

Sunrise Mental Health Ltd

Fairlawn

Inspection report

100 Fairlawn Park
London
SE26 5SB

Tel: 02035923414

Date of inspection visit:
10 September 2019

Date of publication:
21 February 2020

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

About the service

Fairlawn is a residential care home providing personal care to people with mental health conditions. The service can support up to five people and there were four people using the service at the time of the inspection. The home is an ordinary three-storey domestic property with a rear garden, within walking distance of local transport links and amenities.

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

People were safely supported by staff and systems were in place to identify and minimise risks to their safety and wellbeing.

People's individual needs were assessed before they moved in to ensure the service could provide the right care and support.

Staff developed care plans with people, to ensure these plans were person-centred and took account of people's own ideas and wishes to achieve recovery with their mental health. People's aspirations and preferences were incorporated into their care plans. Staff respected people's choices, and provided sensitive support and guidance where individual choices could negatively impact on people's safety, health and welfare.

People were supported to meet their mental health, nutritional and physical healthcare needs by staff with appropriate training and experience. People were supported to access external healthcare support. Staff understood how to protect people from the risk of abuse. People's medicine needs were safely met and they were provided with a clean and hygienic home.

People's rights to be cared for with dignity and privacy were respected by a caring and compassionate staff team. People's cultural and religious needs were respected and staff supported them where required to meet these needs.

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 engaged in fulfilling activities at home and in the wider community, for example healthy eating cookery sessions, gardening groups and visits to the gym. Activities were planned to support people to combat social isolation and promote their mental health recovery.

People, and their relatives where applicable, were encouraged to participate in meetings and/or complete surveys to express their opinions about the quality of the service. People and their representatives

understood how to make a complaint about the service, if they wished to.

The provider had clear systems in place to monitor and audit the quality of people's care and support, and take corrective actions to respond to any deficits they found.

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 09 October 2018) and there were two 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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

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.

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

The inspection team consisted of one inspector and a Specialist Professional Advisor, who was a registered mental health nurse.

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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and what improvements they plan to make. We took this into account when we inspected the service and made judgements in this report. We reviewed the evidence we held about the service, which included the last inspection report and any notifications of significant events which the provider is required by legislation to send us. We contacted Healthwatch Lewisham. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in

England. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who lived at the service. We also spoke with a support worker, the recovery manager, the operational manager and a director. We looked at a variety of records, which included the care plans and accompanying risk assessments for two people. We also checked other documents which included accidents and incidents records, the complaints log and compliments folder, medicine administration records, four staff files for recruitment, training, supervision and appraisals, quality assurance audits, and health and safety checks.

After the inspection

We spoke by telephone with the relative of one person who used the service. We contacted three health and social care professionals and received their comments. The registered manager was on emergency leave on the day of the inspection and sent us written information to expand upon evidence we gathered during our visit.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to always notify the Commission without delay of any abuse or allegation of abuse in relation to people who use the service. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found the provider was now meeting this regulation.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and avoidable harm as staff received correct safeguarding guidance from the provider to meet their responsibilities. One person commented, "This is a safe and supportive place to live. I trust staff and they help us."
- Staff undertook safeguarding training and demonstrated a clear understanding of how to identify different types of abuse. Staff understood how to escalate any concerns to their line managers and were confident the provider would take appropriate action to protect people. Staff knew how to whistleblow within their organisation and to external bodies. Whistleblowing is when a worker reports certain types of suspected wrongdoing in their workplace.
- The provider ensured that safeguarding alerts were raised with the appropriate authorities and the Commission was notified in line with legislation.

At our last inspection the provider did not demonstrate that processes to fully identify and comprehensively address risks to people's safety were sufficiently rigorous. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found the provider was now meeting this regulation.

