

Aspire Care (UK) Limited

Fawnhope Rest Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Fawnhope Rest Home is a 'care home'. Fawnhope Rest Home accommodates up to 19 people living with dementia and physical frailty. The care home accommodates people across two buildings. There is the main care home and a small two-bedroom annexe located through a garden. At the time of our inspection 12 people were living in the main home and no people living in the annex.

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

The lack of robust infection control practices placed people at risk of being exposed to infections. This included known risks associated with the current Covid-19 pandemic.

Risks associated with the environment and people's needs had not always been safely assessed, monitored and mitigated.

Although improvements had been made in relation to people receiving their medicines in a safe way, improvements were needed with medicine records. We have made a recommendation about this.

There was a mixed view about staffing levels in the service. We have made a recommendation to the provider to review their staffing levels.

People and relatives described Fawnhope as a safe place to live. Staff had a good understanding of safeguarding procedures. Staff were recruited safely.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Staff told us they were supported by regular training and supervision. People were supported to access other healthcare services in a timely way. Adaptations had been made to the home to meet the needs of the people living there.

Quality assurance systems had not always been effective in identifying the concerns we found at this inspection and bringing about improvement.

Staff were positive about the management of the service and told us the registered manager was very supportive and approachable.

The registered manager demonstrated a willingness to make improvements and during the inspection began reviewing their systems and process to ensure the service consistently provided good, safe, quality care and support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (11 November 2019). There was one breach of regulation in relation to regulation 18 (Notifications) of the Care Quality Commission (Registration) Regulations 2009. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

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

At this inspection enough improvement regarding regulation 18 had been made and the provider was no longer in breach this regulation. However, we identified three new breaches of regulations in relation to providing safe care and treatment, consent and governance. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections. We will describe what we will do about the repeat requires improvement in the follow up section below.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Safe, Effective and Well-led Key Questions which contain those requirements. 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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. 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 remained as requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe, Effective and Well led sections of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, consent and governance. Please see the action we have told the provider to take at the end of this report

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider to discuss how they will make changes to ensure they improve their rating to at least good. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Fawnhope Rest 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 Care Act 2014.

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

Three inspectors and an Expert by Experience carried out this inspection. 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

Fawnhope Rest home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because of the Covid-19 pandemic. Inspection activity started on 4 November 2020 and ended on 17 November 2020. We visited Fawnhope Rest Home on 10 and 11 November 2020.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and seven relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, team manager, care workers, a cook and a housekeeper. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- People and staff were not adequately protected from the risk and spread of infections, including COVID-19.
- The provider had not ensured national COVID-19 guidance was being followed in relation to personal protective equipment (PPE) and we found that staff were not wearing masks. The registered manager told us they had made this decision as they were concerned that people would be scared by staff wearing masks. They showed us the risk assessment regarding this, but this did not contain any factors of how the risks of infection spreading would be reduced.
- We additionally observed that staff were not socially distancing from people or each other. This increased the risk of infection spreading.
- The provider had an infection control policy in place, however this had not been reviewed and updated to consider additional infection control procedures in relation to COVID-19.
- The provider had implemented a COVID-19 risk assessment, but this did not contain up to date government guidance.

The failure to effectively assess and control the spread of infection was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us how they would improve their infection control processes following the inspection and had accepted additional training from the local care homes team. The local care homes team support care homes to ensure people receive safe and high-quality care.
- We were assured that the provider was accessing Covid- 19 testing for people using the service and staff and the home had remained free of Covid-19.
- The home was clean overall.
- There were hand sanitising stations placed around the home and staff were seen to use these regularly.

Assessing risk, safety monitoring and management

- Environmental risks were not always safely managed.
- Window restrictors were not in place. A window restrictor is a safety device which prevents a window from opening more than a fixed distance. Under health and safety legislation, window restrictors are required where people who are vulnerable to the risk of falling, have access to windows, and the windows are at such a height where anybody falling out of them is at risk of sustaining a serious injury. The registered manager was not aware that window restrictors were not in place and following the inspection, told us these had

been fitted.

