Mr & Mrs M Lawrence

Fairlawn Residential Home

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

Summary of findings

Overall summary

We inspected Fairlawn on the 2 and 3 October 2017. The inspection was unannounced.

Fairlawn Residential Home is registered to provide accommodation and support to up to 26 older people. There were 21 people living at the service at the time of our inspection.

There was a manager in post who was registered with the CQC. 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.

Risks were managed effectively to ensure people's safety and welfare. People were kept safe from abuse by staff who knew how to identify signs of potential abuse and were confident to respond appropriately. Staff used the safeguarding policy to guide them when reporting concerns and the registered manager investigated any concerns thoroughly.

Medicines were managed safely and effectively by trained staff. The registered provider had effective policies and procedures in place to help ensure the environment was kept safe and well maintained for the people living there.

There were insufficient numbers of staff to ensure that the needs of people were being met. The service did not use a systematic approach when determining the number and skills of staff required. Safe recruitment practices were carried out by the provider to ensure people were only supported by staff who were suitable to work with the people living in the service. Staff received training to help equip them with the right skills and knowledge to support the people in the service. The registered manager supported staff with regular supervision, but appraisals of staff performance did not take place. We have made a recommendation about this.

People were supported to have the maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were happy with the food provided, and were supported to have a nutritious diet that met their needs. Communication between the kitchen and care staff was good. People were supported to have regular and appropriate access to health care professionals such as the dentist, optician, chiropodist and the GP.

People who used the service spoke highly about the caring nature of staff. Staff knew people well and were able to take this into account when providing care and support. Relatives told us they were happy with the support provided, and with the caring nature of staff. People and their relatives were involved with the planning of care. Relatives were kept up to date with any changes, incidents or concerns involving their

loved ones.

People at the service had access to a range of activities, but these were not always tailored to the interests of the people using the service. We have made a recommendation about this. People and their relatives were positive about the input from the activities coordinator. Where people could not attend communal activities, individual sessions were provided.

The registered manager was seen to be open and transparent and welcomed comments and input from staff, people using the service and their relatives. There was a complaints procedure in place. Outcomes of investigations were shared with relevant people.

The registered manager was not carrying out any structured quality assurance of the care and support provided at the service. A new procedure was being developed at the time of the inspection.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There were insufficient numbers of staff to ensure that the needs of people were being met.

Risks were managed effectively to ensure people's safety and welfare.

People were kept safe from abuse by staff who knew how to identify signs of potential abuse and were confident to respond appropriately.

People's medicines were managed so they received them safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff received the ongoing training required to carry out their role. Staff were not receiving regular appraisals of their performance in their roles.

The principles of the Mental Capacity Act 2005 (MCA) were applied in practice. The registered manager had ensured that appropriate applications were made regarding Deprivation of Liberty Safeguards.

People had choices at mealtimes from a menu. People were supported to maintain their diets when required.

People were supported to have access to health care professionals

Is the service caring?

Good

The service was caring.

People who used the service spoke highly about the caring nature of staff. Relatives told us they were very happy with the service their loved ones were receiving.

People and their relatives were involved in the planning of their care. Relatives told us they were kept well informed.

People's privacy and dignity was respected by all staff.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Activities provided by the service were not always tailored to people's needs or interests.

People's care and support needs were assessed before moving in to the service. The support provided was reviewed regularly.

The service sought feedback from people and their relatives about the overall quality of the service. People's views and opinions were listened to and acted upon.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality assurance processes were not embedded in the service.

Relatives, staff and people spoke positively about the registered manager. Staff felt supported by management.

The registered manager was submitting notifications to CQC and the local authority when required to do so.

Fairlawn Residential 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 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.

The inspection took place on the 1 and 2 of October 2017 and was unannounced. The inspection consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we gathered and reviewed information we held about the service. This included notifications from the service and information shared with us by the local authority. 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 focused the inspection on speaking with people who live at Fairlawn, their relatives and staff. We spoke to six people living at the service, four relatives, three staff, the activities coordinator, chef, administrator and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We made observations of staff interactions and the general cleanliness and safety of the home. We looked at four care plans, three staff files, staff training records, quality assurance documentation and people's medicine records.

The service was last inspected in October 2015 when it was rated as 'Good'.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us they felt safe living at Fairlawn. One person told us, "I know everyone here, people know me and I feel comfortable". A relative said, "I wanted mum to move here because it felt like a safe environment. They protect her". However, despite these positive comments we found areas that were not consistently Safe.

