

Chislehurst Care Limited

Fairmount

Inspection report

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

Date of inspection visit:
29 January 2021

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22 February 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Fairmount residential care home is a care home service that accommodates 38 older people across two floors in one adapted building. The home specialises in caring for people living with dementia. There were 18 people using the service at the time of our inspection.

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

Since the last inspection, the service had made considerable improvements in relation to assessing risk, medicines management person centred care and good governance.

There were enough staff available to meet people's care and support needs. The provider had appropriate arrangements to help prevent the spread of Covid 19. There were procedures in place to prevent visitors to the home from spreading infection at the home. The provider had accessed regular testing for people using the service and staff and shielding and social distancing rules were complied with. All staff had received training on infection control and specific training relating to COVID 19.

The service worked in partnership with healthcare professionals to embed improvements and deliver an effective service. Positive feedback was received about the service from relatives and staff.

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 Inadequate (published 5 May 2020) and there were multiple breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, person centred care and good governance.

We also carried out an unrated inspection on 12 August 2020.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 13 May 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

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 coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fairmount on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Fairmount

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a focused inspection to check on breaches of legal requirements found at the last comprehensive inspection.

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

Inspection team

The inspection team on site consisted of an inspector and medicines inspector. After the inspection, an expert by experience made telephone calls to people and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Fairmount is a 'care home'. People in care homes receive accommodation and nursing 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 CQC. 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and healthcare professionals who work with the service. 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 improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. Where possible, we observed how staff interacted with people and how they supported people during the day.

We spoke with two staff members, the registered manager, director of care and the provider. We reviewed a range of records. This included five people's care records and a variety of records relating to the management of the service provided.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at care documentation and quality assurance records. We spoke with seven relatives to gain their views about the service. We also spoke with one professional who regularly visits the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, we found a failure to assess and mitigate risks to people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 12.

- People were protected from the risk of avoidable harm. The provider had made improvements and supplementary charts for repositioning, hourly checks and fluid intake were completed as required.
- Risks to people were identified and managed to maintain people's safety. These provided detailed guidance for staff to mitigate risks in areas such as skin integrity, moving and handling, mobility and personal safety.
- Health and safety checks including fire tests, water temperature checks and electrical and gas safety checks were carried out to ensure the environment and equipment was safe for use. Staff received fire training and took part in regular fire drills.
- Relatives were able to tell us of examples of safe care being provided. A relative told us "Staff are all aware of their [person] risk of falls. They know that [person] could topple so they walk with them and check on [person]."

Using medicines safely

At our last inspection, we found medicines were not managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvement had been made and the provider was no longer in breach of regulation 12.

- Medicines were managed safely. Staff recorded when medicines were administered and noted any reasons why people could not be given their medicines. Medicines records was checked by a second member of staff to minimise the risk of error.
- There was guidance in place for the administration of medicines that were prescribed to be given 'as required' (PRN). For one person's PRN medicine, we found instructions were not clear for staff. However, there was no evidence that people were at risk of harm from this concern. We spoke with the registered manager who promptly sought advice from the GP and this matter was rectified shortly after the inspection.
- Storage areas were organised, and cleaning schedules were completed. Tablet crushers were for individual use and were kept clean.
- The registered manager had reviewed medicines policies and procedures, and these were available for

staff to follow. The service was proactive with arranging reviews of people's medicines with their GP when needed.

- Since our last inspection, more staff had received training in the safe administration of medicines. This meant there were medicines-trained staff available to cover all shifts.
- Relatives told us they felt medicines were administered safely. A relative told us "Yes, [person] is on [medical condition] pills and it's always been done properly." Another relative told us "They have a very methodical regime. They always check that [person] has had their medication. There was a problem with the timings of [person's] medicines but they've changed doctors now and it's much better. I'm very happy it's all being done properly."

Staffing and recruitment

- There were adequate numbers of staff on the day of the inspection. The service had a staff rota which reflected the staff on duty and shifts were being covered adequately. A dependency tool was used to assess required staffing levels in the home.
- During the inspection staff did not appear to be rushed and were available to support people when needed. Staff told us there was enough staff to meet people's needs. A staff member told us "There is enough staff and we manage very well. We communicate with each other and help each other. We have everything that we need in place."
- Relatives also told us there was enough staff. A relative told us "There are enough staff, certainly to meet [persons] needs." Another relative told us "I've never felt I have to worry. It's never felt understaffed when I've been there, both before Covid and now."
- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before staff were employed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Relatives told us they felt people were safe using the service. A relative told us "[Person] is safe as far as we're concerned. We haven't had any concerns. The staff are brilliant." Another relative told us "[Person] is very safe because every time I speak to them, they say how good it is there."
- There were systems in place to protect people from the risk of abuse. Safeguarding and whistleblowing policies were in place.
- Staff were aware of the different types of neglect and abuse that could occur. They knew the reporting procedures to follow if they had any concerns.
- Records showed safeguarding concerns were logged and monitored which included working with relevant healthcare and social care professionals such as the local authority and safeguarding teams.