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

- Risks to people's safety and wellbeing were assessed when they moved into the service and kept under review. Risk management plans had been developed to ensure staff had appropriate information to understand and mitigate these risks, for example if people had behaviours that challenged. The management team liaised with people's healthcare professionals if they observed any relevant changes with people's daily functioning and routines, so that professional guidance could be used to update the risk assessments.
- People had crisis plans in place to assist staff to safely support them at a time of crisis, for example people at risk of self-harm. This included early warning signs for staff to observe for, and any personal coping strategies that people found helpful and relaxing at a time of crisis. Staff understood how to support people and promote their safety at times when their mental health altered, for example if people presented as being more worried or fearful than usual.
- Robust systems were operated to ensure people were provided with a safe home environment. Records demonstrated that regular checks were conducted at the premises, for example hot water temperatures,

fridge and freezer temperatures, and professional testing and servicing of gas appliances. Detailed fire safety practices were in place and guidance had been developed for staff to safely support people to evacuate the building, taking account of people's individual needs.

- The management team reviewed accidents and incidents to identify if there were any trends that needed to be addressed. Staff discussed accidents, incidents and other events at team meetings to identify whether changes could be made to practices at the service in order to promote safer care and support for people.

Staffing and recruitment

- People's needs were met by safely recruited staff who were sufficiently deployed. Recruitment records showed that rigorous procedures were followed in relation to pre-employment checks, to ensure prospective staff had suitable backgrounds and experience for their roles and responsibilities. This included Disclosure and Barring Service (DBS) checks, which helps employers to make safer recruitment decisions.
- People told us they felt well supported by staff and there were enough staff on duty to accompany them to appointments or social events, in line with their wishes. A relative informed us staff had time to chat with people, listen to their concerns and provide reassurance.
- There were established protocols for safe lone working which staff were familiar with. This included a system for contacting local colleagues and senior management in the event of an emergency, so that rapid support could be provided.

Using medicines safely

- People's prescribed medicines were managed in a well organised manner by staff with suitable training. People told us they were supported to self-administer their medicines if they wished to, as part of their preparation to move on to more independent types of accommodation. Self-administration arrangements were subject to an assessment by the service, consultation with people's external healthcare professionals and an individual written plan.
- Records showed that staff received medicine training and their competency was regularly assessed.
- The management team carried out audits to check that medicines were safely stored, administered and disposed of. Medicine administration records were checked every day so that prompt action could be taken if any irregularities were detected.

Preventing and controlling infection

- People were protected from the risk of infections and illness due to cross contamination, as the provider had implemented safe infection control practices. Staff had received applicable training and were provided with personal protective equipment (PPE), for example disposable gloves and aprons.
- The premises were hygienic and free from any malodours. Cleaning schedules had been devised so that staff were clear about their responsibilities. Food safety guidelines were adhered to, for example the date of opening was recorded on refrigerated foods to make sure people and staff knew when these items were due to expire.

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 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.

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

- People were offered opportunities to visit the service before they moved in, which enabled them to speak with staff about their needs and choices. Their needs were assessed prior to their arrival at the service and further assessments were carried out after they had moved in. These assessments were kept under review and relevant changes were discussed by the management and staff team at the daily handover meetings.
- People's individual wishes, preferences, interests and plans for their future were considered as part of the assessment process. This person-centred information enabled staff to ensure people's care and support was designed to meet their unique needs and aspirations.
- The provider used a recovery model approach for assessing people's needs and developing their care plans. This approach corresponded with national guidelines and established professional practice for the care and support of people living with mental health needs.

Staff support: induction, training, skills and experience

- People received their care and support from staff who received relevant training from the provider to carry out their roles and responsibilities. Staff told us they felt well supported to meet people's needs through their training and development programme, regular one to one supervision sessions and team meetings. Comments included, "The in-house training is helpful as we discuss our experiences of supporting people with other staff" and "I am completing a national vocational qualification and will then do a leadership qualification. Training is important here."
- Newly appointed staff were provided with a structured induction course and opportunities to shadow more experienced members of the team. In addition to mandatory training, for example basic food hygiene, health and safety and first aid, staff received mental health training tailored to meet the individual needs of people who lived at the service. This training was primarily in-house, however the registered manager informed us the provider planned to explore external training sources to broaden the scope of the current training package.

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

- People were supported by staff to meet their nutritional needs, taking account of any religious, cultural and/or medical requirements. They told us that staff encouraged them to eat well and the system for individual grocery shopping meant they could select preferred food items. One person said, "I like to go down most days to [name of supermarket], we can shop at any of the local stores."
- People could enrol on a course of free community cookery classes in a neighbouring borough, which focussed on healthy and enjoyable cooking within a budget. Participants were awarded a certificate at the end of the course to celebrate their achievements.
- A relative informed us they were extremely pleased with how the staff team supported their family

member to meet their complex dietary needs, "The help given to [family member] has been life changing and has made such a positive difference."

