concerns.

People were supported to make choices about how they would like to receive end of life care. Staff worked with each person to formulate an 'end of life plan'. This detailed preferences around the care arrangements leading up to and after they passed away. The plans included considerations about people's cultural beliefs, people they would like with them if possible and funeral arrangements.

Some staff had undertaken training and qualifications in end of life care. They accessed the 'Six Steps Programme'. The Skills for Care 'National end of life qualifications and six steps guidance describes the six

steps programme as, 'The qualifications developed are for those working in social care and can equip workers not only to recognise end of life situations but to manage them more effectively.' The registered manager told us, "The six steps programme really makes you think about end of life care. It makes you realise how many people can be involved in people's care and how by working together can really make a difference to people's final days." The registered manager had also met with a local funeral director in order to gain knowledge about standard procedures and arrangements after people passed away. They told us this was in order to provide advice and reassurance to families who may not be aware of the next steps after their loved ones passed away.

The registered manager told us how they worked with other stakeholders to help give people as pain free and dignified death as possible. There were examples where the service had worked with doctors, district nurses and hospices to provide a co-ordinated effort to ensure that people had access to the appropriate medicines and support to remain at the service during their last days. In one example the service was able to accommodate a couple moving into the service together as they wished they to spend their last days together. The registered manager arranged for a bedroom of a suitable size to accommodate the couple and specialist equipment for the room, so it met their needs. The couple were able to spend this time together at the service which otherwise would not have been possible. The registered manager said, "It was important to be able to do that. You pull out all the stops to make it happen."

Is the service well-led?

Our findings

People felt the registered manager ran the home effectively. The registered manager had recently registered with CQC as the manager of the service. One person said, "The manager has definitely made improvements since they came on board. The home is noticeably better." A second person commented, "The manager has worked hard since they have taken over. It has made a difference; it's a lovely place to live." A third person remarked, "Couldn't be happier with the manager here. She does a good job and is a good person." A fourth person commented, "[The registered manager] is always ready to listen and help if needed."

There was a clear management structure in place. The deputy manager and senior staff supported the registered manager. The deputy manager's role was to directly supervise care staff to help ensure they were carrying out their role effectively. The provider's regional manager also regularly visited the service and had recently helped to improve the service's auditing and quality assurance processes. The registered manager completed a monthly report which they submitted to the 'quality assurance management team' to review. This report focussed on key areas of the service including, staffing levels, call bell response times, health monitoring records for people, complaints, maintenance updates, medicines audits, and levels of activities. This helped to give the provider an insight into the safety and quality of the service being provided.

The registered manager had developed the staff team to consistently display appropriate values and behaviours towards people. The registered manager made regular observations of staff to monitor their working behaviours and practice. This involved observations whilst working, observing staff handover to ensure correct information is being passed to staff and through sharing learning about incidents in supervisions and team meetings. This helped to ensure that staff were displaying the appropriate behaviour and values within their role. Where staff did not display appropriate values, the registered manager had put measures in place to assess, monitor and give staff the opportunity to improve their performance.

There was an open and transparent culture within the home. Providers are required by law to notify CQC of significant events that occur in care homes. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the provider had met the requirements of this regulation. People and staff had confidence the registered manager would listen to their concerns and act upon them appropriately. One member of staff told us, "The registered manager is really approachable. I know I can ask her about anything, I can tell her anything. She won't judge me."

Quality assurance systems were in place to monitor the quality of service being delivered. The registered manager completed regular audits to ensure the safety of the home. These included audits of medicines records, health and safety, infection control and an audit of people's care plans to ensure they contained relevant information. Audits were effective in identifying errors and driving improvements when issues were found. In one example, the registered manager had recently picked up issues after auditing staff recruitment files, where important recruitment information was missing. The registered manager had taken action to address issues with staff and put a system in place where they would make additional checks to ensure files included all required documentation. This helped to make the services recruitment processes safer and more robust.

The registered manager sought feedback from people, relatives and staff to improve the quality of the service. The registered manager regularly walked around the service, speaking to people and listening to their feedback. They had also developed good working relationships with relatives, whom they were in regular contact with to share updates about family members. The registered manager also sought feedback from surveys sent to people asking where improvements could be made. They had recently acted on suggestions from people which prompted a change in the menu. This demonstrated the registered manager acted on people's feedback.

The registered manager had established positive working relationships with key stakeholders such as social workers and clinical commissioning groups to help ensure people had access to the right support and services. The registered manager showed us how they had worked with these professionals when people's health changed and they required specialist services or equipment. This involved sharing information, assessments and providing updates if the registered manager felt that the service required additional resources to effectively meet people's needs.