

Care South Fairlawn

Inspection report

St Marys Road
Ferndown
Dorset
BH22 9HB

Tel: 01202877277
Website: www.care-south.co.uk

Date of inspection visit:
29 July 2019
30 July 2019

Date of publication:
11 September 2019

Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service

Fairlawn is a residential care home providing personal care to 57 older people. The service can support up to sixty people. On the second floor there is specialist care for people with dementia.

People's experience of using this service and what we found

The service used a tool which assessed people's dependency and calculated the number of staff required for each shift. There were fewer staff on duty than the tool suggested and we could not be sure that people's needs were being met in a timely manner.

Staff and relatives told us improvements had been made since the last inspection. People told us they were happy, felt safe. Relatives said staff had a good understanding of their loved ones needs and preferences. Risks had been identified and measures put in place to keep people safe from harm. Medicines were managed safely and administered by trained staff.

Staff listened to what people wanted and acted quickly to support them to achieve their goals and outcomes. Staff looked to offer people solutions to aid their independence and develop their skills.

Staff were trained and skilled. They worked with people to overcome challenges and promote their independence. Equality, diversity and human rights (EDHR) were promoted and understood by staff.

People, professionals and their families described the staff as caring, kind and friendly and the atmosphere of the home as relaxed and engaging. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received pre-admission assessments and effective person-centred support. The service was responsive to people's current and changing needs. Regular reviews took place which ensured people were at the centre of their support.

A new deputy manager, operations manager and director of residential care services had been recruited since the last inspection. Leadership was more visible and promoted good teamwork. People, professionals and staff spoke highly about the management and staff had a clear understanding of their roles and responsibilities. The registered manager, deputy manager and staff team worked together in a positive way to support people to achieve their own goals and to be safe.

Checks of safety and quality were made to ensure people were protected. Work to continuously improve the service was noted and the registered manager was keen to make changes that would impact positively on people's lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 February 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made.. However, enough improvement had not been made in all areas and the provider was still in breach of one regulation.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to the deployment of staff at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Fairlawn

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one inspector and an Expert by Experience on day one and two inspectors on day two. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Fairlawn is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 18 people who used the service and met with five relatives and one health care professional.

We spoke with the registered manager, operations manager, deputy home manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We met with 12 staff including domestic, care staff and head chef. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality audits, the service improvement plan and complaints.

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 walked around the building and observed care practice and interactions between support staff and people.

After the inspection

We asked for feedback questionnaires, data and policies. We spoke with one professional who regularly visited the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection the provider had failed to ensure staffing was arranged to ensure people's needs were met. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 18.

- Relatives, staff and professionals told us there were not always enough staff to meet people's needs safely. Comments included; "We feel rushed when we are short staffed. We feel pressured and feel we can't deliver good quality care", "I feel staffing has gone downhill since the last inspection. However, we are told that we are not short staffed" and "We're not convinced there's enough staff around to cope sometimes. I come in most days. Yesterday for instance there were only two staff up here, not enough when so many residents have mobility issues".
- A relative told us, "I come in every day to feed my [relative] as I'm not convinced he would eat much if I didn't come in. The carers would do their best but there's a few here who need feeding and there's not enough staff around to help everyone without flitting from one to the other".
- Another relative recounted how their relative was once wet when they arrived.. . They had gone to get staff who said they would "get to the person as soon as they could". However, it took a long time for the staff to come as they were supporting someone else; they were concerned about their loved one having to sit in wet clothes. The relative said, "We did complain to the manager and were listened too but nothing seems to have been done".
- The service used a tool to calculate how many staff should be on duty. The registered manager told us there should be a senior member of staff and three care staff working on each floor between 8am and 9.45pm.
- In the afternoon on day one we observed that only two staff were on duty on the first floor. At one point an agency staff member was left working alone on the first floor whilst the second staff member was on their break. During this shift only two carers worked on this floor until 8pm when the agency staff member went home leaving one care staff member working until 9.45pm when the night staff would arrive. This meant they were two staff short until 8pm and three staff short between 8pm and 9.45pm.
- We were told that on the second floor there were seven people who required two staff to support them with personal care and a further seven on the first floor. This meant that when two staff worked on these floors there were times when no care staff were available to meet other people's needs.