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

- People were supported to meet their healthcare needs by staff, who had suitable information in people's care plans in relation to their mental and physical health needs, any guidance to follow from healthcare professionals and any known allergies.
- People's care records provided details about their contact with external healthcare professionals, for example if they needed to visit a specialist nurse, optician or dietitian. People confirmed that staff supported them to attend appointments.
- We received positive feedback from health and social care professionals in relation to how people were supported to meet their healthcare needs. Comments included, "The service offered ... has been of high quality, both in terms of the care and support, and management" and "[Name of proprietor's] service has had some great results in managing difficult challenging behaviours and complex needs." Professionals also spoke positively in relation to how people were supported to successfully move on to more independent types of services.
- People were supported by staff to attend Care Planning Approach (CPA) meetings, where this formed part of their community care arrangements. The CPA is a package of care for people living in the community which aims to support their mental health recovery and is coordinated by a health care professional. The operational manager informed us the service maintained positive relationships with mental health professionals and sought advice whenever concerns arose.

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

- The premises were well maintained and suitably equipped to meet people's needs. The communal areas were tastefully decorated, homely and welcoming. People told us they were supported by staff to personalise their own rooms, for example display framed photographs and bring in small household items if they wished to.

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 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 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.

- People's capacity was assessed when they moved into the service and kept under review. Staff had received MCA training and told us they always asked people for their consent before assisting them with personal care and other support. People confirmed this and described staff as being "very respectful."
- The management team understood their responsibilities in line with legislation. Where applicable, they sent DoLS applications to the local authority to ensure people's freedoms were not unlawfully limited.

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. 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 told us staff were caring, thoughtful and friendly. One person stated, "They talk with me nicely and show respect. I feel I can ask for support when I need it and they have the time to listen." A relative described staff to us as being "wonderful" and felt their compassionate approach had significantly helped their family member with their pathway to recovery. Another relative wrote in a survey from the provider that their family member received 'the utmost care, love and support and was in the best place in terms of [his/her] recovery needs'.
- We observed positive interactions between staff and people. For example, we saw a member of staff patiently and sensitively speaking with a person who was preparing their food in the kitchen. The staff member understood the person's anxieties and spoke in a calm and empathetic manner.
- People's care plans contained important information to enable staff to support them to meet their cultural and/or religious needs. One person told us they did not presently wish to attend a place of worship but were aware that staff would support them if they chose to, for example help them to locate churches in the area that reflected their beliefs and wishes. People said they were offered food that reflected their culture during social occasions held at the service or at other care homes owned by the provider.

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

- People stated they felt consulted about their care needs and were given opportunities to contribute to the planning and reviewing of their care plans. Care plans demonstrated that people's views, and the views of their relatives where applicable, were sought and recorded. We noted that people signed their care plans and could have their own copy if they wished to.
- People were provided with information about advocacy services they could access. Advocates offer people support to voice their views and are independent from the service and statutory organisations, such as the local authority and the NHS.
- Staff offered people both individual and group meetings to enable them to express their opinions about the quality of their care and support. People remarked that they felt listened to at Fairlawn and had confidence in the staff team to work with them to support their recovery.

Respecting and promoting people's privacy, dignity and independence

- People felt they were supported by staff in a dignified and respectful way. Staff told us that an important aspect of their role was to promote people's self-esteem, to enable them to work towards greater independence and personal fulfilment. We observed that staff spoke politely with people and respected their wishes, for example whether they were happy to speak with us or not.

- People were encouraged to develop their independence as part of their agreed care plan goals. One person told us, "I am doing my own cooking and shopping, I sometimes need encouragement with clearing up after cooking."
- Processes were in place to ensure people's confidentiality was properly protected. Staff were aware that they should only share confidential information with authorised individuals and organisations involved in a person's care and support. Personal information was securely stored in accordance with the law.