- On the first day of the site visit, we found that a tub of thickening powder had not been stored safely and was accessible to people. Harm can be caused by the accidental swallowing of thickening powder and NHS England issued a patient safety alert about this in 2015. We brought this to the attention of the registered manager who ensured this was stored securely. However, on the second day of our site visit, the thickening powder was again, accessible to people.
- Some cupboards which needed to be locked were not always locked. This posed a risk of harm to people who lived with dementia.
- Prior to the inspection, we had received a concern about the way one person was supported to move. We followed this up during the inspection. We reviewed this person's mobility risk assessment, daily records and spoke with staff about how they supported them. The information we gathered was conflicting and we were not assured this person was always supported to move in a safe way. Following the inspection, the registered manager put measures in place to ensure the safety of this person.
- One person was at risk of choking and a speech and language therapist had recommended they required a particular diet. However, we saw from records that this was not always followed. This put the person at risk of choking. They were also prescribed thickening powder to ensure they could safely drink. However, there was no instruction about how much thickening powder this person should have, and staff told us different amounts. This also increased this person's risk of choking. Following the inspection, the registered manager gained advice from a health professional to ensure this person was eating and drinking the right consistency of food and fluids.

The failure to effectively assess, monitor and mitigate risks was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager addressed the issues regarding risk management promptly.
- Risk assessments were in place regarding areas such as the risk of falls, malnutrition and specific healthcare conditions. Staff mostly demonstrated they had a good knowledge of potential risks to people and how to mitigate them.
- The service took appropriate action to reduce potential environmental risks such as fire and Legionella disease. Equipment, such as hoists and lifts were serviced and checked regularly.

Staffing and recruitment

- There were mixed views about staffing levels in the home. Two people told us staffing levels were adequate as long as there was not a crisis and one person told us Fawnhope was short staffed. Three relatives felt there was enough staff whilst the other two relatives we asked felt there was not.
- Most staff told us that with the current people who lived in the home, the staffing levels were sufficient, although it was very busy. Some told us that afternoons were particularly busy when there were two staff on duty. For example, one staff member said, "It does get hard in the afternoon with only two [staff] on. We need to do the meds (administer medicines) and tea as well as look after all the residents. [Person's name] needs someone to keep an eye on her all the time, that means the other girl (staff member) has to do the rest but we usually take it in turns."
- During the inspection, we found call bells were answered promptly and staff did not appear rushed.
- We discussed staffing levels with the registered manager who told us they used a dependency tool to determine how many staff were needed according to the number and dependencies of people in the home.

We recommend the provider reviews their staffing levels to ensure they have enough staff on duty to safely meet people's needs.

- Safe recruitment practices were followed before new staff were employed to work with people. The

relevant checks were made to ensure staff were of good character and suitable for their role.

Using medicines safely

- People received their medicines as prescribed although improvements were needed with medicine records. For example, the records of medicines that have legal controls 'Controlled drugs' (CDs) were not accurate as the CD register had not been completed correctly when CDs were returned to the pharmacy.
- We noted that some instructions about medicines had been handwritten onto the printed MARs from the pharmacy by staff administering medicines at the home. Whilst there was no evidence that this had been done incorrectly, some had not been countersigned by another member of staff to confirm the instructions were correct. This is considered best practice by The National Institute for Health and Care Excellence (NICE).
- On occasion, when people had not taken their medicine, staff had used a code on the medication administration record (MAR) that meant 'other'. However, there was no further explanation what 'other' meant. When we asked a staff member to explain, they were able to, but the lack of recording could cause confusion and increase the risk of error.
- The registered manager told us they would put systems in place to ensure medicine records were improved.
- Staff had received training regarding medicine management. Competency assessments had been carried out to ensure staff were competent to administer medicines but some of these had not been done on annual basis as is considered best practice by NICE. This meant the provider could not be assured staff members were still competent to safely administer medicines. The registered manager told us they would ensure staff's competency would be annually assessed going forward.
- At our last inspection, we found that the number of tablets did not always correspond with recorded stock levels. This meant we could not be assured people received their medicines as prescribed. At this inspection all tablets matched the stock recorded. This indicated people were receiving their medicines appropriately.
- People confirmed they were happy with the support they received regarding their medicines and told us they could ask for and received 'as required' medicines when they needed them.

