

Mr & Mrs M 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 

### Overall summary

The inspection was carried out on 7 October 2015 and was unannounced.

The service provided accommodation and personal care for up to 26 older people some of whom were living with dementia. The accommodation is arranged over two floors. There is a stair lift to assist people to move between floors. There were 21 people living in the service when we inspected.

There was a manager employed at the service who had applied to the Care Quality Commission to become the registered manager. 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.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. At the time of the inspection, the manager had applied for DoLS authorisations for some people living at the service, with

# Summary of findings

the support and advice of the local authority DoLS team. The manager understood their responsibilities under the Mental Capacity Act 2005. Mental capacity assessments and decisions made in people's best interest were recorded.

The manager, supported by two senior staff, provided leadership to the staff and had oversight of all areas of the service. Staff were motivated and felt supported by the manager and senior staff. Staff told us the manager was approachable and they were confident to raise any concerns they had with her.

People were treated with kindness and respect. People's needs had been assessed to identify the care they required. Care and support was planned with people and reviewed to make sure people continued to have the support they needed. People were encouraged to be as independent as possible. Detailed guidance was provided to staff about how to provide all areas of the care and support people needed.

Staff listened to what people told them and responded appropriately. People were treated with respect and their privacy and dignity was maintained. People told us that they had no complaints and if they did they would speak to the staff.

Accurate records were kept about the care and support people received and about the day to day running of the service and provided staff with the information they needed to provide safe and consistent care and support to people.

People told us they felt safe. Staff had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Risks to people's safety had been assessed and measures put in place to manage any hazards identified.

People participated in activities of their choice within the service and local community. There were enough staff to support people to participate in the activities they chose.

People had access to the food that they enjoyed and were able to access drinks with the support of staff if required. People's nutrition and hydration needs had been assessed and recorded.

People received their medicines safely and when they needed them. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support.

# 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.

People felt safe and staff received appropriate training and support to protect people from potential abuse.

There was enough staff to provide people with the support they required.

Medicine management was safe. People received their medicines as prescribed by their GP.

Recruitment procedures were in place and followed recommended good practice.

Good



### Is the service effective?

The service was effective.

Staff followed the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. People were supported to make decisions and staff offered people choices in all areas of their life.

People were provided with a suitable range of nutritious food and drink.

Staff were trained and supported to provide the care people needed.

Staff ensured people's health needs were met. Referrals were made to health and social care professionals when needed.

Good



### Is the service caring?

The service was caring.

People said the staff were kind and caring to them.

People's privacy, dignity and independence were protected.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

Records were up to date and held securely.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed, recorded and reviewed.

People were included in decisions about their care.

The complaints procedure was available and in an accessible format to people using the service.

People were supported to maintain relationships with people that mattered to them.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

There was an open and transparent culture, where people and staff could contribute ideas about the service.

Checks on the quality of the service were regularly completed. People, their relatives and staff were asked for their experiences of the service.

The manager understood their role and responsibility to provide quality care and support to people.

# Fairlawn Residential 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 7 October 2015 and was unannounced. The inspection team consisted of one inspector and one 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home,

what the home does well and improvements they plan to make. We also looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with six people about their experience of the service and two relatives of people using the service. We spoke with four staff including two care workers, a senior care worker and the manager to gain their views. We asked two health and social care professionals for their views.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at three people's care files, three staff record files, the staff training programme, the staff rota and medicine records.

A previous inspection took place on 21 August 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

# Is the service safe?

## Our findings

People told us they felt safe living at the service, one person said, "I very feel safe." The relatives we spoke with felt their family member was safe at the service.

The manager had taken steps to protect people from the risk of abuse. There was an up to date safeguarding policy in place which informed staff how to protect people. Staff were aware of the policy and followed this to protect people and take action if they suspected abuse. Staff received annual training about safeguarding people from harm and abuse. This was confirmed on the staff training plan. Staff who had attended the training were able to describe the signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team or the police.

Staff told us they were confident that any concerns they raised would be taken seriously and fully investigated by the manager to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

Medicines were managed safely and staff followed a medicines policy. People told us they received their medicines regularly. All medicines were stored securely and appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicine that had been administered. The records were up to date and had no gaps showing and all medicines had been signed for. Any unwanted medicines were disposed of safely.

