



Inspection Report on

Fairhaven Care Home Ltd

**Fairhaven Care Home
14-16
Ellesmere Road
Colwyn Bay
LL29 8RP**

Date Inspection Completed

30 July 2021

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About Fairhaven Care Home Ltd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Fairhaven Care Home Ltd
Registered places	33
Language of the service	English
Previous Care Inspectorate Wales inspection	29 March 2021
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer'.

Summary

People receive good quality care from care staff who are efficient, kind and motivated. People are encouraged and supported by staff at all levels, to spend their time how they choose to. Management are supportive and effective and have taken significant steps to improve the service and the oversight of the care provided. Care records are well presented and clear. The environment is clean and there are effective infection control measures in place to ensure people's safety. There are plans in place for ongoing improvement and development both inside and outside the service.

Well-being

People have control over their daily routine. We saw people are encouraged to participate in a variety of activities including crafts. One person told us they are assisted to go shopping or attend activities away from the service from time to time. We observed care staff are friendly and are available to attend to people's care needs as required. The people we spoke with told us they are *"happy with the care they receive"* and care staff are *"very happy"*.

People are encouraged to be as active and healthy as they can be. We observed care staff are supportive and we saw them assist people to do and go to where they chose, throughout the day. People are encouraged by care staff, to stay in contact with friends and family. One person told us, *"I've been on the up since being here"*.

The provider ensures there are measures in place to protect people. Individual risk assessments are created to prevent and protect people from harm. People we spoke with told us they feel happy and safe. Care staff told us they know what steps to take if/when they are concerned about someone. We found evidence care staff have undertaken appropriate training in safeguarding, moving and handling, medication and falls prevention. We saw timely and appropriate referrals and communication records to health professionals. Management ensure the training and service policies and procedures are up to date.

The management have established measures to ensure people have a variety of recreational activities to participate in. They have also taken steps to ensure care staff receive up-to-date training they require. We spoke with the newly appointed activities coordinator who showed us pictures of people involved in crafts, activities and celebratory events. We saw items and pictures made by people. Care staff told us they receive regular training which enables them to feel confident in their role. They told us they felt supported and motivated by management. Care staff personnel files evidence certificates of a variety of training attended.

We found people feel at home. We observed people sitting together and chatting at various times during our visit. Care staff have a kind and friendly approach to people, as do the managers and responsible individual. One person told us they felt supported to stay in touch with family and friends in and away from the service. We observed them using their mobile phone and I-pads, which management had assisted them to purchase. They told us they feel independent and use these items to communicate and purchase items of choice, which has a positive impact on their well-being

We found the environment to be safe and clean. We observed people using various communal areas and their bedrooms, which are clean neat and personalised to individual taste. We found some areas, including carpet areas within communal areas and the outside area require re decorating and landscaping; however, the provider showed us plans and electronic correspondence, for these areas to be improved in the near future.

Care and Support

Service providers have taken steps to revise and ensure people's personal plans are up to date; we found the care files we viewed are clearly recorded, planned and reflect individual need. Appropriate risk assessments are included where required. We spoke with three people whose care records we viewed; these were planned around individual needs, choices, wishes and routines. We found a significant improvement in the revised care records, which are well presented, clearly recorded and accessible to staff.

People are involved in the planning of their care. People told us they are involved in the planning of their care and said care staff encourage them to be involved in reviewing care needs. We observed one care staff speak with several people about their preference of how their care is provided. We found people are provided with choice. People had been consulted and had signed their care records to demonstrate this. We observed the responsible individual talking to people about the quality of the care they received and how they felt. Care records are reviewed within timeframes or when care needs change. Care records and risk assessments are detailed and clear and include details about a variety of care needs including, diet, mobility, skin care, sleep, individual routines, hobbies and choices.

The provider ensures people are supported to access health care and other services they need. Health care and other professionals are involved in planning and providing the care people need. Health care professionals we spoke with as part of the inspection, told us communication and information sharing about people's health needs is effective and regular. People's family members told us they are also involved in the planning and review of people's care needs. Care records show evidence of being updated when reviewed and consultation with people, family members and health professionals takes place. We observed people receiving health care input from visiting professionals during our visit.

