

Chislehurst Care Limited

Fairmount

Inspection report

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

Date of inspection visit:
08 February 2017
09 February 2017
10 February 2017

Date of publication:
28 March 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection on 08, 09 and 10 February 2017 due to concerns raised about the number of falls and staffing levels and to provide the service with a rating.. This was the first inspection of the service since it changed provider in October 2016. We found that people were risk assessed with regards to falls and the service managed this by making appropriate referrals to healthcare professionals. We also saw that there were enough staff to meet people's needs.

Fairmount Residential Care Home provides accommodation and personal care for up to 38 people older people and is situated in the London Borough of Bromley. At the time of our inspection there were 31 people living at the home.

Fairmount Residential Care Home was taken over by a new provider in October 2016. There was a registered manager who had been in post since December 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found two breaches of legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care plans and risk assessments were not always completed or updated and did not always provide clear information and guidance for staff. Personal evacuation plans were not always completed to ensure people would be safely evacuated in the event of an emergency. People's food and fluid charts and Malnutrition Universal Screening Tool (MUST) were not always adequately completed or monitored. Best interests meetings were not always carried and decisions documented. Not all staff had DBS checks carried out before they started work. Although the provider had introduced and carried out a number of internal audits since taking over the service, not all shortfalls identified had been followed up and addressed at the time of the inspection. The provider only took over the service five months will ago and has assured us that all actions identified would be followed up as soon as possible. You can see the action we have asked the provider to take in respect of this breach at the back of the full version of the report.

Safeguarding adult's procedures were robust and staff understood how to safeguard people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

We saw staff training except for MUST training was up to date. Staff received supervision, appraisals and training appropriate to their needs and the needs of people who they supported to enable them to carry out their roles effectively. There were processes in place to ensure new staff were inducted into the service appropriately.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005(MCA)

and Deprivation of Liberty safeguards (DoLS). Staff asked people for their consent before they provided care.

People had access to a range of healthcare professionals in order to maintain good health. People were treated with kindness and compassion and people's privacy and dignity and confidentiality was respected. People were supported to be independent where possible such as attending to some aspects of their own personal care.

Staff were knowledgeable about people's individual needs. People's religious beliefs were recorded to ensure that staff took account of people's needs and wishes.

People were involved in their care planning and the care and support they received was personalised and staff respected their wishes and met their needs. People knew about the service's complaints procedure and said they believed their complaints would be investigated and action taken if necessary.

Regular resident and staff meetings took place and people's views had been sought about the service.

People and staff told us they thought the service was well run and that the registered manager was supportive.

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.

Up to date risks were not always incorporated into people's care plans and risks assessments to reflect how people's needs should be met and did not always provide clear information and guidance for staff.

Not all staff had DBS checks carried out before they started work.

There were appropriate safeguarding procedures in place and staff had a clear understanding of these procedures.

Medicines were stored, administered and recorded appropriately.

There were enough staff on duty to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People's food and fluid charts were not always adequately designed to show what and how much people were consuming.

Best interests meetings were not always carried and decisions documented.

Care plans contained mental capacity assessments that were appropriate and applications for DoLS were made in accordance with the MCA 2005.

Staff training was up to date except for MUST training. Staff had received appropriate support through formal supervisions and appraisals.

People had access to healthcare services when they needed them.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

Staff delivered care and support with compassion and consideration and supported people at their own pace.

People's privacy, dignity and confidentiality was respected.

People were supported, where appropriate, to visit places of worship of their choice so they could practise their faith.

Staff encouraged people to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care.

People were aware of the complaints procedure and how to make a complaint should they need to.

Regular resident and staff meeting took place and people's views had been sought about the service.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider did not notify the CQC that there were a number of staff employed without criminal record checks.

Although there were processes in place to monitor the quality and safety of the service, not all shortfalls identified had been followed up and addressed.

People and staff told us they thought the service was well run and that the registered manager was supportive.

