

Mrs Mary Alexandra Lawrence

# Fairlawn Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Fairlawn Residential Home is a residential care home providing personal care to up to maximum of 24 people. The service provides support to elderly people, some of which were living with dementia. At the time of our inspection there were 23 people using the service.

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

People and their relatives felt they were safe using the service. Staff knew how to recognise signs of abuse and knew where to go if they had concerns. Medicines were managed safely and people received their medicines as prescribed. Risk assessments were in place for people and their individual health conditions were identified and managed safely. Environmental risks were identified and managed, including infection control procedures. The home was clean and free from odour.

Staff were recruited safely. There were enough staff to meet people's needs and we observed plenty of staff available to meet people's requests. Staff also felt they had enough staff to fulfil their roles safely.

People had their needs assessed before using the service. Staff had received a variety of training in order to meet people's needs effectively. People enjoyed the meals that were provided and were involved in planning the meals. People that required support with eating or to have their meals modified, were getting their needs met. Staff worked in partnership with healthcare professionals in a timely manner. People received appropriate healthcare when they needed it.

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.

Care staff were kind and caring and treated people with dignity and respect. People had choice and control over their lives and staff told us how they demonstrated supported people in this way. Independence was encouraged and we observed lovely interactions between staff and people.

People received care responsive to their needs. Care plans included relevant information for staff regarding people including life histories and things that are important to them. People had choice over what activities they would like to take part in on a day-to-day basis. Activity choices were discussed in residents' meetings where they were encouraged to feedback.

Staff and people were positive about the management of the service. They felt their door was always open and felt they were approachable. The registered manager worked in partnership with other agencies in order to improve people's lives. They understood their roles and responsibilities and had quality assurance systems in place to effectively monitor and improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for the service under the previous provider was good, published on 16 January 2019.

### 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.

### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Fairlawn Residential Home

## 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

This inspection was carried out by an 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

Fairlawn residential home 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. Fairlawn residential home 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.

Inspection activity started on 27 April 2023 and ended on 2 May 2023. We visited the location's office/service on 27 April 2023.

#### What we did before the inspection

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 reviewed feedback we had received about the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with 4 people who used the service and 9 relatives about their experience of the care provided. We met with the registered manager, deputy manager, administrator spoke with 2 care workers and the activities co-ordinator. We looked at written records, which included 4 people's care records and 3 staff files. A variety of records relating to the management of the service were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection since the provider of this service has changed. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from harm and abuse. Policies and procedures were in place and staff felt comfortable to raise concerns if they were to occur. Staff told us how they would look out for signs of abuse and kept up to date with training.
- People told us they felt safe at the service. One person told us, "Oh yeah I feel safe here, I would talk to the staff if I didn't."
- Relatives we spoke to felt their loved ones were safe. Comments we received, "For us to know [person] is happy and safe means the world." And "The home is very good, it gives us a lot of comfort to know [person] is safe."

Assessing risk, safety monitoring and management

- Risk assessments were in place to safely monitor and manage people's needs. Individual health conditions were identified for people, such as catheter care. Risks associated with having a catheter were identified and how staff were to support this person safely to minimise the risk of infection.
- People had their needs assessed around their risk of falls. A traffic light system was used to clearly identify to staff what level of risk they were. Appropriate measures were put in place based on what people's identified falls risks were.
- Environmental risks were well managed. Risk assessments were in place for fire and electrical safety checks were completed. Any associated actions were taken and recorded as and when required.

Staffing and recruitment

- Staff were recruited safely. Staff files included staff work references, identity, employment history, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people.
- There were enough staff to meet people's needs. We observed enough staff around to support and spend time with people. The registered manager used a dependency tool to help assess the correct staffing levels for people in the service.
- Staff felt there were enough staff to support people's needs. One staff member told us, "I think we have enough staff, this care home is not big. If we have sickness it can be tough, but we work as a team to get things done."

Using medicines safely

- Medicines were managed safely. We reviewed a variety of people's medicines administration records (MAR) and stock balances. No discrepancies were found and people were observed to have their medicines

administered by trained staff in their preferred way.

- People received their as required medicines (PRN) when they needed them. These medicines are prescribed for pain and other health conditions such as constipation. PRN protocols were not in place, however, staff knew how to recognise when people might need them and what they were for. The registered manager acted immediately and all PRN protocols are now in place.
- Medicines were stored safely in locked cabinets in the staff office. Medicines were disposed of safely. Staff administering medicines were appropriately trained and had their competencies assessed and reviewed.
- Controlled drugs were managed safely. This included the correct storage and recording. Where pain patches were applied, staff recorded previous location so reapplication did not occur.