We recommend the provider seeks reputable guidance to ensure the safe management of medicines.

Learning lessons when things go wrong

- When something went wrong in the service the provider investigated and analysed these incidents. We saw records that demonstrated learning had taken place and measures had been put in place to reduce the likelihood of such incidents reoccurring. Staff confirmed learning was shared with them in various ways such as in meetings or during handover.
- However, on one occasion, we observed one person looking unsafe as they were leaning forwards in their chair. They had previously fallen forwards from a chair and sustained an injury. Their risk assessment stated that a staff member should always observe them. On this occasion we found that there was not a staff member present. An inspector stayed with this person to ensure their safety until a staff member attended. The registered manager told us they did not know why this happened and would put measures in place to ensure this person's risk assessment was followed.

Systems and processes to safeguard people from the risk of abuse

- All relatives we spoke with felt their relative was safe living at Fawnhope. For example, one relative told us, "It is a very safe environment and staff are very conscious of who is visiting at any time."
- There was a policy in place to guide staff in how to safeguard people from the risk of abuse and harm.
- Staff had undertaken safeguarding training and could discuss the types and signs of abuse and knew how to report allegations.
- Records of investigations into concerns were maintained and relevant agencies were informed as appropriate.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At our last inspection, we recommended that the provider updated their practice regarding how people consented to the use of surveillance equipment which was used in communal areas of the home. At this inspection, signage had been put up to inform people of the use of this equipment. Mental capacity assessments had been carried out, but these lacked sufficient detail to demonstrate whether the person had capacity or not and did not include the outcome. Furthermore, a best interest meeting record was not in place. This meant we could not be assured people had consented to being under surveillance or this was done in people's best interests.
- Other records were in place to assess people's capacity to make decisions, however these were not always decision specific as outlined in the MCA and were sometimes confusing. For example, a mental capacity assessment was in place for one person which stated, 'To administer care for aspects of daily living at Fawnhope in her best interest and with her consent.' It did not detail what aspect of daily living this was in relation to. It was also confusing how this person could consent when the record indicated they did not have the capacity to do so.
- We were told of instances where other decisions had been made on people's behalf. For example, one person wished to smoke but staff felt they could be at risk of burns and withheld their lighter. The person told us this was frustrating as they could not always smoke when they wanted to. For another person, a

sensor mat had been put in place to alert staff when they were on the move because of their risk of falls. This can restrict a person's ability to move around freely. Additionally, a staff member told us that people were restricted from watching the news for fear the information about the pandemic may upset them. Decisions such as these should only be in place with people's consent or if they do not have the capacity to understand these decisions, if it is in people's best interests. There were no records in place which demonstrated the principles of the MCA had been followed in these instances.

- When we asked people if they had been involved in making decisions about their care, they told us they had not.
- Staff demonstrated a lack of understanding about the MCA, some could not remember if they had received training and if they had, they told us they could not remember what it meant.

The failure to follow the principles of the Mental Capacity Act 2005 was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us that staff asked for their consent before supporting them with personal care. For example, one person told us, "They will always ask first before doing anything with me."
- Applications for DoLS had been submitted to the appropriate authorities by the management team, as required.