- In the afternoon on day two we observed one senior carer and two care staff members working on the second floor. This meant they were one staff short.

We did not find evidence that people had been harmed however, there were not always enough staff deployed to each floor to demonstrate people's needs were being met or to meet the needs of the providers dependency tool. This placed people at risk of harm. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider operated a safe recruitment process. Recruitment checks were in place and demonstrated that people employed were safe to work with vulnerable adults, had satisfactory skills and the knowledge needed to care for people.
- The provider told us they had human resources recruitment specialist allocated to support the home to recruit and retain staff, build up a bank of their own flexible workers to reduce dependence on agency staff.

Using medicines safely; Learning lessons when things go wrong; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that medicines were managed safely. People were not always supported safely following falls because local protocols were not always followed, and improvements were not always followed consistently or completed when things went wrong, and lessons were learnt. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

Following our last inspection, we issued a requirement notice requiring improvements to meet regulation 12. The provider wrote to us and told us they would meet the requirements of this regulation by 13 February 2019. The provider told us they would review the company's medicine policy, all staff with administration of medicine responsibilities would receive detailed guidance and continue to update their competencies regularly. The management team would check falls observation monitoring forms on a daily basis to ensure compliance with company policy

- The service had implemented safe systems and processes that meant people received their medicines in line with best practice.
- The service had safe arrangements for the ordering and disposal of medicines. Medicine Administration Records (MAR) were completed and audited appropriately.
- Medicines were stored securely. Daily temperature checks were completed, and records were up to date.
- Those staff responsible for the administration of medicines, were trained and had had their competency assessed.
- Where people were prescribed medicines they only needed to take occasionally (typically referred to as PRN), guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- Risk assessments were in place for each person for all aspects of their care and support. These were reviewed regularly and in response to people's needs changing. People's repositioning, food and fluids records were accurate and in line with the persons agreed risk plan. Staff had a good knowledge of people's risks.
- Assessments included clear instructions for staff on how to minimise the risks for people. Each assessment was arranged to show the care the person needed, what the risks were and the outcomes. The assessment

then gave instructions to the staff of safe ways to work to reduce or eliminate risks.

- Learning was shared through staff meetings and handovers. Staff told us they communicated well together, and they were supported with this by the registered manager and deputy.
 - The deputy told us they had started to have monthly falls meetings. The deputy said, "We look into why falls may be occurring and review each fall on an individual basis. We identify and lessons that could be learnt and put measures in place should any be identified".
 - Regular fire and health and safety checks were completed by the home's maintenance person.
 - Annual safety checks were completed by external professionals such as gas safety and portable appliances.
- People had Personal Emergency Evacuation Plans (PEEPs) which guided staff on how to help people to safety in an emergency.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure that systems and processes were operated effectively to protect people from abuse and improper treatment. This was a breach of regulation 13 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 13.

Following our last inspection, we issued a requirement notice requiring improvements to meet regulation 13. The provider wrote to us and told us they would meet the requirements of this regulation by 30 March 2019. The provider told us they would review and sign off the staff training record and check staff's understanding of the local safeguarding policy in supervisions. The provider also said the registered manager would complete a daily review of the 24-hour managers' report to identify any concerns and ensure they were addressed in a timely fashion.

- People, relatives, professionals and staff told us systems were in place to keep people safe. For example, external doors were secure, policies were in place and care plans were clear.
- People and relative's comments included; "oh yes I'm safe here, but I've also got my independence", "I do feel quite safe...and everyone is very nice to me" and "This is the best out of the three care homes [relative] has been in so far. They have settled in well and seem happy enough".
- Staff could tell us signs of abuse and who they would report concerns to both internal and external to the home. There were posters around the home giving the telephone numbers of the local safeguarding team.
- There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes and learning. We found that there were no safeguarding alerts open at the time of the inspection.
- Relatives, professionals and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to.