Fairmount

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 unannounced comprehensive inspection took place on 08, 09 and 10 February 2017 due to information of concern received about staff levels, and the high number of falls notifications reported to the CQC by the provider.

The inspection team consisted of one inspector and an inspection manager who was observing on the first day of the inspection. One inspector and one expert by experience on the second day of the 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. One inspector attended on the third day of the inspection.

Before the inspection we reviewed information we held about the provider, including the provider's information return (PIR) and notifications. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also asked the local authority commissioning the service for their views of the service.

We spoke with six people using the service, five relatives, one friend, a spiritual representative, five members of staff, the registered manager and the deputy manager. We reviewed records, including the care records of six people using the service, recruitment files and training records for eleven members of staff. We also looked at records related to the management of the service such as quality audits, accident and incident records, and policies and procedures. We spent time observing the care and support delivered to people and the interactions between staff and people using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At this inspection, we found a breach of regulations because care plans and risk assessments were not always completed or updated to reflect how people's needs should be met and did not always provide clear information and guidance for staff. We saw that three people using the service had their diets changed from a normal diet to either a pureed or a soft diet, however we did not see up to date risk assessments and their care plans did not record this information to ensure that staff had the most up to date information and guidance on how to support people. For example, one person was at risk of choking, we saw that a Speech and Language therapist (SALT) had advised that the person should be given thin pureed meals and to ensure that the person sat in an upright position whilst eating. We saw that this information was not incorporated in to the person's risk assessment and care plan.

We looked at the Malnutrition Universal Screening Tool (MUST) records for eight people. A MUST record identifies adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. We found that four people who had lost a significant amount of weight in a short period of time had MUST records that were not fully completed or accurately calculated. For example, information such as BMI (body mass index) or percentage of weight loss was not completed or calculated correctly in order for the assessment to determine risk likelihood. This meant there was a risk that, referrals to healthcare professionals would not have been made in order to obtain advice about eating and drinking. Risks to people may not be correctly identified if MUST records are not accurately completed.

We also found that although people had individual personal emergency evacuation (PEEP) plans, the plans did not always highlight the level of support people would need to evacuate the building safely.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

We brought these issues to the attention of the registered manager. We saw through observations that staff and kitchen staff were aware of each person's dietary requirements and therefore the impact on people of the incomplete or out of date risk assessments was minimised. By the end of our inspection the registered manager had updated people's risk assessments and care plans to ensure that any new staff coming into the service would be aware of people's dietary needs. We also saw that the registered manager had added missing details into people's PEEP plans that were not completed in full. We also saw that the service was aware of this shortfall and had identified it in an internal audit carried out at the beginning of February 2017.

Staff we spoke with told us that they were not confident in completing the MUST tools and had not received any training in this area. We brought this attention of the registered manager who showed us that no one was at risk of malnutrition, as people who had suffered a weight loss had been reviewed by the GP. The registered manager told they were going to arrange MUST training for staff. We will assess the impact of this training has on people using the service. We will check this at our next inspection of the service.

There were other areas of good practice in relation to risk assessment and care planning. We saw that people's care and support needs were assessed before they moved into the home. Risk assessments were

completed for each person in relation to medicines, mobility, bedrails, general environment and fire. Risk assessments included information about action to be taken to minimise the chance of the risk occurring. For example, one person was at risk of falls and we saw there was clear guidance for staff to ensure that the person had the appropriate footwear and was supported adequately whilst mobilising.

The service had reported a high number of falls for people using the service, but we saw that people had been referred to the falls clinic, referred to the GP and appropriate measure were put in place to stop these incidents from happening again. For example, there were sensory mats in place at night to alert staff that people were mobilising.