Staff support: induction, training, skills and experience

- Staff told us they had received enough training to carry out their roles effectively, however, some said they would prefer face to face training rather than online training as this helped with their understanding. The registered manager told us that face to face training would commence again after the current restrictions of the pandemic had been lifted.
- Staff had a good understanding of most areas relevant to their work, however, none of the staff we spoke with were able to demonstrate the meaning of the MCA or how they may apply these principles in their day to day work. We discussed this with the registered manager who told us they would work with the staff to increase their understanding.
- We asked people whether they thought staff were well trained and were knowledgeable about their needs. Comments included, "They are doing their best to cope with it, it is hard on them", "Yeah, I think so, when new ones come, I think they have training, they have to work with someone" and "To an extent but they don't know what I have been through with my [health condition]."
- An induction programme was provided to staff when they first commenced employment to ensure staff had an understanding of what was required within their roles. Staff who had not worked in care previously also completed the care certificate to ensure they had the correct skills to carry out their role.
- Staff told us they were well supported by the registered manager and they received supervision as part of their ongoing development which they found useful.

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

- People had access to sufficient food throughout the day; food was freshly cooked and a balanced and nutritious diet was provided.
- A four-week rolling menu was in place. There was one main choice for the main meal, and alternatives such as jacket potatoes and pasties were provided if people did not like the choice on offer. Snacks were on offer in between meals and we observed these being given during our site visit.
- When we asked people their views about the food, they told us, "It's OK", "It's alright" and "It's OK, it's not wonderful." We asked the registered manager how they gathered the views that people had about the food on offer and they told us this was done in an informal way. They told us they would strengthen this process to ensure people were happy with the food provided.
- The provider had assessed people's risk of dehydration and guidance was provided for staff regarding

those who may need encouraging to drink enough. People told us drinks were offered throughout the day but sometimes they needed to wait for the trolley to come around for hot drinks. For example, one person said, "The trolley comes around several times a day. I can ask [for drinks outside of these times] but it doesn't always work. They [staff] say you'll have to wait for the trolley." We discussed this feedback with the registered manager who told us they were surprised by this and would remind staff that people could have a hot drink when they wished.

- We observed lunchtime in the dining room on the first day of our site visit. It was a social occasion and people were supported in a dignified and sensitive manner when required.
- Care plans contained information about people who needed a special diet and staff, including kitchen staff were knowledgeable about this. People were provided with diets that were appropriate for their needs with the exception of one person. This has been detailed in the safe section of the report.

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

- The environment was in good decorative order and well maintained. Private and communal spaces were available to people and people could personalise their rooms as they wished.
- There was a maintenance programme in place and areas of the home and furnishings were updated and replaced when necessary.
- There was signage in the premises which helped meet people's needs and promote their independence. For example, toilets and bathrooms were signed. However, some relatives told us they had not noticed these signs and one relative said, "Signs are not dementia friendly as they are not big enough." The registered manager told us signage would be reviewed.
- The garden was accessible to people and looked attractive.
- Due to the pandemic, adaptations had been made to how people received visitors. People had been supported to use phones and video calls when there were restrictions on visits to care homes during lockdown. A designated room was being prepared for visitors at the time of our visit and the registered manager explained how this would be utilised in a Covid safe way.

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

- As detailed in the safe section of this report, the provider was not following current guidance in relation to infection prevention and control. Additionally, current guidance in relation to the MCA was not being followed because staff lacked an understanding about it.
- People's needs were assessed before the service commenced supporting them. This assessment was used to form a written plan of care which was updated as the provider learnt more about the person.
- Although, people's protected characteristics under the Equalities Act 2010 were not identified as part of their assessments, people, relatives and staff felt people were treated fairly. For example, one relative told us, "No discrimination evident, all treated equally from what I observe."
- Staff completed training in equality and diversity and the registered manager assured us that discrimination of any kind would not be tolerated.
- Staff made appropriate use of technology to support people. An electronic call bell system enabled people to call for assistance when needed. Pressure relieving equipment and falls prevention technology was used safely and in accordance with people's needs.

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

- People were referred to other health and social care professionals as needed. Outcomes of referrals were recorded and used to inform people's ongoing care and treatment. For example, one person had been seen by a nurse who specialised in diabetes. They had provided guidance to staff about how a person's diabetes could be managed, and the care plan had been updated accordingly. Staff were knowledgeable about this.
- The registered manager described having good relationships with local professionals such as GPs and

nurses. They told us they were supportive and felt they could call on them for advice.

