Care South

Fairlawn

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

The service provides accommodation and personal care for up to 60 older people. On the second floor there is a specialist care unit for people living with dementia. This service did not provide nursing care. At the time of our inspection there were 57 people using the service.

The service had a newly appointed manager in place who had applied to the Care Quality Commission to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. We observed the midday meal being served in two dining areas of the home. Staff made sure that people received any specialist diets they required including soft textured food and were clear about who required support to eat and when. However the deployment of staff meant that not all people were able to be supported individually or received their meal whilst still hot. We addressed our concerns with the manager, who said they would review the deployment of staff at mealtimes with immediate effect.

Safe procedures had been followed when recruiting new staff. Checks and references had been carried out before a new staff member started working in the home. This meant that new staff were suitable for the job they had applied for and there was a robust recruitment process in place.

New staff completed an induction programme which gave them the basic skills to care for people safely. New staff were also able to shadow more experienced staff. One new member of staff said they had been given time to read policies and procedures at the providers head office, and had been able to shadow other staff for a number of weeks. They said. "The induction was good and gave me confidence to support people, I had someone with more experience to guide me for the first couple of weeks".

The manager, deputy manager and staff knew the importance of safeguarding the people they supported. Staff told us, and records seen, confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident any concerns would be fully investigated and action would be taken to make sure people were safe.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected needs and individual wishes. Risk assessments which outlined measures to minimise risks and keep people safe were held in people's care plans.

Safe systems were in place to protect people from the risks associated with medicines. Medicines were managed in accordance with best practice. Medicines were stored, administered and recorded safely.

Health professionals were routinely involved in supporting people with their health and wellbeing.

People saw healthcare professionals as required, for example the GP, district nurse, chiropodist and dentist. Staff supported people to attend appointments with specialist healthcare professionals in hospitals and clinics. Staff made sure when there were changes to people's physical wellbeing, such as changes in weight or mobility, effective measures were put in place to address any issues.

On the day of the inspection there was a calm and happy atmosphere throughout the home. Staff were kind and interacted with people in a friendly and respectful way. People's needs were assessed and care was planned and delivered in line with their individual care plan.

The provider had a complaints procedure the operation manager told us if a complaint was to reach the written stage it is responded to within the specific time scales as detailed within Care South Complaints Procedures.

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.

There were enough staff to help maintain people's safety.

People's medicines were safely administered by staff who had received specific training to carry out this task.

Risks were identified and managed well to ensure people were safe.

Is the service effective?

Good

The service was not always effective.

Some people who needed additional support at mealtimes did not always receive effective support in a timely manner.

Induction procedures for new members of staff were robust and appropriate and supported them to do their jobs properly.

People's health was monitored and they had access to appropriate healthcare professionals according to their specific needs.

Is the service caring?

Good

The service was caring

People were supported by staff who were kind and caring.

People's privacy was respected and they were able to make choices about how their care was provided and where they spent their time.

People were able to see visitors at any time and family and friends were always made welcome.

Is the service responsive?

Good

The service was responsive

Care plans provided details about people's needs and associated risks.

People were supported to continue with lifelong hobbies. A programme of meaningful activities was in place which enabled people to maintain links with the local community.

People knew how to make a complaint and said they would be comfortable to do so.

Is the service well-led?

Good

The service was well led

The provider's quality assurance system had operated effectively in Identifying concerns raised regarding people's mealtime experiences.

The service's managers and staff were open, willing to learn and worked collaboratively with other professionals to ensure peoples' health and care needs were met.

Fairlawn

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.

This inspection took place on 14 June 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to end us by law.

During the inspection we spoke with nine people who used the service, three relatives who were visiting, eight members of care staff, the operation manager, the manager, deputy manager and chef. We spoke with two health professionals on the day of the inspection. In addition we observed staff supporting people throughout the home and during the lunchtime meal. We also inspected a range of records. These included six care plans, six staff files, medication, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe living at Fairlawn. Staff told us people were safe and relatives also told us they thought their family members were safe. Comments included, "Yes they are safe" and "I think they are safe, if there were any issues they would tell me". One person said "I used to fall a lot, I have learnt a lot about keeping myself safe and not falling since living here".