There were insufficient numbers of staff to ensure that the needs of people were being met, and the service did not use a systematic approach when determining the number and skills of staff required. During the inspection we noticed people who spent their time in their bedrooms, particularly during lunchtime, were left unattended. On three occasions we noticed people who required support but were unable to access it. We were required to bring this to the attention of staff. On one occasion we were asked by a member of staff to assist with pushing an empty wheelchair as they were rushing to provide support a person with poor mobility. Staff and relatives told us they did not always think there were enough staff on shift." One staff member told us, "There are good and bad days. But if we ask the seniors they are always ready to help out". A relative told us, "There doesn't seem to be enough staff on at the weekends, but whenever I visit my mum is always clean. I think it has more of an impact on the staff on shift rather than the people living there as they always really busy". Another staff member told us, "They could do with more staff. I sometimes need to tell people they'll have to wait until someone can come to help me support them". We spoke to the registered manager about our concerns, who informed us that the service did not use a dependency tool to determine the number of staff required. She told us she had spoken to the owners about increasing the numbers of staff on shift but the decision was taken to extend the working hours of the activities coordinator. Staff told us they didn't think this addressed the staffing issue because the coordinator was unable to meet some of the needs of people using the service.

The failure to deploy sufficient numbers of staff to meet people's needs is a breach of Regulation 18 of the Health and Social Care Act (regulated Activities) Regulations 2014.

People had risk assessments in place which were designed to minimise risk. In people's care plans we saw risk assessments for falls, infection control, choking and behavioural risk. Risk assessments were reviewed monthly, and any changes to care and support provided as a result of a change in risk was recorded in the care plan, discussed in handover meetings and recorded on the handover log. However, during the inspection we witnessed an incident where a risk management plan was not being followed by staff. One person's risk assessment identified that due to recent changes in their health condition a hoist was required when moving them from the chair into their wheelchair in order to keep them safe from a fall. One staff member told us they knew about this change, as it had been discussed in the handover meetings and recorded in the handover log, which all staff had signed. However, during the inspection we observed two members of staff moving the person using a handling belt, which had been identified as being unsuitable. We reported our concerns to the registered manager. She told us she expected staff to follow risk assessments and care plans, and that she would investigate why this did not happen and whether staff needed any additional support. Following the inspection we were contacted by the registered manager who informed us that staff, including those involved in the incident had attended moving and handling training.

All risk assessments for those requiring manual handling had been reviewed and a process had been put in place to assess staff moving and handling competency on a weekly basis. We recommend the registered manager continue to maintain oversight of staff moving and handling competency.

People were protected against potential abuse. Staff we spoke to were able to identify different types of abuse, and were able to describe the steps they would take if they needed to report abuse. The service had a safeguarding and whistleblowing policy in place and staff new how to access them. One staff member we spoke to said "If I see anything that would be considered abuse I would report it to the manager. I can also go to the social services if I needed to". Staff were confident that the open and transparent nature of the service meant any concerns they raised would be dealt with by the manager. One staff member told us about recent concerns she had raised, how she had used the whistleblowing policy to do this and how the concerns were taken seriously and investigated thoroughly by the manager. Minutes of meetings confirmed this. Other records showed the registered manager made referrals to the local authority when allegations of abuse were raised, and took and active part in any investigations.

Accidents and incidents were reported by staff in line with the provider's policy. The registered manager investigated any concerns, and changes to care and support were communicated to staff. Care plans and risk assessments were updated to reflect the changes.

People received their medication safely. During the inspection we observed a medication round, and saw medicines were administered safely. We were told that no one was able to self-administer their medicines. Staff had received medication training and their competency had been assessed by the team leader. Medicines were stored safely and securely. Fridge and room temperatures were recorded daily and were within expected ranges. Where patches were needed, staff recorded which part of the body they were located on each day. Some medicines were prescribed on a 'when required' basis. Staff recorded the time these medicines were given on MAR charts, and the amount given.

The provider and registered manager had ensured that staff were recruited safely. We looked at three staff files and all had two references, two forms of identification and a Disclosure and Barring Service (DBS) check to make sure staff were suitable to work with vulnerable adults prior to working at the service.

The provider had arrangements in place to keep people safe in an emergency. Fire alarm tests were carried out weekly, and a full fire evacuation test took place in April 2017. Each person using the service had a personal emergency evacuation plan (PEEP) in place which was designed to keep them safe in case of an emergency evacuation was required.

