

Chislehurst Care Limited

Fairmount

Inspection report

Fairmount Residential Care Home, Mottingham Lane
Mottingham
London
SE9 4RT

Date of inspection visit:
16 February 2023
28 February 2023

Date of publication:
12 April 2023

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

Fairmount residential care home is a care home that is registered to accommodate up to 38 older people across two floors in one adapted building. The home specialises in caring for people living with dementia. There were 32 people using the service at the time of our inspection

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

People told us they felt safe and happy at the home. Staff understood how to safeguard people from harm or neglect. The home monitored any accidents and incidents to respond swiftly and identify learning.

Risks to people were identified and safely managed. There were enough staff to meet people's needs and the home had effective and safe recruitment procedures in place.

Medicines were safely managed and infection prevention and control measures were effective. Staff received a range of training to help them support people effectively. Staff received equalities and human rights training and people's diverse needs were assessed and supported.

People were supported to maintain a healthy balanced diet and they had access to health care professionals when they needed them.

Staff asked people for their consent before they provided care or support. 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.

There was a warm and friendly atmosphere at the home. People were positive about the care they received and told us the way staff supported them was respectful and encouraged their independence.

People had a personalised plan for their care and were supported to enjoy a range of activities to engage them and reduce isolation. The staff worked with health professionals to ensure people's end of life care needs were considered and met

People and their relatives told us the home was well managed and that the culture of the service was person centred. The provider had an effective system of oversight to ensure the quality and safety of the service was maintained. Staff told us they enjoyed working at the home and felt well supported.

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

Rating at last inspection

The last rating for this service was requires improvement (report published 22 February 2021)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the reports from our previous inspections, by selecting the 'all reports' link for Fairmount on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Fairmount

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector 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.

Service and service type

Fairmount is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Fairmount is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 6 people and 2 visiting relatives about the care and support provided. Some people could not let us know what they thought about their care because they could not always communicate with us verbally. 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 also observed staff interacting with people in the communal areas at different times of the day.

We spoke with the activities coordinator, chef, member of housekeeping staff, maintenance person, two care workers and a senior care worker to understand their views about the home. We also spoke with the deputy manager, registered manager, a representative of the provider and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 5 people's care records and a variety of records relating to the management of 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 our last inspection we rated this key question good. At this inspection the rating has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- People were protected from the risk of abuse or neglect. People and their relatives told us they felt safe at the home, one person said, "I always feel safe here." A relative commented, [My family member] has been here several years and I have never had any anxieties about their safety."
- Staff were knowledgeable about safeguarding and how to keep people safe. They told us about the different types of abuse and the signs to look out for. They said they were certain the registered manager and provider would always act to keep people safe. They also knew where they could report concerns under whistleblowing to the local authority.
- The registered manager knew how to report safeguarding alerts to the local authority and work with them to investigate any safeguarding alerts. They understood their responsibility to notify CQC.
- Learning was identified and acted on when things went wrong. The provider used an electronic system for of reporting, recording and analysing accidents and incidents. This enabled them to identify patterns and take appropriate action. We saw learning had been identified in relation to the provider's falls policy which was being shared with staff to raise awareness and to reduce the likelihood of the same issues reoccurring.

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed, and risk management plans were in place to guide staff on reducing risks. The risks identified included health conditions, falls, choking risk and distressed behaviour.
- Risk assessments included information for staff about the actions to be taken to minimise the chance of these risks occurring.
- Staff had a good understanding of people's needs in relation to risk. We observed staff supporting people with activities, eating and drinking and using safe moving and lifting techniques when they supported people to move from their chairs using walking aids.
- Risks in relation to the environment and equipment were also safely managed. People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely. There were regular fire drills and checks of fire equipment.
- Regular health and safety checks were made for example in relation to water temperatures and window restrictors to ensure people's safety. There was effective oversight of external servicing of equipment such as hoists, gas appliances and electrical safety.

Staffing and recruitment

- There were enough suitably trained staff to meet people's needs. People and their relatives all confirmed there were enough staff at all times to support them. One person remarked, "There are always lots of lovely

staff, they always go the extra mile." Another person told us, "Yes, you never have to wait long for someone to come if you need them."