Preventing and controlling infection

- Improvements to the home had been made since the last inspection. The stained carpet on the ground floor had been replaced and the malodour was no longer present.
- The home was visibly clean and odour free. However, one shower room had been placed out of order due to an infestation of ants and a bathroom had been placed out of order due to a drainage problem. We were told these were being fixed as a matter of priority.
- There was a domestic team, infection control policy and cleaning schedule to ensure risks to people, staff and visitors from infection were minimised.

- Staff had received infection control training and understood their responsibilities in this area.
- There were hand washing facilities throughout the home and staff had access to personal protective equipment (PPE) such as disposable gloves and aprons. We observed staff wearing these during both days of the inspection.
- The service ensured a high level of hygiene was maintained and checks were completed. Regular infection control audits were completed by the management and up to date. A relative told us that they found the home to be clean and tidy during their visits.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to ensure that staff had received regular supervision and appraisals. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

Following our last inspection, we issued a requirement notice requiring improvements to meet regulation 18. The provider wrote to us and told us they would meet the requirements of this regulation by 30 June 2019. The provider told us they would ensure that the senior team within the home were trained to carry out supervisions and appraisals effectively. Check the supervision and appraisal matrix monthly to ensure that all allocated supervisions had been carried out as planned and include the supervision and appraisal matrix in the checks during the monthly operations manager's visit.

Staff support: induction, training, skills and experience

- The registered manager told us staff received regular heart to heart meetings. These meetings were seen as more informal supervisions where staff could share how they were feeling. Staff told us they felt supported and could request supervision or just approach the management team should they need to.
- The registered manager told us they had scheduled all staff annual appraisals. The director of residential care told us the organisation was changing the way supervisions were being recorded and structured. The new forms would have more of a focus on reviewing performance, setting actions and establishing training needs.
- The provider's learning and development team now came to the home from head office to deliver training and work more closely with the service..
- Staff told us they felt supported and received appropriate training to enable them to fulfil their roles. A staff member told us, "Training is good. It is delivered both practically and on line. It certainly helps us do our jobs for example moving and assisting".
- There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There was a clear referral and admissions process in place which ensured people received pre-admission

assessments and effective person-centred support during transition between services.

- People's needs, and choices were assessed, and care, treatment and support were provided to achieve effective outcomes. However, we identified one person who had recently started to use the service did not have a completed care plan in place. We discussed this with the deputy manager who had completed the pre-admission assessment. By day two of the inspection this had been completed and gave staff clear guidance on how to support the person.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food at Fairlawn. One person told us, "I do like my grub and the food here is very nice, plenty of it". Other comments included, "The food is excellent here; they'll do something else if you don't like the menu" and "The food is good here; I'm a vegetarian but they seem to find me something, I do like a ploughman's and they do me one occasionally. I don't eat lunch, but they do offer me a snack".
- Staff understood people's dietary needs and ensured these were met. Where nutritional needs had been assessed, clear guidelines were in place. The home had recently reviewed people's food likes and dislikes.
- The home employed a chef and a kitchen assistant. They were aware of people's needs and safe swallow plans were in place. The chef told us they sought feedback from people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. Recent health visits included GPs and district nurses.
- A health professional said, "I visit people and then discuss it with the senior staff who write it down in the person's file".
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.
- Staff were knowledgeable about people's needs and the importance of working with others. A professional told us, "The home contacts us with any concerns or changing needs".

Adapting service, design, decoration to meet people's needs

- The home was accessed by people across three floors using the stairs or a lift. It had been adapted to ensure people could use different areas of the home safely and as independently as possible.
- The home had a large lounge, separate dining area, and other seating areas on each floor. We saw people enjoying the outside spaces which all had level access. One person said, "I go out in the garden when it's really warm, the carers are lovely to me".
- People were encouraged to bring their own belongings and furniture into the home. Notice boards around the home displayed information and matters of interest.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The home met the requirements of the MCA. MCA assessments had been carried out for people in relation to their care needs and consent for photographs. This meant people's rights were protected.
- MCA assessments had been carried out, the home held best interests' meetings for people. Records showed involvement of the person, family members and professionals.
- Applications had been made under DoLS as necessary. The registered manager had a DoLS tracker in place to ensure applications were made before authorisations expired. .
- People and their relatives told us staff asked their consent before providing them with care. We overheard staff asking for people's consent throughout the inspection particularly in relation to medicines and food.
- Staff had received MCA training and were able to tell us the key principles. A staff member said, "Nothing is done without their [people's] permission".