People were supported by sufficient numbers of staff. The manager told us they adjusted staffing levels to meet the needs of people. Staff felt that they were sometimes short of staff, and one member of staff said, "In an ideal world yes, we would like to have another member of staff on each floor, but we manage as best we can. We pull resources from anywhere, and the activity staff will always help if we need them". A member of the senior team told us, "Sometimes if staff ring in sick, it can be short on the floor, at times like that we all pull together. Senior staff will help out, including the managers. We also use agency staff". There were mixed comments from people regarding staffing levels. Some people felt there should be more staff; comments included "Staff were always busy", and, "Sometimes they [staff] take a long time to come when I ring my bell, other times no time at all." Other people felt they were supported by sufficient numbers of staff.

Risks of abuse to people were minimised because the provider had robust recruitment procedures in place. Before commencing work all new staff were checked to make sure they were suitable to work at the home. The PIR states "All newly appointed staff undertake a comprehensive induction, comprising of classroom based learning at our head office followed by a period of shadowing experienced members of the existing staff team to ensure people receive care from competent and confident staff". One member of staff told us they had received an induction at the providers head office which they felt gave them the confidence to work at the home. They said, "The induction was good and gave me confidence to support people, I had someone with more experience to guide me for the first couple of weeks".

The service had a whistleblowing policy and staff told us they were confident to use it. They said they would report concerns to external agencies such as the police, the local authority and safeguarding team if required. Staff told us they had received safeguarding training and records confirmed this. Posters around the home instructed staff and visitors on what action to take if they thought a person was being abused.

Care plans provided details about people's needs and associated risks. There was information about how to reduce risks. One member of staff explained how a person's care plan guided their support for a person. For example, when a person became unsettled there was a risk their use of inappropriate language could be unsettling for others. They discussed the person's care plan and explained how they followed the guidance ."I spend extra time with the person. It calms them down and helps them to relax and prevents others becoming upset". This was in line with what was recorded in the person's care plan.

People's medicines were safely administered by senior staff who had received the specific training and supervision to carry out the task. Competency assessments for staff administering medicines were completed annually. Medication was administered by an electronic system. The system held individual details about all people receiving medicines. People's medicines were sealed, and then scanned using a bar

code. Staff explained this made sure the correct medicines were being given to the correct person. The electronic system held the medical history of the person. The manager said, "This is an excellent system. We have reduced the risk of medicine errors. If the medicine is not due or not the correct medicine the system will not allow it to be dispensed". Staff confirmed they felt the system was very good and they felt confident using it.

A medicine fridge was available for medicines which needed to be stored at low temperatures. Some medicines which required additional secure storage and recording systems were used in the home. These were stored and records were kept in line with relevant legislation. The stock levels of these medicines were checked by two staff members. Checks showed stock levels tallied with the records completed by staff.

Control measures were in place to keep people safe in the environment, however information contained in the grab file was incorrect at the time of the inspection. A grab bag contained emergency items such as residents list and torches for staff to use if they need to leave the home immediately once advised to evacuate Records held in the grab file, which gave a list of people living at the home and where they could be located, held out of date information. This meant in the event of an emergency situation people and emergency services could be put at risk. We discussed our concerns with the management team, who informed us they had amended the records and put in place a system to ensure the information is updated."

Good

Is the service effective?

Our findings

People did not always receive effective care and support from staff to eat. People who needed support to eat were sometimes supported at the same time by one member of staff. Other people had to wait for their meal to be served which meant sometimes their meals were not hot. One person said, "It doesn't matter if it is not as hot as I like it as the food is always good". Another person asked staff what was in the soup, staff could not answer the question as they didn't know. There were no menus on the table to guide people or staff.

We observed the midday meal being served in two dining areas of the home. Staff made sure that people received any specialist diets they required, including soft textured food, and were clear about who required support to eat and when. However the deployment of staff meant that not all people were able to be supported individually. There were 12 people in one of the dining areas with two members of staff supporting and serving lunch. This meant that some people were being supported to eat by one member of staff at the same time, whilst others did not get their meals served in a reasonable time for their meals to remain hot. A member of staff told us, "Care South are not realistic about what it is like to work here, an extra member of staff on each floor would not stop risk but would help us to reduce risks, especially at meal times."

We discussed our observations and concerns with the manager and operations manager who agreed to look at the way staff were deployed at meal times on all floors immediately. They would also speak to the chef regarding the process for ensuring meals were able to be served hot. After the inspection we were informed that this had been done.

Staff were supported to receive regular supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. Discussions were recorded and detailed and included discussions around training needs, personal issues and competency.

The home's training matrix identified training which had been completed and dates when training needed to be renewed. Training certificates in staff files confirmed the training undertaken, which included safeguarding of adults, manual handling, infection control and MCA. Staff were positive about training and felt they were supported to develop and progress within the service.