- Our observations were that people were supported with their needs in a timely way throughout the day. People were not rushed while staff supported them.
- The registered manager told us they used some regular agency staff currently for cover but had recently recruited more permanent staff. Agency staff confirmed they worked at the home regularly and there was a system of checks to ensure they were suitable to work with vulnerable people and had the necessary training.
- Effective recruitment procedures were in place to protect people from the risk of unsuitable staff. Staff records showed the provider carried out the full range of required checks to ensure staff suitable to work with vulnerable people were employed.

Using medicines safely

- People received their medicines as prescribed. People had individual medicine administration records (MAR) that included details of their medicines, and any allergies they had. There were protocols in place for 'as required' (PRN) for example, pain relief medicines.
- We observed a staff member during a morning medicines round. They followed best practice guidance in administration. They sought consent from people to administer their medicines and their preferred way to take them. They checked carefully if they needed any as required medicines in line with the protocol.
- Medicines were stored safely. Medicines requiring refrigeration were refrigerated until needed. Regular temperature checks were carried out to ensure they were stored at correct temperatures.
- People told us they received their medicines when they needed them. One person said, "Yes, medicines are given correctly and I have pain killers when I need them." Regular checks and audits were completed to ensure people received their medicines as they should.
- Staff responsible for administering medicines had completed appropriate training and their competency to administer medicines had been assessed by senior staff.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The registered manager told us there were no restrictions on visitors. We observed relatives and people's friends visit people at the home throughout the inspection.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service. The assessments covered aspects of people's care and support needs. People's diverse needs were also assessed and supported where required. Assessments included people's needs relating to any protected characteristics such as race, gender and disability in line with the Equality Act.
- People and their relatives told us they were involved in these assessments to ensure the person's their needs were considered. Health and social care professionals' views were also sought where this was appropriate.

Staff support: induction, training, skills and experience

- Staff had the training and support they needed to meet people's needs. People and their relatives told us they thought staff had the skills to support them. One person commented, "I think we get the Rolls Royce of care, plenty of highly skilled staff and everyone always pops in to say hello whenever they pass."
- New staff completed an induction including a period of work shadowing. Agency staff also received an induction when they first started working at the home.
- Records confirmed that staff had completed training relevant to people's care and support needs including training in dementia. Staff told us they thought they had sufficient training to meet people's needs. One staff member said, "We do lots of online training and face to face. The dementia training I did, was really good. It really helped."
- Staff received regular formal supervision to ensure they had the right knowledge and skills to carry out their roles. Records showed and staff confirmed they received regular supervision and support

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

- People's nutrition and hydration needs were met. Staff including the chef were knowledgeable about people's dietary needs and risks. Information was also available to staff about people's diets near to the dining area. We tracked two people's diets and saw that they received the correct diet according to their care plan. People's weights were monitored to understand if any support was needed to reduce weight loss. Drinks were offered regularly throughout the day to ensure people stayed hydrated.
- People and their relatives gave us positive feedback about the food. One person told us, "There is plenty of variety I think the food is good here and I get plenty of choice."
- The home recognised the importance of meeting people's cultural needs in relation to their diets. The registered manager told us they regularly celebrated food from a range of different cultures.

- We observed how people were supported at lunch time. The atmosphere in the dining room was engaging and pleasant and staff were very attentive to people's needs. People received their food promptly including people nursed in bed. Where appropriate people were supported discreetly and respectfully by staff.

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

- Staff worked in partnership with health and social care professionals to plan and deliver an effective service. Advice from external healthcare professionals such as dietitians, speech and language and occupational therapists was included in people's care plans.
- Health professionals including the GP visited the home regularly to review people's health needs. Staff liaised with external professionals to achieve positive outcomes for people using the service. For example, where one person was referred to a dietician for advice we saw the advice included in their care plan and that staff followed this advice at mealtimes.