Staff were trained in how to manage medicines safely and were observed a number of times administering medicines before being signed off as competent. Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). There was a written criteria for each person, in their care plan and within the medicine files, who needed 'when required' medicines. This gave people assurance that their medicine would be given when it was needed. People we spoke with told us they received pain relieving medicines when they needed it. Medicines audits were carried out on a daily basis by staff.

Staff had up to date information to meet people's needs and to reduce risks. Potential risks to people, in their everyday lives, had been identified, such as risks relating to

personal care, their health and mobility. Each risk had been assessed in relation to the impact that it had on each person. Measures were in place to reduce risks and guidance was in place for staff to follow about the action they needed to take to protect people from harm. Risk assessments were kept under constant review by the registered manager.

There were enough trained staff on duty to meet people's needs. Staffing was planned around people's needs, activities and appointments so the staffing levels were adjusted depending on what people were doing. The manager made sure that there was the right number of staff on duty to meet people's assessed needs and they kept the staff levels under review. The manager was available at the service five days a week offering additional support if this was required. People we spoke with told us there were always sufficient numbers of staff on duty. We looked at 12 weeks of rota's which showed a consistent number of staff on duty.

Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support. Staff recruitment checks had been completed before staff started work at the service. These included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check, checking employment histories and considering applicant's health to help ensure they were safe to work at the service. The registered manager interviewed prospective staff and kept a record of how the person performed at the interview.

The premises were maintained and checked to help ensure the safety of people, staff and visitors. A maintenance man was employed and available at the service four days a week, procedures were in place for reporting repairs and records were kept of maintenance jobs. Records showed that portable electrical appliances, fire fighting equipment and lifting aids were properly maintained and tested. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. These checks enabled people to live in a safe and adequately maintained environment.

People had a personal emergency evacuation plan (PEEP) and staff and people were involved in fire drills. A PEEP sets out the specific physical and communication requirements

## Is the service safe?

that each person had to ensure that they could be safely evacuated from the service in the event of a fire. People's safety in the event of an emergency had been carefully considered and recorded.

Accidents and incidents involving people were recorded. The manager reviewed accidents and incidents to look for

patterns and trends so that the care people received could be changed or advice sought to help reduce incidents. For example, observations were completed and recorded 12 hours, 24 hours and 48 hours following a person having a fall as advised by a doctor.

# Is the service effective?

## Our findings

People who lived at Fairlawn were happy with the service provided. One person told us “The staff are friendly, nice and help me whenever I need it.” Another said “The staff are good at their jobs and are properly trained.”

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. A staff member told us, “I am confident I have the skills to do my job from the training I have received.”

Staff we spoke with confirmed that they had received all of the training they needed. The training matrix and staff files we looked at confirmed that staff had received the mandatory and specialist training for their role which would ensure they could meet people’s individual needs. There was an ongoing programme of training which included face to face training and distance learning. This included training in topics such as safeguarding adults, health and safety, Mental Capacity Act (2005), Deprivation of Liberty Safeguards, basic life support, people handling, food safety and infection control. Staff were trained to meet people’s specialist needs such as Dementia.

The manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained to understand and use these in practice. Staff asked people for their consent before they offered support. People’s capacity to consent to care and support had been assessed. If people lacked capacity, staff followed the principles of the MCA and made sure that any decision was only made in the person’s best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Some people living at the service were constantly supervised by staff to keep them safe. Because of this, the manager had applied to local authorities to grant DoLS authorisations. The applications had been considered, checked and granted ensuring that the constant supervision was lawful.

Staff told us they felt supported by the management team and the staff. Staff received regular supervision meetings

with the management team. These meetings provided opportunities for staff to discuss their performance, development and training needs. The manager also carried out annual appraisals with staff to discuss and provide feedback on their performance and set goals for the forthcoming year. New staff worked alongside more experienced staff within the service before working unsupervised and they completed an in-house induction plan.