The provider had ensured that the environment was safe for people. Risk assessments were carried out on people's bedrooms, as well as communal areas such as the dining area, kitchen and tea room. There were up-to-date safety and maintenance certificates for gas appliances, moving and handling equipment, fire equipment and legionella. Contingency plans were in place for situations that included loss of electricity and gas.

Requires Improvement

Is the service effective?

Our findings

People told us that the staff understood their needs well and had the knowledge to support them appropriately. One person told us, "The carers know everything about the residents, they work marvellously well". A relative said, "Mum doesn't always want food from the menu, so they'll make something else for her. She's put on weight since being there and seems so much livelier." However we found that the service was not consistently effective.

Staff told us they felt supported and received the training they needed to provide effective care. New staff undertook an induction programme to equip them with the skills and knowledge to carry out their role. The registered manager used a training matrix to ensure all staff were up-to-date with core subjects such as fire safety, moving and handling and the Mental Capacity Act. Training was carried out in a classroom setting, and refresher training was completed online. Staff told us they thought the training was well organised, with one telling us, "I like the mix of classroom and online training". Staff received formal supervision every three months, which helped make sure their competence was maintained and identified any learning and development needs. One staff member told us, "I do value the supervision as it gives me chance to get things off my chest. But the manager's door is always open and we can talk about anything we want to". Records we looked at showed staff were being supported to obtain appropriate further qualifications which would help them continue to perform their role. However, there was no formal appraisal process in place which could be used to assess staff performance and help inform a learning and development plan.
We recommend the registered manager seeks guidance form a reputable source to identify a suitable method for regularly appraising staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the capacity to do so 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes 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. Staff had a good understanding of the MCA. Mental capacity assessments were being carried out, and where people did not have capacity to make decisions themselves best interest meetings were taking place and involved relatives where possible. The registered manager made DoLS applications to the local authority when people's liberty was being deprived in order to keep them safe. Consent was sought before providing care and support. One person told us, "They always ask me if I want a shower, they never just do it. I'm can say no if I want". One staff member said "It's really important to know people are happy with what we are doing, we respect their wishes". Where people could not communicate verbally, staff looked for visual signs that the person consented to care. One relative told us, "I think they know my mum better than I do. They look at her facial expressions and know what she wants". When producing and reviewing care

plans and risk assessments staff sought overall consent from the person and this was recorded on the file. People who had a do not attempt resuscitation (DNAR) in place was documented in the care plan and this was being reviewed. The registered manager used a system to identify what people were on DNAR quickly if it was required, and staff spoken to knew this system.

People told us the enjoyed the food service at the service. One person told us, "The food is good and you can ask for something outside the menu if you want". The chef told us," If someone doesn't t want what is on the menu then we can make whatever they want as long as we have it in stock". People who wanted specific food had it purchased for them by the kitchen staff. One relative told us, "My mum liked to have banana in her curry, and they'd always add some especially for her". The chef spoke to people about what they liked to eat, and designed a four-weekly menu around the preferences of those using the service. For example, the popularity of a 'fry up' was noted, and this was added to the menu on a regular basis. The provider ensured people's nutritional and hydration needs were being met. Staff we spoke to knew the special dietary requirements of people they supported, and information was readily available for staff when they helped people choose their meals. This information was also available to kitchen staff. There were diabetic options available including sweeteners, jams and biscuits. Staff took daily temperature of fridges and freezers to ensure they were consistent and food was stored at a safe temperature. Food temperatures were also recorded prior to service to ensure that it was safe. There were systems in place to respond to specific changes in people's need and this was effectively communicated to all staff. Staff were making appropriate referrals to the speech and language therapist or and GP if required. A food diary was being completed each day for each person to identify what was eaten and how much. People were weighed once a month or more regularly if a problem was identified, and information was recorded on the person's care plan.

People were supported to attend routine health visits and were getting support from the dentist, optician, chiropodist and the GP. People with diabetes attended a diabetic eye clinic. The district nurse and speech and language therapy team visited regularly, and feedback from health professionals was positive. One visiting health professional told us, "The staff are very knowledgeable and listen to our advice. They're lovely staff and very helpful and open". At the time of the inspection no person at the service had a pressure wound. Where people were at risk they were assisted appropriately and this was documented in the care plans and daily notes. Turning charts were in place for those that required them, and were completed by staff.

Good

Is the service caring?