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

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any 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 when this is in their best interests and legally authorised under the MCA.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff followed the principles of MCA; this ensured people's rights were protected. We observed staff asked for people's consent and consulted and supported them to make choices and decisions for themselves. For example, about where they wanted to eat or what they choose to do in the day. People also confirmed this to us. One person remarked, "They always ask before doing anything." Care plans showed staff promoted people's rights and worked within the principles of the MCA to ensure people's capacity for separate decisions was assessed where this was appropriate. .
- Staff received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA.
- Where authorised applications to deprive people of their liberty for their protection, we found authorisations were in place and kept under review and monitored by staff.

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

- The home had been adapted to support people with dementia. Corridors were painted different colours, bedroom doors had people's names and a photograph on them. There was appropriate signage around the home to enable people to find their way around the home.
- There was plenty of space in the communal areas so that people could readily join activities or find a quiet place to sit. There was easy access to a large, well laid out garden with suitable for people to enjoy.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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 were supported by staff who knew them well and respected them. There was a warm and welcoming atmosphere at the home. People and their relatives were all in agreement that staff treated them with kindness and care. One person remarked, "This is a good place to be, I am very happy here. The staff are wonderful, this is a very caring place
- We saw positive interactions between staff and people using the service throughout the day that showed people felt comfortable and relaxed with staff. Staff showed sensitivity to people's needs and did not rush them while they provided care. A relative said, "Everyone including laundry and cleaning staff as well as carers are so caring and they know [my family member] so well."
- Staff worked to support people in meeting their diverse needs. For example, the service supported and encouraged spiritual leaders to visit the home and provide services for people. People's cultural needs, for example, in respect of their diet were planned for.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to be involved in their care. We observed staff consult with people about their choices and preferences throughout the day. One person told us, "I am very much involved, and I am keen to help myself too, they like to see I am choosing what I want to do."
- People's choices were documented within their plan of care. Care records included evidence that staff considered people's preferences and promoted choice. For example, people's views were recorded about what food and drink they liked

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their independence was encouraged. People's independence was promoted. One person said, "I am encouraged to do what I can which is good." Care records highlighted the tasks people could complete themselves
- People confirmed they were treated with dignity and respect. One person commented, "Staff always knock on my door before coming in and if I need a hand they don't shout about it"
- Staff were aware of the need to respect people's confidential information. A relative told us, "Any conversations about my [family member's] care are carried out in a private room."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained 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 and their relatives said they had a personalised plan for their care and support and that this was reviewed regularly to ensure it remained relevant to their needs.
- We reviewed 5 people's care records and saw that people's current needs were identified and their preferences and dislikes across a range of areas of need. One person remarked, "I love that they know me so well, I don't have to constantly explain which could be very tiring."
- We received positive feedback about the care provided that people said was suited to their needs and wishes. One relative told us about the positive outcomes from the care their family received. "I have to say they have probably added 3 or 4 years to their life with excellent care"
- We observed staff were aware of people's diverse needs and understood their differing needs, wishes, views and beliefs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication and sensory needs were assessed and documented in their care plans, to ensure staff knew how best to communicate and support them.
- Staff understood the importance of effective communication and people's individual communication methods.
- The registered manager told us they could provide information in different formats that met people's needs when required.

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

- People were supported to interact and take part in activities that they enjoyed. There was a varied activities programme 7 days a week, supported by the activities team. An activity planner was available which gave people information about the range of activities they could engage in each day. One person remarked, "They work very hard at making sure there is some activity to appeal to us and sometimes when the weather is better there are outings and of course the garden."

- We observed the activities taking place during the inspection and saw people were engaged and enjoying a range of activity including exercise and music sessions. People told us activities were adapted to meet their needs, one person said, "I am very limited in what I can do by back pain, the coordinator factors this in so I can enjoy quizzes and music and sometimes other things." The activities team also delivered suitable activities to people, nursed in bed in line with their interests to reduce their isolation.
- Links had been made with the wider community local church and schools who visited the home and further links were being explored with local nurseries. The activities team also arranged to support people to walk locally visit the shops or spend the day out visiting places of interest in small groups

Improving care quality in response to complaints or concerns

- There was a system to identify, oversee and respond to complaints. People and their relatives all said they had not needed to raise any concerns but would speak with staff or the registered manager if they were unhappy. One person said, "The staff here are very good, I've no complaints at all."
- The registered manager kept a log of all complaints including minor issues to identify learning and we saw any complaints had been responded to and acted on.