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People, professionals and relatives told us staff were kind and caring. One person said, "The carers are all lovely and I'm quite content here" another person told us, "Oh yes the staff are lovely and caring to me".
- Relatives and professionals comments included; "The staff seem so lovely and caring ...it's all worked out", and "I have seen positive interactions between staff and people. The staff seem to care about people and their well-being".
- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. Training records showed that all staff had received training in equality and diversity.
- The registered manager told us they had received several compliments. We read some that were recorded. One, from a relative read, 'Thank you for all the consideration, care and more importantly the love that you gave our [relative]. You have all been amazing'. Another read, 'You have looked after [name] and always went the extra mile to make sure they were comfortable and happy. I really do not know what I would have done without'.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were able to express their needs and choices and staff understood their way of communicating. A staff member said, "We give people options to support them to make decisions".
- Relatives were pleased with the care their loved ones received. One relative said, "I am very pleased with the care. Staff understand [relatives] needs which makes a difference".
- People were treated with respect. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately.
- A staff member said, "During personal care we close doors and curtains. We always talk people through tasks like washing and dressing".
- Promoting independence was important to staff who supported people to live fulfilled lives. The home had received a compliment from a family which read; 'Just to say a very big thank you to you all for the care and empathy you have recently shown to [name]. We are all very grateful that you managed to get them back to their independence and this allowed them to return to their own home'.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs. A relative said, "[Name] is much better in here; they weren't coping at home and it was not good for them and it was wearing us down too. Since they came in here, they have improved a lot".
- Plans were personalised and relevant to the person. This meant people were receiving the care that was important to them and met their individual needs. Plans had clear outcomes and guidance for staff to be able to meet those outcomes.
- People's likes, dislikes and preferences were known and led to the delivery of personalised care. Staff used this information to care for people in the way they wanted. A person said, "I have a specific health need and a very poor back due to activities when I was young, the carers know and look after me.... they make sure I'm comfortable, sitting properly and the like".
- Staff explained how they put people at the centre of their care and involved their relatives in the planning of their care and treatment. The registered manager told us that regular review meetings took place with the local authorities, families and people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home had a programme of activities for people to enjoy. This was organised into a daily planner with additional activities for people to enjoy once a month. The activities were advertised in the home.
- People and staff told us they enjoyed the activities.. Some comments were; "I have my colouring books and I like to keep my brain busy", "I can go out when I want, although I'm a bit restricted at the moment as I'm waiting for a knee replacement. I can walk into town from here which gets me out" and "there are activities every day. This morning we did animal sounds, people had to match the sound to the animal. Those who took part seemed to enjoy it".
- People were supported to develop and maintain relationships to avoid social isolation. This included contact with those important to them including family, friends and other people living at the home.
- Family members were welcomed, and people were supported to make friendships. One person said, "I have a good family, they come in whenever they can to see me, the home doesn't mind at all" another person told us, "I have made a good friend [person's name] and we sit together for company".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that people's identified information and communication needs were met.
- However, we found that one person who had recently moved into the home had communication needs identified in their pre-admission needs assessment, but these had not been transferred into their care plan. We discussed this with the deputy manager who addressed the matter immediately.

Improving care quality in response to complaints or concerns

- The registered manager told us they welcomed complaints and said, "I see complaints as positive. They are a learning opportunity".
- The service had a complaints procedure in place; this captured the nature of complaints, steps taken to resolve these and the outcome. At the time of our inspection there were no live complaints.
- We found that complaints had been fully investigated, outcomes discussed with the complainant and where necessary improvements made.
- People and relatives told us they knew how to raise concerns and make complaints. One relative said, "I have discussed concerns with the management before and these have been addressed".