People’s nutritional needs had been assessed and recorded. People who had been assessed to be at a high risk of malnutrition or dehydration had a record of their food and fluid intake. People had access to a variety of drinks throughout the day. Jugs of water were available within each bedroom and jugs of squash were available within the dining room. We observed people being encouraged to drink fluids during the inspection.

People told us they had enough to eat and drink. Everyone was complimentary about the food. One person said “The food is lovely, it is good quality.” People were offered a choice of meals from the menu each day. People’s suggestions about foods they would like to see on the menu were listened to and were provided. Menus were balanced and included fruit and fresh vegetables. All meals were homemade, including homemade cakes, pies and puddings. The chefs were aware of people’s dietary requirements such as gluten free and low fat, which were catered for.

People could choose to eat in the dining room, lounges or in their bedrooms. The lunchtime meal was served to people individually and people had the time they needed and were not rushed. People were supported to remain independent at mealtimes, for example, people were given food in a form they found easier to eat and maintain their nutrition intake.

People we spoke with told us they could see a doctor when they needed to. People’s health needs were recorded in detail in their individual care files. People’s health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. All appointments with professionals such as doctors, district nurses, opticians, dentists and chiropodists had been recorded with any outcome. Future appointments had been scheduled and there was evidence that people had regular health checks. People had been



## Is the service effective?

supported to remain as healthy as possible, and any changes in people's health were acted on quickly. A health care professional commented "This is one of the best homes I visit."

# Is the service caring?

## Our findings

People told us the staff were kind, caring and treated them with respect. A relative said “My relative is treated with dignity, kindness and compassion.” Another said “The staff are lovely approachable carers whose manner is kind, patient and professional.”

There was a relaxed atmosphere in the service and we heard good humoured exchanges between people and staff. People looked comfortable with the staff that supported them, with many staff having worked at the service for a number of years.

People were supported to remain as independent as they wanted to be. For example, we observed staff placing a glass of water into a person's hand and supporting the glass whilst the person drank for themselves. Staff who were supporting people to eat their meal were observed to be encouraging and engaging with people. Staff took their time and were patient with people, this enabled people to eat their full meal.

Throughout our inspection we saw that people were treated with respect and that the staff took appropriate action to protect people's privacy and dignity. Staff explained how they supported people with their personal care whilst maintaining their privacy and dignity. People, if they needed it, were given support with washing and dressing. All personal care and support was given to people in the privacy of their own room or bathroom. We observed staff knocking on bedroom doors and waiting for a response before entering.

People told us staff treated them with respect. People were treated with dignity at all times. For example, staff explained to people about the care they would receive

before it was provided and asked them what they would like to do and when. We observed staff supporting people to move from a wheelchair into a lounge chair, the staff member spoke gently and calmly, reassuring the person.

When people were at home they could choose whether they wanted to spend time in the communal areas or time in the privacy of their bedroom. We observed people choosing to spend time in their bedroom and in the lounge which was respected by staff. People could have visitors when they wanted to and there were no restrictions on what times visitors could call. People were supported to have as much contact with their friends and family as they wanted to. Relatives told us they were kept fully informed about their relative and were welcomed when they visited.

People's care plans contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about people's backgrounds. People were actively involved in making decisions about their support, for example one person told us “I have seen my care plan and I am in the process of completing another one.” Staff were in close contact with people's family and friends who were all involved in helping people to write their care plans.

Some people had spoken to staff about the care and treatment they wanted at the end of their life. Some people had ‘Do not attempt cardiopulmonary resuscitation’ (DNACPR) decisions in place which staff knew about. These forms were at the front of care plans so would be accessible in an emergency. Personal, confidential information about people and their needs was kept safe and secure.

Records we saw were up to date, held securely and were located quickly when needed.

# Is the service responsive?

## Our findings

People told us they had been involved in planning their care, with their relatives. People told staff how they liked their care provided and told us that staff did as they requested. One person said “The staff know me well, they know what I like and what I don’t like and they respect this.” A relative told us that they were kept informed about their relative’s care and had seen their care plan. We saw people had been involved in writing parts of their care plans.