The manager and deputy manager had a clear understanding of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Care plans included MCA assessments and clearly stated if the person had capacity to agree and give consent. Most people in the home had capacity to consent. Staff confirmed their training had included

the MCA

Some people in the home were unable to make decisions about what care or treatment they received. The manager confirmed if a person lacked capacity a best interest meeting would be held with the people relevant to them and their needs. The manager obtained proof that relatives had obtained the correct legal lasting power of attorney, before they were able to give consent on a person's behalf. Staff were aware of the need to obtain consent on a daily basis. We observed staff explaining to people what they needed to do and asking if it was alright before they carried out any tasks. Some restrictions were in place such as door alarms. Applications had been submitted by the manager and the appropriate legal processes had been followed.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw a DoL's application had been made for one person who required constant supervision. A best interest meeting had been held with family and healthcare professionals and a best interest decision made and recorded

People had access to healthcare as required. Records demonstrated the service had worked effectively with other health and social care services to help ensure people's care needs were met. Managers had made appropriate referrals to health professionals including GPs and members of the multi-disciplinary team as required. One health professional involved in the home told us staff were always good at responding to their requests. Staff supported people to attend appointments with specialist healthcare professionals in hospitals and clinics. Staff made sure when there were changes to people's physical wellbeing, such as changes in weight or mobility, effective measures were put in place to address any issues.

Good

Is the service caring?

Our findings

People were cared for by kind and understanding staff. People told us "Staff are lovely", "Staff are kind and caring". "Nothing is too much trouble". One health professional told us "When I have been in the home people always seem to be treated with kindness and respect".

People's requests for support were acknowledged by staff in a timely way, for example one person was heard telling a member of staff they did not have their hearing aids. The member of staff went to find them. When they were unable to locate the hearing aids, the staff member explained to the person why it was taking so long.

Staff respected people's privacy. All rooms at the home were for single occupancy. People could spend time in the privacy of their own room if they wanted to. Bedrooms were personalised with people's belongings, such as photographs and ornaments to help people feel at home. One person told us "I love my room I have all my memories in here". Staff were seen to knock on people's doors and wait for a response before entering.

When people required support with personal care this was provided discreetly in their own rooms. People told us staff treated them with dignity and respect. The PIR stated all staff received training on how to treat people with dignity and respect at their induction. A visitor told us "The staff are always lovely to the people they are supporting, and are always polite to us when we come to visit. We are always offered drinks". People had made friendships with other people living in the home.. One person said " Everyone is lovely we all get along so well". Staff were seen to join in conversations and banter with people.

People had the equipment they required to meet their needs. There were grab rails and hand rails around the home to enable people to move around independently. There was a lift to assist people with all levels of mobility to access all areas of the home and people had individual walking aids. People that needed support with moving and handling procedures were seen to be supported by staff who understood how important it was to speak with people and tell them what was happening, reassuring them through the process and ensuring they were comfortable and in the correct position at the end of move.

People told us they were involved in their local community. One person told us "I have recently moved here and I am keen to continue with my activity clubs where I have been a member for many years". The manager and deputy manager informed us they were very happy for people to remain involved in their local community. Photos around the home showed people accessing events held within the local community. The PIR stated ", The home welcomes and encourages community involvement and residents accessing events held in the community e.g. local church services. Care South also has a community partnership with AFC Bournemouth who visits the home to deliver and chair football and reminiscence sessions. Some people have also been to a football match and coffee morning at AFC Bournemouth football ground".

Staff had a good understanding of what was important to people and provided support in line with people's social and cultural values. People were supported to keep in touch with friends and family and visitors were

always made welcome. On the morning of the inspection a person was being supported to contact a relative who lived abroad. The activity coordinator explained the person did this regularly and it was nice to see the links being kept for people and their families even though they lived so far away.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Good

Is the service responsive?

Our findings

People's care plans were detailed and informative. Care plans had been developed from the information people provided during the assessment process and had been updated regularly to help ensure the information remained accurate. Staff told us the care plans gave them clear guidance on what support each person needed and enabled them to carry out the support effectively.

The deputy manager explained in their PIR "Our person centred approach to care includes a detailed and comprehensive approach to care planning and record keeping. Senior staff receive training and are given the responsibility to create and update care plans and provide guidance to staff in line with these plans. Care plans are reviewed and updated monthly or when changes occur in the people's care needs or require a new plan to be created". People were involved or consulted in drawing up their care plans and people and/or their advocates had signed to say they agreed with their care plans.