End of life care and support

- People's end of life wishes had been identified and each person had a 'What I want for the future document' in place. These captured people's preferences relating to people's protected characteristics such as culture and spiritual needs.
- At the time of our inspection no one was receiving end of life care.
- The home had received a compliment from a relative following the loss of their loved one. It read; 'I just want to say thank you for being there for [relative], providing the care and compassion during their time with you. Thank you never seems to be enough for what you all do and have done over the past few years.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

At our last inspection the provider had failed to ensure that systems to monitor and improve the quality of the service were effective. Actions had not always been taken as a result of quality assurance activities. Records were not always completed and did not always contain sufficient detail to allow monitoring. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

Following our last inspection, we issued a requirement notice requiring improvements to meet regulation 17. The provider wrote to us and told us they would meet the requirements of this regulation by 30 March 2019. The provider told us a schedule of quarterly audits was in place and a service improvement plan would be drawn up.

- Following the inspection the operations manager wrote to us and explained that staffing hours were met with the inclusion of activity staff. However, the management team did not always ensure systems were in place to deploy staff across the home appropriately. This meant we could not be sure that people's needs were being met in a timely manner.
- The provider told us that they had regular calls with the home to discuss staffing numbers and the use of agency staff. Vacant hours were discussed as were recruitment outcomes and progress. We were told that interviews had been arranged for later this month.
- Relatives and staff told us improvements had been made since the last inspection. Comments included; "I feel improvements overall have been made" and "It is good that the management work on the floor more. They are more visible and there for support".
- The management and staff understood their roles and responsibilities. The registered manager and operations manager told us they were supported by their organisation.
- Quality assurance systems were in place to monitor the standard of care provided. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified.
- Systems were in place to support learning and reflection. The registered manager had completed monthly

audits, such as medication, accidents, incidents and care records.

- The registered manager and operations manager knew about their duty to send notifications to external agencies such as the local authority safeguarding team and CQC where required. This is a legal requirement to allow other professionals to monitor care and keep people safe.
- The home received regular visits from the organisation's internal quality team. Actions from their audits fed into the homes Service Improvement Plan (SIP).
- The management team had regular meetings with the residential care director to discuss and review the homes SIP.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There had been management changes since our last inspection. The current registered manager had had a period of absence and had been covered by an interim manager. A new deputy and operations manager had been recruited and a new director of residential care had been appointed.
- The management team had implemented positive person-centred culture. On several occasions during the inspection we observed people and staff approaching the manager's and having positive open discussions.
- Staff understood and demonstrated the organisational values which were honesty, excellence, approach, respect and teamwork. One staff said, "There is a positive culture here".
- Staff, people and relatives were positive about the management of the home. One person said, "I do have a good relationship with the manager, they listen to me and do their best to help me". A relative said, "I get on with the management here".
- Staff comments included, "The registered manager is lovely. Very approachable and always welcoming" and, "The deputy manager is amazing. They are proactive, supportive and great at what they do".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of duty of candour. The registered manager said, "Duty of candour is about being open and honest, owning up to mistakes. Apologising and learning from mistakes. We have done this recently".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they felt supported, valued and listened to by the management team. A staff member told us, "I feel listened to and supported by the management. My ideas and suggestions are acted on. One person had a sore and was getting up all day. I suggested they only got up for meals, which the person was happy with. Now the sore has healed".
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- Regular staff meetings took place which gave staff an opportunity to discuss topics, follow up on actions set in previous meetings and discuss the people they were supporting.
- The service sought people's feedback through questionnaires. However, the results of the most recent questionnaire had been misplaced during the change in managers. . The registered manager told us they would send another questionnaire out this month.

Working in partnership with others

- Fairlawn worked in partnership with other agencies to provide good care and treatment to people.
- Professionals fed back that partnership working had improved since the last inspection. A professional said, "Partnership work is better than it was. Staff identify things and raise them with us. I feel we have a positive relationship with the home".

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.

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 18 HSCA RA Regulations 2014 Staffing The service used a tool which assessed people's dependency and calculated the number of staff required for each shift. There were fewer staff on duty than the tool suggested and we could not be sure that people's needs were being met in a timely manner.