End of life care and support

- Staff worked to ensure people's end of life care needs were met. We received positive feedback about the way staff supported people and their families at this time. A relative told us, "I trust them completely, their care has brought him back from being told he had days to live to stable, a miracle."
- The staff worked with health professionals including the GP and the local hospice team to ensure all people's needs were identified and met. Relatives were supported to stay at the home where this was part of the plan of care.
- People's care records included information about their end of life support preferences, so that staff understood how best to support them.

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 our last inspection we rated this key question good. At this inspection the rating has remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- There was system of governance to oversee the quality and safety of the service. A range of audits were completed across aspects of the service such as medicines, infection control, mealtime experience and health and safety to identify if there were any areas for improvement. We found issues were picked up and promptly addressed. For example, maintenance issues were picked up through health and safety audits and rectified. Medicines audits identified recording errors and support was given to staff to reduce the likelihood of reoccurrence.
- The Director of care carried out home audits to provide additional scrutiny. The home had an improvement plan to oversee improvements at the service. This included actions from audits, feedback for improvement from local authority quality monitoring visits and improvement ideas. We saw actions identified from a previous local authority monitoring report including for example involving people in the staff recruitment interviews were being acted on.

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

- There was a warm and inclusive atmosphere at the home. People knew the registered manager and senior managers well and engaged readily with them. One person told us, "Yes, I think it is about people here. There is always a calm but cheerful atmosphere and things happen when they are meant to." Another person said, "It's the staff attitude, that makes it. They want to be here."
- People and staff told us the registered manager was available and we observed they spent time in the communal areas. A relative commented, "The management are very involved in the day to day happenings and very approachable."
- Staff told us they thought the provider and registered manager were motivated to provide the best care possible. One staff member said, "You can be honest with the management here. People's care is the most important thing to them. They would act to protect people but they are also supportive to staff if we make a mistake."
- The registered manager demonstrated good knowledge of people's needs. People and relatives all told us they were confident they received good care which met their wishes. A relative remarked, "The carers are all wonderful, I couldn't have anywhere better for [my family member], Christmas was a case in point, the staff couldn't have done more to give the residents and relatives a good time."

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

regulatory requirements: 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 home had a registered manager. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They were aware of the types of events which they were required to notify CQC about and the need to display their inspection rating.
- The registered manager demonstrated a clear understanding of their responsibility under the duty of candour. They told us they were always open with family members and professionals when things went wrong.
- There was an organisational structure of meetings in place such as handovers and staff meetings to ensure effective communication and support staff to understand their roles and responsibilities. Staff commented favourably on the registered manager and said they were visible in the home and would step in to help them if this was needed. One staff member said, "We have good working relationships here, there is good communication. The manager is approachable. We work well together."
- People and their relatives commented that they thought the home was well managed. One person told us, "I think the good management is reflected in the way the staff are with us, which is very good"

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- People were engaged and consulted about the service they received. People told us there were regular resident meetings to consult and engage with people about the way the home was run. One person said, "We do have meetings, and sometimes I go, and they do take notice of what is said." Minutes showed people were consulted about a range of areas such as activities and menu preferences. Any suggestions were recorded for consideration.
- There were regular relatives' meetings to keep them updated about any changes at the home. The provider also took people's views into account through surveys. They used feedback from these to help inform how to improve the service. For example, we saw how feedback about the office phone not always being answered promptly was considered and relatives advised about the busy times when staff may be less available and the reasons why.
- Staff worked in partnership with a range of health and social care professionals to ensure people received good care. For example, GP's, occupational therapist, physiotherapist, podiatrist and palliative care teams.
- The service was also fostering links with local organisations to provide increased interaction with the local community.