

Mavin Care Limited

# Fairlawns Care 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 

### Overall summary

The inspection took place on 16 April 2015 and was unannounced.

Fairlawns Care Home provides care and accommodation for up to 19 older people who may be elderly or living with dementia. The service does not provide nursing care. At the time of our inspection there were seven people using the service.

A registered manager was in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 01 March 2013 we asked the provider to take action to make improvements. These included improvements to assessing and planning people's care, ensuring people's care records contained accurate information, taking action to protect people from risk of injury from a poorly maintained environment

# Summary of findings

and improving recruitment processes. The provider sent us an action plan on 8 May 2013 stating they would meet the legal requirements prior to admitting anyone to the service and these actions have been completed.

People were safe because staff understood their responsibilities in managing risk and identifying abuse. People received safe care that met their assessed needs.

There were enough staff who had been recruited safely and who had the skills and knowledge to provide care and support in ways that people preferred.

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice.

People's health needs were managed appropriately with input from relevant health care professionals. Staff supported people to have sufficient food and drink that met their individual needs.

People were treated with kindness and respect by staff who knew them well.

People were supported to maintain relationships with friends and family so that they were not socially isolated.

There was an open culture and the registered manager encouraged and supported staff to person centred care.

The provider had systems in place to check the quality of the service and take the views of people and their relatives into account to make improvements to the service.

# Summary of findings

## 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.

There were enough staff with the correct skills who knew how to manage risks and provide people with safe care.

People felt safe and staff understood what they needed to do to protect people from abuse. There were processes in place to listen to and address people's concerns.

Systems and procedures for supporting people with their medicines were followed, so people could be assured they would receive their medicines as prescribed.

Good



### Is the service effective?

The service was effective.

Staff received the support and training they required to provide them with the information they needed to carry out their roles.

Staff understood how to provide appropriate support to meet people's health, social and nutritional needs.

Where a person lacked capacity there were correct processes in place so that decisions could be made in the person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood.

Good



### Is the service caring?

The service was caring.

Staff treated people well and were kind and caring in the ways that they provided care and support.

People were treated with respect and their privacy and dignity were maintained. Staff were attentive to people's needs.

People were supported to maintain relationships that were important to them and relatives were involved in and consulted about their family member's care and support.

Good



### Is the service responsive?

The service was responsive.

People's choices preferences were respected and taken into account when staff provided care and support.

Staff understood people's interests and assisted them to take part in activities that they preferred. People were supported to maintain social relationships with people who were important to them.

There were processes in place to deal with any concerns and complaints.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

The service was run by an able manager who was approachable and who was committed to provide a good quality service. People were encouraged to raise issues.

Staff received the support and guidance they needed to provide good care and support.

There were systems in place to listen to people and use their feedback to make improvements.

# Fairlawns Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 April 2015 and was unannounced. The inspection team consisted of one inspector.

We reviewed all the information we had available about the service including notifications sent to us by the manager. This is information about important events which the

provider is required to send us by law. We also reviewed information from the local authority. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with three people who used the service and two relatives. We also used informal observations to evaluate people's experiences and help us assess how their needs were being met and we observed how staff interacted with people. We spoke with the registered manager, two care staff and a member of the ancillary staff.

We looked at three people's care records and examined information relating to the management of the service such as health and safety records, staff training records, quality monitoring audits and information about complaints.

# Is the service safe?

## Our findings

At the last inspection on 01 March 2013 the provider was in breach of Regulation 10 HSCA 2008 (Regulated Activities) regulations 2010. We asked the provider to take action to put in place systems to manage risks and respond to issues of concern that had a direct impact on people. At this inspection we noted that the systems in place for assessing and managing risk had improved.

There were assessments in place to identify areas of risk for individuals and these contained sufficient information to guide staff on how to support people so that any identified risks were reduced. Staff told us about their understanding of risks for some people and they knew how to support them.

People told us that they were involved in making decisions about taking risks and the registered manager had discussed specific risks with them. For example, one person had preferred on occasions to sleep upright in a chair before they moved to the service. For certain health conditions this presented risks. Following discussions and advice from health professionals they decided not to sleep this way. The registered manager explained how they assessed and managed risks to people's health and welfare such as people having accidental falls. There were management plans in place and in the event of an incident occurring relevant support was provided and actions were taken to reduce the risk of further occurrences.

At the last inspection on 01 March 2013 the provider was in breach of Regulation 21 HSCA 2008 (Regulated Activities) regulations 2010. We asked the provider to take action to improve recruitment processes and ensure correct checks on the suitability of applicants were made before they were employed. At this inspection we noted that processes around the recruitment of staff had improved. The provider had recruitment process in place that kept people safe because relevant checks were carried out before someone was employed. These checks included taking up references and checking that the member of staff was not prohibited from working with people who required care and support. The registered manager had implemented the improved recruitment procedures and demonstrated a good understanding of the importance of having a robust recruitment process to keep people safe.