#### 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 home was clean and free from odour. Regular cleaning was carried out by the housekeeping team. We observed regular cleaning being carried out during our inspection.

#### Visiting in care homes

- There were some restrictions during the weekends and relatives were required to book a time to visit. Relatives told us they were not always able to see their loved ones if other visits had already been booked in. We have since spoken to the registered manager and they explained this was due to concerns staff will be taken away from people during busy times. They have told us this would be looked at immediately to ensure visitors are always welcome.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and actioned and people had individual falls analysis completed. We reviewed a person who'd had multiple falls, the registered manager identified a pattern where falls occurred at night. Safety equipment was changed so staff could attend the person quickly if they attempted to stand unaided and falls were reduced.



# 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.

This is the first inspection since the provider of this service has changed. This key question has been rated 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 had their needs assessed prior to moving into the service. Information included why the person was to be admitted, what support they will need and their medical history. People's needs were regularly reviewed to ensure care plans were relevant and up to date.
- Nationally recognised tools were used to help assess and manage people's needs. For example, waterlow assessment tools were used to help assess and mitigate risks to people developing pressure sores. Actions were taken when people were at high risk.
- Staff had access to people's care plans and found them useful when getting to know people's needs. One staff member told us, "Care plans are very helpful, we will check the care plan we're not sure about something, including a person's likes and dislikes."

Staff support: induction, training, skills and experience

- New staff received a thorough induction and staff were required to complete the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received a variety of training to help them meet the needs of people using the service. Staff we spoke to told us they felt the training was good and enabled them to complete their roles effectively.
- Practical face to face training was made available for topics such as first aid and moving and handling. This enabled staff to feel confident in emergency situations. A staff member we spoke to was looking forward to the training that was due for renewal in the days following the inspection.

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

- People were supported to eat and drink to help maintain a balanced diet. Where people had modified diets, for example, minces and bite sized meals. Staff, including the kitchen staff were aware and followed the guidance to ensure people received meals appropriately.
- Where people were at risk of malnutrition, staff fortified meals and encouraged people. One relative told us, "The food must be good as [person] has gone up two dress sizes and always says they like the food. I have been offered food and asked if I want to stay for a meal."
- People told us they liked the food and options given. Comments included, "The food is good, there's plenty of options." And, "Yes I like the food here." We observed the meal time, food looked appetising and people received meals they had requested. We spoke to the registered manager about condiments being more readily available for people dependent on the meal offered.

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

- The staff worked with other agencies to provide effective care and support. We reviewed care plans which included involvement from the Speech and Language Therapists (SALT). Staff followed recommended actions and were aware of people's needs.
- People received care from the local GP and district nursing team when required. Relatives told us their loved ones had received care from a GP when they needed it. One relative told us, "[Person] has seen a GP on a couple of occasions and this had been dealt with in a timely manner by staff. They have also recently seen an optician."
- When needed the staff worked with the mental health team to support people. One person had received intervention to provide additional support for low moods. The staff could get in touch with them if required, changes were recorded in the care plans and risk assessments.

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

- People's needs were being met with the design and decoration of the premises. The service was set over two floors, both of which were well lit and had wide corridors. Access to the first floor was via stairs which had stair lifts to help those with mobility issues.
- People were involved with the choice of decoration at the service. Paint colour choices were discussed at resident meetings and people were encouraged to be involved in changes. People's rooms were personalised how they wanted them, rooms included personal items and pictures.
- The provider made upgrades to furniture when needed. We reviewed resident meeting minutes which recently commented on how comfortable the new lounge chairs were. People were observed to be freely walking around the service safely.

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.

- Mental capacity assessments were carried out regularly. These were decision specific and ensured people were being supported in the best way and in their best interests.
- Applications had been made to the local authority when a person was being deprived of their liberty. At the time of the inspection, only one DoLS that had been granted had conditions recorded. We reviewed these conditions and they were being met.

# 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.

This is the first inspection since the provider of this service has changed. This key question has been rated 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; Supporting people to express their views and be involved in making decisions about their care

- People were treated well and supported by staff who were kind and compassionate. We observed kind interactions by staff regularly during our inspection and staff clearly knew people they were caring for. People told us, "I like the staff, I do not have any complaints." And, "The staff are very helpful."
- People's care plans including information relevant to them, respecting their diverse needs. People were treated equally and given the same opportunities in areas such as activities.
- People were involved in their plan of care and encouraged to feedback or make suggestions. Open communication was held regularly with relatives, but more formal care plan reviews were going to be considered by the registered manager.