Medicines were safely stored, administered and recorded. Medicines were administered using a monitored dosage system supplied by a local pharmacist. We saw Medication Administration Record (MAR) charts had been completed in full and people's allergies were clearly recorded in the front of the charts. Medicines to be given when required (PRN) had information and individual protocols in people's medicine records to guide staff on their use and were recorded on MAR charts. We saw that where topical creams were used records were completed to demonstrate that people were receiving these medicines as required. Controlled drugs were safely kept in locked cupboards within a locked medicine room. We looked at the controlled drugs register and saw it had been completed and countersigned by a second signatory as required. We saw medicines fridge temperatures and room temperatures were recorded and monitored daily indicating that medicines were stored at the correct temperatures to ensure they remained effective.

Training on the safe use and administration of medicines had been provided to staff before they supported people to take their medicines. All staff administering medicines had regular competency checks. Audits of people's medicines were carried out on a regular basis to ensure they were correctly administered and signed for. We saw that the latest medicines audit carried out in January 2017 identified shortfalls and actions were carried out immediately to rectify the issues found. For example there were gaps on the MAR charts where topical creams had been used. We saw that staff were spoken to individually and reminded at staff meetings of the importance of ensuring MAR charts were completed in full on a daily basis.

Recruitment checks were conducted before staff started work at the service to ensure only suitable staff were employed. We checked eight staff files and saw they contained completed application forms including details of the member of staff's employment history and qualifications. Each file also contained evidence confirming references and proof of identity had been secured. The provider had carried out checks to ensure staff members were entitled to work in the UK before they commenced work. Since the new provider took over in October 2016, we saw that no new staff had been employed by the service, however, the registered manager had identified that not all staff who worked at the service prior to the change in provider had a criminal record checks carried out and this required improvement. We saw the service had started to carry out criminal record checks in retrospect for staff who did not have one. The registered manager also told us that they had risk assessed staff who did not have a current criminal record check and ensured that these members of staff did not work alone with people until they had undergone a criminal record check.

People we spoke with told us that they felt safe and that they were happy with the care they received. One person told us, "I feel safe here it's because of all the staff being here". Another person said, "I have no worries about safety".

Staff were aware of safeguarding policies and procedures and knew what action to take to protect people should they have any concerns. Staff we spoke with demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse and who they would report any safeguarding concerns to. The registered

manager said that all staff had received training on safeguarding adults from abuse. Training records we saw confirmed this. Staff told us they were aware of the organisation's whistleblowing policy and they would use it if they needed to.

We saw through observations and staff rotas that there were enough staff to meet people's needs. One person using the service said, "I think there are enough staff running the home." Another person said, "The staffing levels seem right". We saw that the service used agency staff but these were usually the same staff in order to provide people with consistency and with staff who knew their needs.

We saw a file recording all incidents and accidents that had occurred at the service. This included the detail of the incidents or accident, i.e. what happened, what action was taken, For example one person using the service had suffered a fall, and although they did not sustain any injuries they were referred to the falls clinic.

There were arrangements in place to deal with possible emergencies. Staff told us they knew what to do in response to a medical emergency or fire and they had received first aid and fire training. Records we looked at confirmed this. The fire risk assessment for the service was up to date.

Is the service effective?

Our findings

We found that people's food and fluid charts were completed by staff, however, the charts design did not allow for detailed information to be recorded. For example the type and amount of food and fluids people were consuming on a daily basis was not recorded and this required improvement in order staff could monitor people's intake and ensure people were not at risk of dehydration or malnutrition. We brought this to the attention of the registered manager who showed us how they would be re-designing the food and fluid charts with immediate effect to provide more accurate information regarding the food and fluid people consumed on a daily basis, so that if there were any problems these could be immediately identified and appropriate action taken. We were not able to assess the impact of the new food and fluid charts at the time of this inspection on people using the service. We will check this at our next inspection of the service.

We observed some areas of good practice in relation to nutrition and hydration. People were involved in choosing what they wanted to eat or drink and were supported to maintain a healthy balanced diet to protect them from the risk of poor nutrition and dehydration. People who had difficulty communicating were physically shown the choice of meals and drinks on offer so that they could decide what they wanted to eat and drink. One person told us, "The food is very good and yes I have choice of hot meals or sandwiches". Another person said, "The food is very good and we get enough and they look after us, plenty of tea" A third person said "I love liver and bacon and that's what I had today I'm happy".