People were involved or consulted about their care plans and people and/or their advocates had signed to say they agreed with them. Where people needed staff to support them with tasks such as bathing, washing and dressing, the person's preferred method of support was clearly explained. Staff understood each person's needs and they were able to explain to us the assistance each person needed. We asked people if they had been involved and consulted. Most said yes although one person said "I know I've got a care plan but prefer not to look at it."

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. The manager only accepted an admission if they felt they could meet the person's needs. The pre-admission assessment included the person as far as possible, healthcare professionals and relatives involved in their care. One person told us, "We tried this home out for short breaks before I came to live here. It was all done at our pace and when we were happy we decided to move in". A health professional visiting the home for a review told us the person they were meeting had recently moved in and appeared "very happy".

People participated in a range of activities to suit their interests and needs. People were seen being involved in activities around the home throughout the day. Staff were knowledgeable about people's life history and they used this knowledge to assist people with day to day activities which were meaningful to them. One person who was joining in a quiz was overheard saying they were enjoying the quiz as it brought back memories. People were encouraged to pursue their own interests. One person showed us their hobby of card making, others showed us craft ideas, sewing or knitting and jigsaw puzzles.

There was a clear complaints procedure and this was included in the welcome pack for people moving into the home. The manager told us, "We welcome open and transparent dialogue and encourage people to express concerns or complaints". They told us the senior team are visible and management are available to talk to offer support 24 hours a day. This is also supported by a senior management 'on call' system which provides managers with additional support and guidance if required. A health professional confirmed "There are always senior staff in the office downstairs". Signage around the home also reminded people of

the complaints procedure.

The provider sought people's feedback and took action to address issues raised. Any issues raised from the feedback questionnaires were dealt with and people and relatives informed of the issue raised and action taken.

Good

Is the service well-led?

Our findings

People and staff told us they felt the staff team had been well led by the previous registered manager, they were hopeful this would continue under the leadership of the new manager. The manager had the immediate support of an operations manager who carries out their one to one supervisions and supported them with their development and every day running of the home.

The manager was supported by a deputy manager, team leaders and senior care workers, who have, or are being supported by the provider to develop their leadership skills in the provider's leadership development training programme. The manager promoted an ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People and staff all told us the management team were approachable. They felt they could talk to them at any time. One person said, "There is a new manager who seems nice, the deputy is very good and has worked here for a long time." There were clear organisational structures with defined roles of accountability. Staff told us there were clear lines of responsibility and they had access to senior staff to share concerns and seek advice if they needed to.

People, their representatives, and stakeholders, were supported to share their views of the way the service was run. A customer satisfaction survey had been carried out and people were complimentary about the care they received. Some compliments we saw included, "Thank you for the amazing care, [person's name] always looks well, always in clean clothes, and their hair nice", "Words cannot really express our gratitude" and. "Thank you all for the help and kindness".

There were quality assurance systems in place to monitor care, and plans for ongoing improvements. If specific shortfalls were found these were discussed immediately with staff at the time and further training arranged if necessary. A Quality Governance team visited the home quarterly to ensure care plans, risk assessments and the home remained safe for people. Following these visits an action plan was sent with any improvements that needed to be made. The action plans were reviewed by the operations manager with the manager.

Audits undertaken at the home were overseen by the provider to make sure any action to improve the service happened within the specified timescales. The operations manager informed us, "We have good quality monitoring audits in place. If specific shortfalls were found these are discussed immediately and action implemented to address the issues and evidence the outcome of the improvements made".

The manager promoted the ethos of Care South which was 'HEART', honesty, excellence, approach, respect and teamwork. They explained Care South ensured this vision was shared with staff. Staff had the opportunity to belong to the 'staff association meetings', where these values and visions could be shared.

Staff were encouraged to read Care South's magazine 'Momentum', which kept them in touch with

company developments, and attend regular staff meetings to share information and ideas. The Operations manager told us they further ensured staff felt valued, by recognising individual and group achievements. The, operations manager explained the awards were for qualifications gained, best newcomer and other specific areas of achievement.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made. For example records showed how an accident had been analysed after a person had a fall. Records showed how staff had identified how the accident had happened and looked for hazards within the person's room. In light of their evidence the care plan was amended to reflect the risk of falls and risk management plans put in place to reduce the risk of reoccurrence.

As far as we are aware the manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.