At the last inspection on 01 March 2013 the provider was in breach of Regulation 15 HSCA 2008 (Regulated Activities) regulations 2010. We asked the provider to take action to protect people from risk of injury from a poorly maintained environment. At this inspection we noted that improvements had been made to the environment. People's rooms and communal areas were clean and had been re-decorated to a good standard. The premises and equipment were in a good condition. The maintenance person identified areas where repairs or maintenance was required and recorded what needed to be completed. When repairs were necessary the work was carried out promptly. The registered manager demonstrated that they understood their responsibility to maintain a safe environment for people who lived at the service, staff and visitors.

One person told us, "I feel safe now. I am happy with the care." A relative told us, "I feel my relative is safe."

There were policies and procedures in place to manage risks to the service and untoward events or emergencies, such as what staff should do if the lift should break down. There was a comprehensive fire risk assessment in place and a full evacuation plan on how people should be moved to a place of safety. Staff were able to demonstrate that they knew what they should do in these circumstances.

Staff had received safeguarding adults training and they told us they knew how to recognise abuse and how to keep people safe. Staff understood different types of abuse and knew what their responsibilities were if they saw or suspected that someone was at risk of harm. They said if they saw anything that concerned them they would not hesitate to report it to the registered manager and were confident that they would take appropriate action.

The registered manager explained how they worked out the number of staff required from assessments of people's dependency. They said that, since the service re-opened after the programme of refurbishment, people had moved in over a period of time. People's dependency levels were assessed before they were admitted, including the support people required with their mobility or their personal care, and the registered manager explained how they worked out how many staff were needed. When someone new moved to the service staffing levels were re-assessed as part of the admission process. Staff felt there were sufficient staff and they had time to chat with people, which we observed happening throughout our inspection.

## Is the service safe?

The provider had suitable arrangements in place for supporting people with their prescribed medicines safely. The processes for ordering supplies of medicines and the disposal of unused items were recorded. The registered

manager carried out audits to check that staff were following procedures. Medicines were stored securely and people's medicines administration record sheets were in order.

# Is the service effective?

## Our findings

A member of care staff told us they had experience working in care and they had been given time to get to know people and read the care plans before working independently. They had received an induction that included shadowing other staff and getting to know people and they felt, “Well prepared” for their role.

The provider had systems in place to provide staff with the knowledge and understanding to care for people effectively. Staff told us the training was good and gave them the information they needed. Staff on duty told us about the core training they had received since they started, including moving and handling and health and safety. We saw that staff were confident when interacting with people and when providing care and support.

There were systems to provide staff with effective support. Staff had monthly face-to-face supervisions as well as observations of how care was provided. Staff were able to discuss care at staff meetings so that people received care consistently. Staff told us they received good support from the manager. They said, “Our concerns are listened to. We are encouraged and expected to make decisions.”

Systems were in place to make sure the rights of people who may lack capacity to make particular decisions were protected. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person’s best interests.

People’s pre-admission assessments identified whether the person had capacity to make day-to-day decisions. Where a person did not have the capacity to make a particular decision, suitable arrangements were in place to make decisions in the person’s best interests. For example, one person’s finances were managed on their behalf by professionals from the local authority to ensure their money was managed safely and in their best interests.

The registered manager understood the process for making Deprivation of Liberty Safeguards (DoLS) referrals when they were required. Staff had a basic understanding of MCA and DoLS but were less sure of their role and said the manager would deal with issues around MCA and DoLS.

People told us the food was good and they enjoyed their meals. One person said, “I can be a bit awkward when it comes to food. There are quite a lot of things I don’t like and they always get me something else. I only have to mention something and they get it.” They told us they enjoyed the roast dinners.

A formal assessment was carried out as to whether a person had any risks associated with their nutritional needs. Where a person had specific needs around diet or nutrition or where a risk was identified, input was sought from relevant health professionals such as speech and language therapy (SALT) services and dieticians. For example one person was identified as having dysphagia which is a condition that can prevent people swallowing properly. They received input from SALT who advised on a soft diet and gave information on the correct texture of food for the individual. This meant that staff had the information they required to support people effectively when they had swallowing difficulties. The chef was able to demonstrate a good understanding of people’s specific needs around nutrition as well as their likes and dislikes.

The provider had processes in place that staff followed to support people with their health needs.

People’s health needs were met with input from relevant health professionals. People had been referred to health professionals including district nursing services, doctors and physiotherapy. Where health advice was given, staff supported people to follow professional guidance to maintain good health. For example, staff supported one person with a specific exercise programme to improve mobility.



# Is the service caring?

## Our findings

People felt that staff treated them well and were kind. When staff spoke with people they were polite and considerate. A relative was complimentary about how staff treated their family member. They told us, “The staff are kind people.”