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 requires improvement. At this inspection this key question has now improved to 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 which took account of their needs, choices and aspirations. These plans were reviewed every few months or more frequently if people's needs had changed. Staff maintained daily records to demonstrate that people's care was delivered in line with the individual aims of their care plan.
- People told us they were supported by staff to make meaningful choices about their daily lives. For example, one person told us they liked to go out every day to have lunch in a café and a walk in the park, rather than have lunch at home.
- Care plans provided comprehensive information to address people's varying needs, for example if they had a general healthcare need such as diabetes or asthma, a history of substance abuse and/or behaviours that challenged. There was also information about people's preferred routines to enable people to be treated as individuals and manage their own time within a flexible home environment.

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 assessed when they moved into the service so that the provider could make suitable arrangements in line with the AIS, for example provide written information in large print if this was required. At the time of the inspection none of the people using the service needed adjustments made to how they received information.

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 participate in activities and interests they enjoyed. One person told us they liked to go bowling and to the library, and another person said they went to the gym and also did power walking. People took part in gardening projects, went to the cinema and restaurants, and joined activities held at other local care homes owned by the provider. A person who moved out of the service before the inspection was supported to engage in occupational training and work experience as they were interested in pursuing a career in the social care sector.
- People confirmed they were supported to maintain relationships and friendships. Visitors were welcomed in accordance with the provider's flexible visiting policy, which did not permit visits at unsociable hours that could disrupt the comfort and security of people living at the service. A relative told us they enjoyed visiting

their [family member] at the service as staff were pleasant and helpful.

Improving care quality in response to complaints or concerns

- People were provided with written information about how to make a complaint and told us they felt confident that any complaints would be dealt with properly and sympathetically. There had been no complaints since the previous inspection.
- The provider had received positive comments from people and their relatives. For example one relative wrote to the provider 'I honestly couldn't praise this house enough for everything you have done'.

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

At our last inspection the provider had failed to notify the Commission when the police were called to the service on one occasion, as stipulated by legislation. This impacted on our ability to monitor the safety of people who used the service. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found the provider was now meeting this regulation.

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

- There was a clear management structure at the service. The recovery manager carried out a day to day management role and was supported by regular visits from the registered manager (proprietor) and operational manager. People knew all the members of the management team and felt at ease with them.
- The provider demonstrated a clear understanding of their duty of candour responsibilities. They sent notifications of significant events to CQC, in line with legislation. The provider had transparent systems for investigating and reporting when things went wrong.
- The management team conducted a variety of different audits and monitoring checks to ensure that people received a beneficial standard of care and support. This included health and safety checks, medicine audits and unannounced quality monitoring visits. Records showed that action was taken to remedy identified areas for improvement.

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

- The management and staff team were committed to promoting a person-centred culture and enabling people to feel optimistic about their progress and achievements. A survey completed by a health and social care professional commented on the happy environment and the good rapport between people and staff.
- Staff told us they enjoyed working at the service, and felt valued and appreciated by people, their relatives and the provider. One staff member told us, "I just love working here. We see real results supporting people with their recovery and giving them hope for their futures." Staff felt they could develop within the organisation, for example we met staff who had been promoted to management positions after gaining appropriate experience and qualifications.

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

- People who used the service and the relative we spoke with were positive about how the service was

managed. They felt the management team were visible, approachable and responsive. People expressed their views and contributed to the daily running of the service during residents' meetings and through informal discussions with staff.

- The provider sought people's views to improve the quality of the service. A relative told us, "I filled in a survey form and could not think of any way to improve the service as they massively improved the quality of life for [my family member]."
- The provider set up an 'internal expert scheme' which enabled a person living at the service to carry out monitoring visits at other care homes operated by the provider, accompanied by a member of the management team. This offered the person valuable experience they could bring to an external voluntary or paid role in social care and gave the provider a unique perspective about ways they could improve the service.

Continuous learning and improving care; Working in partnership with others

- The provider had been involved in a formal project with local commissioners for mental health service which aimed to support people to progress with their mental health recovery and move on to more independent types of accommodation. The provider had evaluated its own practices and shared its learning with other providers.
- We received complimentary remarks from health and social care professionals about how the provider worked in partnership with statutory local authority and healthcare bodies. Comments included, "A very good service" and "They are ready to engage and offer solutions." A health and social care professional informed us that not only were they pleased with the service, they also received positive feedback from colleagues within their organisation.