People told us they were confident to raise any concerns or worries they had with the manager, provider or staff. They said that the registered manager was always available if they wished to make a complaint or a suggestion and always dealt with any complaint to their satisfaction. A process to respond to and resolve complaints was in place. Information about how to make a complaint was available to people and their representatives. There had been one complaint that had been fully investigated and responded to. A visiting relative told us “We have no concerns and would recommend Fairlawn to anyone.”

The service also kept compliments which had been received from relatives, these included cards from different relatives which read “Thank you so much for all your kindness and sincerity shown.” And “My relative has been beautifully cared for in a well staffed home, in very pleasant surroundings.”

People told us they had enough to do during the day and spent their days doing activities including bingo, crosswords and manicures. An activity coordinator arranged a variety of activities including trips out with people individually to go shopping or to the local garden centre. People were encouraged to be actively involved in

making decisions about their support and how to spend their time at monthly house meetings and review meetings. The meetings involved asking people if they enjoyed living at the service and if there were any improvements people wanted to make, staff recorded people’s answers. A monthly calendar of events was then created with activities people had chosen. This meant people could express their views and were involved in making decisions in the way the service was delivered.

People’s care plans had been developed with them and their families from the initial assessments. Care plans contained detailed information and clear guidance about all aspects of a person’s health, social and personal care needs, which helped staff to meet people’s needs. They included guidance about people’s daily routines, communication, life histories, health condition support and any behaviour support information. Staff knew about people’s needs and their backgrounds and the care and support they required. Relatives told us they had been involved in the planning of their family member’s care and support.

People’s care plans were reviewed with them on a regular basis, changes were made when support needs changed, to ensure staff were following up to date guidance. People were fully involved in the development and review of their care plans.

People were supported to stay in contact with their loved ones. Visitors were made to feel welcome, a visitor told us that often visited unannounced and were always made welcome by the staff. People were supported to continue practising their religious faith, one person told us they had visits from the local clergy which they looked forward to.

# Is the service well-led?

## Our findings

The service had a manager in place who had applied to become registered with the Care Quality Commission and who was supported by two senior support workers.

Between them they managed the care staff. Staff understood the management structure of the service, who they were accountable to, and their role and responsibility in providing care for people. People were able to approach the manager when they wanted to and we observed people laughing and chatting to the manager. Relatives spoke highly of the manager and said, "I am informed about any management changes, I also receive a monthly email and calendar of events."

Observations with people and staff showed that there was a positive and open culture between people, staff and management. Staff were at ease talking with the manager who was available during the inspection. Staff told us "The manager is very supportive and approachable" and "The manager is a good role model to follow." A health care professional said the manager regularly liaised with health services. The manager made themselves available and was visible within the service for people to speak to as and when they wanted to.

People and their relatives had a say about how the service was run. People were asked for their views by the staff and at more formal review meetings, which peoples' families attended. Annual questionnaires were sent to people, their relatives and staff to complete. Some changes had been made based on feedback including changes to the menu and the purchasing of new bedding. The responses from the last survey were positive but had not been collated and published so people were not aware of the results or about what action was taken to improve, based on the feedback.

The manager made sure that staff were kept informed about people's care needs and about any other issues.

Team meetings were held so staff could discuss practice and gain some mentoring and coaching. Staff meetings gave staff the opportunity to give their views about the service and to suggest any improvements. Staff handover's between shifts highlighted any changes in people's health and care needs, this ensured staff were aware of any changes in people's health and care needs. Staff told us the manager ensured good communication between staff and people.

There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. The manager chose a different policy each month which was displayed on a notice board within the office. Staff would read the 'policy of the month' to familiarise themselves with its contents. Staff knew where to access the information they needed.

The manager had an understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, if a person had died or had had an accident. All notifiable incidents had been reported correctly.

The manager told us they were supported by the provider who regularly spent time at the service offering support and guidance. We observed people talking to the provider throughout the inspection. One person told us when talking about the provider "They always come around and ask of we are ok and happy." The manager had a vision and plan of how they would improve the service over the next twelve months, this included further specific training and documentation relating to supporting people with dementia. The manager had also planned to increase the staffing at the weekend following an analysis of accidents at this time.