Staff had received guidance about treating people with respect and to recognise that each person was an individual. The registered manager explained that they had a zero tolerance of poor practice and staff understood that they must respect people’s privacy.

Staff told us that it was important to encourage people to maintain their independence so they always checked with them before providing care and support and respected their decisions if they chose not to have support. One person told us that they were not always able to do things for themselves so staff had to help and they did this in a kind way which the person appreciated.

We saw conversations between people and members of staff that were caring and which demonstrated that staff listened to people. People sat in the dining room after lunch chatting with one another and with staff. There were sociable conversations taking place and staff spoke kindly and listened to people.

If a person did not feel very happy or was a little anxious, staff understood how to cheer them up and addressed their concerns with patience. We saw that staff engaged in conversations about things that were important to people such as their pet or their family.

People were encouraged to be involved in planning their care where they were able and relatives also told us they were consulted about their family member’s care.

We saw that daily records focused on tasks and did not record people’s moods. However, we noted that staff did speak with people and check they were feeling all right. The manager explained that they were working with staff to improve recording to reflect the person-centred care that staff delivered.

# Is the service responsive?

## Our findings

At the last inspection on 01 March 2013 the provider was in breach of Regulation 9 HSCA 2008 (Regulated Activities) regulations 2010. We asked the provider to take action to make improvements to assessing and planning people's care and ensuring people's care records contained accurate information. At this inspection we noted that information in the care records had improved and accurately reflected people's assessed needs. Care records had been updated and the registered manager had put a process in place to review people's records to reflect any changes in the person's care needs.

A relative told us they were happy with the standard of care and they had been consulted in the assessment and care planning processes. Care plans were developed from information gathered through the assessment process and contained information about people's likes and dislikes. Information in the care plans was clear and identified what the person could do for themselves as well as what care and support were required from staff. Staff were able to tell us about people's needs and their preferences for how they received care.

Some people enjoyed organised activities like playing cards or board games. However, most people preferred to spend their time on individual pastimes. One person liked to spend time on their own reading and someone else said they liked to do crosswords and watch musical films. One person said they went out twice a week to a social day centre where they met friends. We saw that people were supported to go into the town shopping.

One person told us when they needed to find a care service they were worried about their dog and did not want to leave them. Through the assessment process the registered manager recognised how important the issue was for the psychological well-being of the person. They chose to move to the service when the registered manager made arrangements so that they were not parted from their pet and received the support they needed to care for it. Staff had contacted a charity which provided support to people with their pets when they were no longer able to manage to care for them fully and arrangements were made for volunteers to come in to take the dog for daily walks. The person was animated when they told us how much this had meant to them and how caring the staff were both to the person and to their pet.

People were supported to keep in touch with people who were important to them such as family and friends, so that they could maintain relationships and avoid social isolation. A relative told us they came in two or three times every week and were always made to feel welcome. One person went to visit their family every week.

The provider had a process in place to manage concerns or complaints that were raised by people or their relatives. A complaints log was maintained that detailed how issues had been resolved. The registered manager said that they encouraged people to raise concerns so that they could address them as early as possible. People said if they had any problems they would talk to staff or the registered manager. A relative said, "I haven't had any cause for complaint. I'm sure if I had any problems they would be dealt with."

# Is the service well-led?

## Our findings

A relative told us they thought the staff and management were open and welcoming and the registered manager was available to talk to if they needed to discuss anything. One person told us they could talk to the registered manager if they had any concerns and gave us an example of how they had put their mind at rest over a particular concern.

The registered manager took a hands-on role and maintained a visible presence in the service and they spent time working alongside staff providing support. Staff were enthusiastic about working at the service. A member of staff told us, "This is the first place I've worked where I feel valued."

Staff told us they had opportunities to raise concerns or make suggestions for improving the service. They felt they could go to the manager at any time and they would be listened to. A member of staff told us, "There is definitely an open door." Staff said they were encouraged to raise issues both informally and when they had supervisions.

There were systems in place to share information. Staff told us they had a staff handover when they started their shift to make sure that important information was clearly understood and correct care and support could be provided.

The provider had processes in place to monitor and audit the quality and safety of the service. The registered manager carried out a range of audits that included a monthly audit of people's care plans to identify if the information reflected the current needs of the individual. Other audits included daily checks on processes for managing medicines and the environment. For example, regular checks were carried out on fire systems and equipment, electrical appliances and the general maintenance of the property. If there were any identified maintenance issues they were addressed promptly and recorded in the maintenance book.

Meetings were held for people who lived in the home and their relatives so that people could discuss any issues or give their views, for example there were discussions about specific foods that people would like to see on the menu. The manager had also developed surveys to seek the opinion of people who used the service. These had recently been sent out to relatives.

There were systems in place for managing records. We saw that people's care records were well maintained, contained sufficient information to guide staff, were up to date and stored securely. People could be confident that information held by the service about them was confidential.