The provider promotes effective and hygienic practices and care staff maintain these standards. We found the service has policies and procedures which are up to date with current legislation and guidance. Care staff told us they feel confident in working within infection control guidance. We observed care staff wearing personal protective equipment correctly and effectively. We saw this is promoted by management via supervision and daily communication. Hand sanitisation stations are available throughout the service. We found one which required refilling and management took immediate action to ensure these were refilled immediately.

There are safe and effective systems in place for medicine management. We spoke with health care professionals who told us there are clear and efficient processes in place which have been improved and embedded. We found all staff have received up to date, face to face medication training. We evidenced the service is supported by a local pharmacist who

has been involved in supporting the provider, manager and care staff to be and maintain medicine management competence, to a good standard and required level. We spoke with care staff who told us they feel confident in medicine administration and have had training in this area. We observed care staff administering medication with confidence. We reviewed a sample of Medication Administration Records (MAR), which were accurately recorded. We found the medication to be stored safely.

Environment

The environment is spacious and clean, although some areas appear cluttered. We found people use all of the communal areas. Communal bathrooms are clean and the laundry area is well organised. We found heavy furnishings are fixed to the walls.

On entering the building, care staff are efficient in ensuring the correct infection control prevention activities; these included temperature control, checks for testing and handwashing. We found the building to be secure. We evidenced maintenance records show fire safety, lighting and electrical appliances are checked and monitored within timescale. We also found people's individual mobility aids are checked and monitored as required. We found people's personal emergency evacuation plans (PEEP's) are clear, accessible and based on individual needs.

Leadership and Management

The provider has taken steps to ensure efficient oversight of the care provided. We viewed the statement of purpose which had been updated and reflected the service provided. We also viewed a selection of policies and procedures which had also been revised, updated, and condensed. We found these are clear and accessible for care staff. Management are effective in reviewing and improving systems; which has been achieved within a short amount of time. For example, care files are being reviewed, revised and reorganised. Systems to oversee care are in place and being embedded.

There are effective systems in place to review and monitor the quality of care provided. We evidenced the provider requests ongoing feedback about the quality of care from people, family members and visiting professionals. We observed the provider speaking to people about the care they receive, on the day we visited. There is regular, ongoing communication between the manager and the provider. The manager is effective in implementing and overseeing improvements to the quality of care.

The provider ensures oversight of financial sustainability. We found several improvements overall to the management of staffing and to the environment. We saw several areas being maintained during our visit. We viewed plans to improve areas inside and outside of the service. The manager described this as “*working progress*”.

The provider ensures there are sufficient measures in place to maintain staffing levels. The staff rota showed there are sufficient staffing levels during the day and night time. The care staff we spoke with, told us they feel there are enough staff to be able to provide the care people require. They told us they feel supported by management and receive ongoing training. We found the moral among all staff is good and has improved. We evidenced care staff are up to date with all required training. The training provided is in line with the service policies and procedures.

The provider is efficient in sending appropriate and timely notifications to statutory agencies and regulatory bodies. These include Local Authority (LA), Care Inspectorate Wales (CIW), and relevant Health professionals. We find notifications and communication to CIW are timely and clear. The provider and management are open and transparent.

Areas for improvement and action at, or since, the previous inspection. Achieved	
The service provider has failed to ensure that the service is provided with sufficient care, competence and skill, having regard to the statement of purpose.	Regulation 6
The service provider has failed to ensure that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals.	Regulation 21(1) Regulation 21(4)
The service provider has failed to provide the service in a way which ensures that individuals are safe and protected from abuse, neglect and abuse.	Regulation 26
The service provider has failed to ensure people can access treatment, advice and other services from any health professionals as necessary.	Regulation 33(2)
The service provider has determined persons to be fit to work at the service without obtaining the full and satisfactory information and documentation required to assess person's suitability to work with vulnerable people.	Regulation 35(2)(d)
The service provider has not ensured all staff working at the service have provided full and satisfactory information or documentation in respect of each of the matters specified in Part 1 of Schedule 1 and this information was not available at the service for inspection.	Regulation 35(2)(d)

Areas for improvement and action at, or since, the previous inspection. Not Achieved	
None	

Areas where priority action is required	
None	

Areas where improvement is required	
None	

Date Published 13/10/2021