Respecting and promoting people's privacy, dignity and independence

- People were treated by staff who ensured privacy and dignity was respected. A staff member told us, "I always knock on the door and treat people with the dignity and pride of how you would like to be treated yourself." Another staff member told us, "I always make sure I cover up parts of the body as needed, helping them to wear clothes that are important to them and help them to feel themselves."
- Relatives we spoke to were positive about the care staff and felt their loved ones were treated with dignity. One relative told us, "[Person] is very happy. Staff always treat people with dignity and respect, I have a lot of admiration for them." Another relative told us, "Staff treat [person] with dignity, for example, they always knock before entering their room. [Person] would be the first to tell us if they wasn't happy."
- Care plans included information on what people could do for themselves in order to remain independent. Staff told us how they encouraged people, one staff member told us, "We ask people when they first arrive here what they want and need, but we make sure we do it every day. To give them choice and encourage them to be independent."

# Is the service responsive?

## Our findings

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

This is the first inspection since the provider of this service has changed. This key question has been rated 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 were being cared for in a way that was personal to them, giving them choice and control. Relatives told us how they were involved in care plans to ensure their loved one's preferences were included. A relative told us, "The home carried out a full review of [persons] needs to ensure they could meet them before admission. We were then involved with developing the care plan."
- Care plans were person centred, including personal goals on how achieve outcomes. Care plans included life history and things that were important to them, including hobbies and interests.
- The registered manager told us how they were in the process of moving to an online care planning system. They were working with both paper and computer systems to ensure information did not get missed during the changeover.

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 had their communication needs assessed and reviewed. Individual communication sheets were available in care plans which clearly identified what peoples communication needs were. Where people required additional support for example, with hearing difficulties, flash cards and other options were made available.

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 service employed a full-time activities co-ordinator to provide people with activities socially and culturally relevant to them. We observed people engaging in activities throughout our inspection. We heard people laughing together and happily engaging with activities provided.
- People and relatives were positive about the activities the service provided. Comments from relatives included, "We are really happy the way the home conduct activities and the range of activities that are on offer. They are very interactive." And, "The home provides a variety of activities but there is never any pressure on anyone to participate if they didn't want to."
- Activity choices were discussed in resident meetings, and people were given the opportunity to make suggestions. There was no set planner each day, instead people were asked what they would like to do. Options included, arts and crafts, group games, gardening, scrabble, dominos and an interactive table. This

projector included a variety of games and could include a whole room of people if required.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place. Any complaints or concerns raised were appropriately recorded on a log sheet and actioned. The registered manager took any issues raised seriously and acted accordingly.

End of life care and support

- End of life care plans were in place for people. Future wishes and things that are important to people were included. Where people spent all the time in bed, the interactive projector was used to create a calming environment for people. It created the illusion that objects such as flowers or bubbles were floating and moving on people's beds.

- The local hospice team worked closely with the service. In house training was provided for staff. The hospice nurses were available as and when the service needed additional support or guidance.

# 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.

This is the first inspection since the provider of this service has changed. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff spoke highly of the registered manager and felt their door was always open. Comments included, "You can go to [registered manager] at any time with any concerns. I've never found a time I felt couldn't. They are really approachable." And, "Absolutely yeah they are approachable, they are always around, if not available right then and there they will always come back and see you later."
- Relatives we spoke to were positive about the management of the service. Comments included, "The manager is excellent, communication is excellent, and they are on the phone straight away with any concerns." And, "The manager is good, communication is open and whenever we've had any concerns they have been addressed."
- People we spoke to told us they knew who managed the service. One person told us, "I know them and oh yes, I believe it is managed well."

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 their responsibility under the duty of candour. They explained to us how they had been open and transparent when things have gone wrong. They used these as an opportunity to learn and improve the service.

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

- Statutory notifications had been submitted to the CQC in line with their regulatory responsibility. Notifications are information we receive from the service when significant events happen, such as an allegation of abuse or a serious injury.
- The registered manager recognised the importance of regularly monitoring the quality of the service. Quality assurance audits were carried out to help have oversight of areas such as housekeeping and maintenance and care plan documents. Medicine audits were carried out, but a new way of documenting had recently been introduced to ensure effective oversight.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- The registered manager engaged with people and staff in order to improve the service. We reviewed feedback surveys that were carried out by the relatives. Comments and suggestions were listened too and

changes were made to the activities carried out.

- The registered manager worked in partnership with others in order to improve people's lives. The service worked with teams such as the dieticians and SALT team. Calls to the hospice were carried out once a week to the service to share information and get support.
- The registered manager told us about how working with the neuro physiotherapist had a positive impact on a person's life. A person was admitted to the service, was completely chairbound. But working with the team and staff input the person can now weight bare and walk about 20 metres.
- The registered manager was always looking for ways to continually improve the service. They told us how they were trying to make positive changes to the environment and make the service more environmentally friendly. Engaging people in the process too and looking to grow their own vegetables.