Learning lessons when things go wrong

- Lessons were learnt from accidents and incidents to prevent repeat occurrences. The provider had a system in place to record and respond to accidents and incidents in a timely manner. Records showed action taken in response including notifying relevant healthcare professionals and CQC.
- Accidents and incidents were monitored to identify trends. Measures were put in place to minimise the risk of reoccurrence of incidents. A relative was able to tell us of examples of safe care. They told us "[Person] had a fall about two years ago. Since, then [person] hasn't had any falls. They [staff] have been constantly vigilant. [Person] not had any accidents since then. [Person] had a mat for a while to alert them. They are always checking on them."

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 meeting shielding and social distancing rules.

- 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 accessing testing for people using the service and staff.
- 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.

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

At our last inspection, we found people did not receive person centred care. This was a breach of regulation 9 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvement had been made and the provider was no longer in breach of regulation 9.

- Care and support was planned and delivered to meet individual needs. Since the last inspection, information in people's care plans had improved. Care plans were person-centred and provided staff with guidance on how people's needs should be met. Care plans included details of people's preferences, cultural needs, health conditions and the level of support they required which covered areas such as pain management, falls, diabetes, mobility, skin integrity and eating and drinking.
- Staff knew people well and the level of support to provide to people. A relative told us "[Person] isn't able to have sugary biscuits even though they want them. They [staff] are all on top of that. They all know what [person] can and can't have. When they come around with a cup of tea and biscuits, they make sure [person] has a snack that isn't sugary, they're all tuned in well."
- People's care records were reviewed and updated when their needs changed. Relatives told us they were involved in care plan reviews. A relative told us "We have had an annual meeting. We go in and sit one to one and discuss the care."
- Relatives spoke positively about the service their relatives received. A relative told us "It [the home] offers good care and the staff are excellent." Another relative told us "They're really nice people. If I had to give them a mark as to how they treat [person], I'd say 101 out of 100."

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 engage in activities which were of interest or stimulated them. The service had activities and three activity co-ordinators in place. We observed activities taking place in the morning and afternoon. Relatives spoke positively about the activities at the service. A relative told us "There are quizzes, sing alongs and making sandwiches and scones and a film afternoon twice a week with a trolley with crisps etc. [Person] is always encouraged to take part...having the social contact is so important." Another relative told us "It changes every week, [person] likes the sing alongs and does some art. They also do flower arranging and cooking and if you want to make any suggestions they always listen."

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 met. People's care plans contained information which showed how people communicated and how staff should communicate with them. For example, if people were able to express if they were in pain or choose meals for themselves.

Improving care quality in response to complaints or concerns

- There were procedures for receiving, handling and responding to comments and complaints. Complaints were logged, and records showed the registered manager investigated and responded to complaints appropriately to ensure these were resolved.
- Relatives were aware of how to make a complaint and had confidence that any issues raised would be addressed. A relative told us "When we phoned the home, it took a long while to get through. I raised this with the home, and they have told staff to make sure they have the phone with them. It's been good since. They really listened and I appreciated that."

End of life care and support

- No one at the service was receiving end of life care at the time of our inspection. However, should the need arise, management staff were aware of actions to take including working with people, family members and other healthcare professionals to ensure people's end of life care wishes were identified, and measures put in place to ensure these were met.

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 inadequate. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, we found the provider had failed to have effective quality assurance systems in place to ensure people were provided with safe and good quality care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvement had been made and the provider was no longer in breach of regulation 17.

- The service was well managed. A relative told us "...very well managed, as far as I am concerned, there is none better, they are excellent." Another relative told us "The service is managed well. There is nothing they could do better as far as we are concerned. [Person] is happy there and that's most important for us."
- Since the last inspection, the service has made considerable improvements in relation to assessing risk, managing medicines safely, person centred care and good governance. Audits had been conducted by the registered manager and the provider which covered various aspects of the service including infection control, health and safety and care planning documentation.
- We received positive feedback from relatives about the registered manager and staff. A relative told us "I really do feel the manager does listen and does act when you say anything." Another relative told us "The manager is lovely and as caring as all the others. She is very helpful and approachable and always knows about [person]."
- There was an organisational structure in place and staff understood their individual roles, responsibilities and the contribution they made to the service. Staff told us they felt supported by management staff. A staff member told us "We have not had a manger like her. She is willing to help and is approachable. Very helpful. Residents are being cared for and it is better for people."

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 and provider understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong. We noted communications to people and their relatives showed the manager and provider provided apologies and reassurances that action was being taken to minimise the risk of any reoccurrence of such events and any issues were resolved.

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

characteristics; Continuous learning and improving care

- Records showed feedback from people and relatives was sought through surveys and residents' and relatives' meetings. A relative told us "There was a zoom meeting recently. It was a general meeting that anyone could attend. The manager hosted it and we all had the opportunity to ask any questions."
- During the COVID-19 pandemic, relatives spoke very positively about the way the service has managed the pandemic and kept them regularly informed of actions they were taking. A relative told us "I am impressed with how I have been able to see [person] and stay in touch with them. We can't ask for more. I have been offered video links, phone calls and visits through a window. If I ring to speak to [person] they go out of their way to make it happen. They sit with [person], help them with the phone and they make sure I speak to [person]."
- Staff meetings were held to discuss the management of the service. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. A staff member told us "Management are very supportive; if you have any concerns, you can raise it. The manager is very understanding."

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide effective joined up care and make improvements to the service. A relative told us "A local GP goes in weekly and there are always the district nurses who have changed [person's] dressings...I know [person] has also seen a chiropodist."