Our findings

People who used the service spoke highly about the caring nature of staff. One person told us, "I wouldn't change it for anywhere else. The carers are very nice there is no backbiting. They have a lot to put up with but they are very good, I should know as I have been a carer". Another said, "They are good, they get to know your habits. Nothing is any trouble for these people. I find them very good". One relative said, "They're a nice happy bunch there, you can tell there is good teamwork. And if there is a new staff member working they will always introduce themselves to me". Another told us, "You build a relationship with the staff, they're very caring. I've recommended the home to two or three people, and I would want to move there myself".

Staff were seen to be interacting with people in a kind and compassionate way. During the inspection we saw good communication between staff when they were supporting someone to move into the lounge. They gave clear guidance to the person to be aware of their surroundings, and provided reassurance to help the person have the confidence to do as much as they could on their own. When staff noticed that another person looked unwell they sat with them and asked if they needed any pain relief and offered to support them to their room. This was agreed by the person. We observed that staff checked on the person at an increased frequency throughout the day. One staff member told us, "This is my second home. It's like an honour to look after the residents and their families. I genuinely feel like we help them at the end of their life". A relative said, "They go above and beyond".

People's privacy and dignity was respected at all times. All staff we spoke to told us how important it was to treat people with respect and to maintain their privacy. One staff member told us, "I always knock on the door before going in to see someone". Another said, "When providing support we'll keep the door and curtains closed and we always cover part of their body to make sure they are dignified". People were encouraged to be as independent as possible. One person was unable to use a knife and fork during mealtimes, but did not want to be fed by staff. Staff supported them to eat with their fingers in a dignified manner. People's private information was stored in the office which only staff had access to.

All the people we spoke to told us that staff had a good understanding of people's needs and how to provide appropriate care. Some care plans described how people liked to be presented. For example, one care plan told us that the person liked to be well presented with styled hair, and this was seen on inspection. One relative told us, "My mum has been there for a few years, and still has the same people supporting her now as she did the day she moved in. There seems to be a low turnover of staff. This means they really know her and what she likes". A staff member said, "We take routine and habit into account. Everybody has individual needs, no two people are the same".

People were involved in the planning and review of their care. Records showed reviews took place monthly and the registered manager actively sought the views of people and their relatives about what was working well and what was not working so well. One relative told us, "They always contact me because mum has dementia so I need to be there for each review. I like the reviews because it makes me feel confident mum is being care for really well. Sometimes I think they know her better than I do".

Requires Improvement

Is the service responsive?

Our findings

People and their relatives told us their choices were always respected. For example, one gentleman told us that he liked to have his shower in the evening before bed rather than in the morning with the other residents, and staff always accommodated this for him. A relative told us, "Mum has dementia but the staff encourage her to choose her own clothes each morning". People's rooms were decorated to their own choosing and included their choice of furniture and personal items. However, we found that the service was not always Responsive.
Staff did not always have easily accessible information about the people they supported. People had their needs assessed before they moved into the home. Information was sought from the person, their relatives and any professionals involved in their care. This information led to the development of people's individual care plan. The care plan noted the person's medical and personal history, their assessed needs and the support required. The areas of daily living where people had been assessed as requiring support included personal care, eating and drinking, mobility, emotional wellbeing and sleeping. However, there was insufficient information recorded for staff to know how the person preferred to be supported, or their likes or dislikes. A new member of staff told us, "It's difficult when you come in as you need to read through 4 or 5 pages of notes to get to know the person and some of the information is out-of-date". We found records were not always regularly updated. For example, the records for one person showed their bed linen was changed on 21st July, 27th August and 28th and 29th September. Staff informed us that linen was changed at least weekly, and usually was changed more often. Another person's care plan contained a bowel chart which should be used by staff to monitor bowel movements on a daily basis, but it wasn't being completed consistently. Details of how and when people received personal care were inconsistently recorded across all care plans we looked at. We spoke to the manager about these concerns. They said the service had recently begun producing a document called "My Life Story" for each person living at the home. This covered areas such as what the person liked to eat, how they like to dress and their interests and hobbies. The manager said this information would be used in the future to help develop care plans more tailored to the person's wishes.

We recommend the registered manager seeks guidance from a reputable source in the continued development of detailed, accurate care plans.