- When people were admitted to hospital, staff provided written information about them to the medical team, to help ensure the person's needs were known and understood.
- Most staff felt they worked well as a team to ensure everyone was aware of a person's support needs or any change in these.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- There was a quality assurance process in place consisting of a range of audits, including: medicines management, infection control, environment and care plans. However, the systems had not always been effective in identifying the concerns we found at this inspection such as risk management, meeting the requirements of the MCA and ensuring that medicine records were accurate.
- Additionally, the provider had not ensured Government guidance in relation to infection control was being followed. More information about this can be found in the safe and effective and responsive sections of this report.

The failure to have effective systems in place to assess, monitor and improve the quality and safety of the service and to maintain accurate and contemporaneous records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was responsive to our feedback and either acted promptly to make improvements or told us of their plans about some of the changes they were going to implement following the inspection.
- Although the registered manager demonstrated commitment to the service and was working hard to make improvements at Fawnhope, this was the third consecutive rating of requires improvement.
- The registered manager had responsibility of the day to day running of the service and told us they were well supported by the provider. Staff were supported to understand their roles and responsibilities through staff meetings and supervisions.
- Providers are required to display their CQC rating at their premises and on their website if they have one and we saw that this was prominently displayed.

At our last inspection, a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 was identified. This was because the provider had not always notified us of events that they were required to do so by law. At this inspection, enough improvement had been made and the provider was no longer in breach of this regulation. Important events such as allegations of abuse and serious injury had been appropriately notified to CQC.

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

outcomes for people

- Improvements were needed to ensure people consistently received high-quality care and good outcomes. These have been reported in the safe and effective domains of the report.
- However, most people and relatives told us they were happy with the service. For example, one relative told us, ""The Home is run so well, and we have never had any complaints. I would recommend Fawnhope to other people. The atmosphere is pleasant and friendly, and the staff are so caring."
- The registered manager and some staff told us they had been through a difficult year due to changes in the senior staffing team and with Covid-19. They felt this had contributed to some of the issues identified during the inspection. However, they felt the home was becoming more stable again and there was a good culture in the service.
- People's likes, dislikes and personal preferences were considered and recorded in their care records. Regular staff also supported people which helped to ensure people received care and support from staff that knew them well.
- People were supported to stay in contact with their family during the pandemic via socially-distanced visits, video and phone calls. Relatives told us staff contacted them to keep them up to date with what had been happening and any changes made at the home.
- Staff said they enjoyed working at Fawnhope. Comments included, "I'm really fond of my job. It's totally rewarding" and "The best thing about working here (Fawnhope) are the residents, I really enjoy it."
- The registered manager provided supportive leadership. Staff told us the registered manager was "dedicated", "supportive and approachable" and "always there if you need her."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- The provider had provided people and those acting on their behalf with a survey to complete to gain their views about Fawnhope. From the records we reviewed, we saw that it was predominantly positive.
- The registered manager told us that 'resident's' meetings had stopped but they were looking to restart them. This would enable an additional way for people to provide feedback about living at Fawnhope.
- Five out of the six relatives we asked about meetings, told us they were not aware that meetings for relatives took place. They told us they thought these would be useful.
- Staff were encouraged to contribute to the development of the service through meetings and surveys. Staff told us they felt valued and listened to. They told us they could voice their views during staff meetings, supervisions and any time in between.
- External professionals had completed a survey in August 2020. These demonstrated a high level of satisfaction with the care people received and the working relationship between them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There had been no incidents that fit the remit of the Duty of Candour regulation, so we were unable to assess their compliance with this regulation. A duty of candour incident is where an unintended or unexpected incident occurs that result in the death of a person, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred.
- The registered manager was not fully aware of their responsibilities regarding duty of candour and told us they would improve their knowledge in this area.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The failure to adhere to the principles of the Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The failure to ensure risks relating to the safety and welfare of people using the service were assessed and managed effectively, and the failure to ensure the safe management of infection prevention and control processes.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The failure to have effective systems and processes in place to assess, monitor and improve the quality and safety of the service.