People and their relatives told us their choices were always respected. For example, one gentleman told us that he liked to have his shower in the evening before bed rather than in the morning with the other residents, and staff always accommodated this for him. A relative told us, "Mum has dementia but the staff encourage her to choose her own clothes each morning". People's rooms were decorated to their own choosing and included their choice of furniture and personal items.
Although people spoke highly of the activities coordinator, the activities provided were not always tailored to the interests of the people using the service. We read some information about people's hobbies in their care plans but there was no evidence to show activities had been developed taking these interests into consideration. For example, one person had enjoyed flower arranging before moving into the service. Their care plan did not reflect how they could be supported to continue with this interest. A monthly activities chart was on display on the notice board but it did not give adequate information to people and their

relatives about what activities were taking place. Photographs displayed throughout the home showed people had recently been involved in cake making, knitting, active games, celebrating Victory in Europe (VE) day and arts and craft. The activities coordinator told us that she holds regular Zumba lessons to help keep people active, and a musician visits the service each month. For those who choose not to take part in communal activities we observed the coordinator holding one-to-one sessions in people's rooms, where she would read with them or play games. The coordinator also arranged outings such as walks to the local shops, or a recent trip to the Kent Life museum. One relative we spoke to said, "My mum was really lonely before she moved there. They've really motivated her to take part in activities, and she seems so happy now". However, we did not see any evidence care plans we reviewed did not indicate that the people using the service were involved in the planning of these activities. We recommend the registered manager seeks guidance from a reputable source to identify a suitable method of providing activities that are tailored to the needs and interests of those using them.

People and their relatives were encouraged to make complaints or raise any concerns. The provider had a complaints policy and procedure that informed people of how to complain and who else they could contact to discuss and concerns. All complaints had been responded to in line with the policy. One relative told us, "I did need to make a complaint about a member of staff once. The manager was really receptive to it and she took action straight away". Opinions about the quality of the service were gathered via annual surveys of staff, relatives and those using the service. The registered manager used information from the surveys to help improve the service. In one instance a family member raised concerns about the quality of the carpet in the lounge area. The registered manager took the comments on board and arranged for the carpet to be replaced, improving the look of the environment for those using the service.

Requires Improvement

Is the service well-led?

Our findings

People spoke positively about the registered manager and the culture at service. One staff member said, "The manager is very calm. It's a good setting and the management support me". A relative told us, "The manager is a role model for all managers". Another said, "Fairlawn was definitely the right place for my mum. What they are doing for her has been brilliant". However, we found the service was not consistently well-led.

The registered manager knew people well and understood their needs. They worked on shifts alongside staff and were therefore able to monitor staff performance on a daily basis. However, they had not carried out any structured quality assurance of the care and support provided at the service. For example, there were no formal audits of care plans taking place, and the registered manager had not identified the issues with the quality of activities we found during this inspection. Concerns around staffing levels had been raised to the registered providers, but action had not been taken to address this effectively, or to monitor that people's needs were being met by the number and deployment of staff. Accidents and incidents were recorded by staff when someone had a fall, but the registered manager had not carried out any analysis of the falls to identify if there were any trends to enable them to take preventative action. Although we saw a quality assurance policy and procedure document, which gave guidance on how and when to carry out audits of the service, this was not being followed. The registered manager was in the process of designing and implementing a new quality assurance procedure that was aligned with the Care Quality Commission's Key Lines of Enquiry. The manager assured us that this new system would be able to identify any shortfalls in care and support provided, but this had not been embedded into the service at the time of the inspection.

The registered provider had not ensured that effective systems were in operation to monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People had an opportunity to give their feedback about the quality of the service. Surveys of the service provision were being carried out on staff, people who use the service and their relatives. The registered manager told us, "We are willing to take on criticism and not be defensive about it. We want to adapt the service to make it better and safer". People told us that the service would respond well to any suggestions and criticisms. For example, one relative told us, "They would hold meetings during the weekdays and I found these difficult to attend because I work full-time. So I made a suggestion that they move some meetings to the evenings or weekends, and they did this". Staff meetings were held regularly. Staff told us they had the opportunity to discuss any updates or concerns about people they support during the meetings, and one senior staff member told us "The meetings are another opportunity for the manager to communicate with us, and us with the management".

The registered manager understood the legal requirements of their role. They had ensured that all notifications required as per the Health and Social Care Act 2008 were being made to the Care Quality Commission. The most recent CQC rating was on display at the entrance of the service and on the provider's website. The registered provider had ensured that all policies were up to date and these were

communicated to staff. Staff demonstrated good knowledge of provider policies such as, safeguarding and lone working. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support when untoward events occurred.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had not ensured that there were sufficient numbers of staff deployed to meet the needs of those using the service. Regulation 12(2)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not have adequate systems in place to assess, monitor and improve the quality of care and support provided. Regulation 17 (2)(b)