We checked to see whether people's rights had been protected by assessments under the Mental Capacity Act 2005 (MCA). 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the provider had followed the requirements of DoLS and had submitted applications to a 'Supervisory Body' to request the authority to legally deprive people of their liberty when it was in their best interests. We saw that applications under DoLS had been authorised and that the provider was complying with the conditions applied under the authorisation. We saw that capacity assessments were completed with people for specific decisions such as care and treatment and taking medicines and these were retained in people's care files. However, we saw best interests meetings were not always held in conjunction with the involvement of family members in the person's best interests to record decisions made to show that the least restrictive approach had been used to support people. For example, one person had suffered a fall and had been given a recliner chair to prevent them from mobilising before staff could support them to do this safely. Although the registered manager told us that both the family and physiotherapist were happy with this course of action there was no formal best interests meeting recorded to show that this decision had been made in the person's best interests with the involvement of the family and relevant healthcare professionals. The registered manager

told us that this was because the person had suffered a fall just a few days before our inspection and were in the process of setting up a formal best interest meeting. We did see in some people's care files that there were notes to show that the family had been contacted and the registered manager told us that it was difficult to get families to attend best interest meetings.. We also saw that the provider had already identified this issue in an internal audit carried out in January 2017 and there was an action plan in place and were working towards ensuring that all best interest meetings were held where required.

Staff asked people for their consent before they provided care. One person told us "[Staff] always ask me if I want help and tell me what they are doing". One person we spoke with told us "Staff always ask about help I need and acknowledge all I want."

People and their relatives told us that staff were well trained and competent. One person we spoke with told us, "Staff have the right skills and training they are very good. One relative we spoke with told us, "Staff are trained and clearly know [my relative] and us well".

There were systems in place to ensure staff new to the home were inducted into the service appropriately in line with the Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that are expected of all new care workers. Records confirmed that staff had completed mandatory training in line with the provider's policy. This training included safeguarding adults, management of medicines, manual handling, health and safety, mental capacity and dementia. One staff member we spoke with told us, "All my training is up to date." Another staff member said, "I did have an induction when I started and my mandatory training is up to date." However we found improvements were required as MUST training for staff responsible for completing these forms was not up to date and the registered manager was in the process of arranging this training. We will check this at our next inspection.

We saw that staff were supported through regular formal supervisions and appraisals. During supervision sessions, staff discussed a range of topics, including issues relating to the people they supported, confidentiality, working practices and training. The frequency of supervisions meant that any shortfalls in knowledge or training could be picked up promptly and addressed so that people continued to receive an appropriate standard of care. One staff member we spoke with told us, "I have regular supervisions and it gives me the opportunity to discuss matters on a one to one basis." Another staff member said, "I have regular supervisions, they have improved a lot due to the new management and I find them useful."

People were supported to access a range of healthcare professionals including a GP, district nurses, speech and language therapists and physiotherapists. One person told us, "The GP does visit me in home when I need him". Another person who not very mobile said, "I am unable to visit the GP[at the surgery] but they do visit [me at] the home on a Thursday and Friday."

Is the service caring?

Our findings

People and their relatives told us staff were caring and they were happy with the service they received and they were treated with dignity and respect. One person told us, "Staff acknowledge all I want, they are caring". Another person said "Staff are kind, they call me by my name always, they are polite and never refuse me anything I ask."

Throughout the course of our inspection we observed staff treated people in a calm, respectful and dignified manner. We saw staff engaged with people positively in conversations that were relaxed and friendly and staff took their time and gave people encouragement whilst supporting them. For example, one person required support with their meal. We saw the staff member supported the person in an unhurried manner and checked if they had had enough to eat. Staff responded kindly and warmly to people. Staff checked on people's welfare when they preferred to remain in their bedroom or chose not to take part in activities. We saw staff provided reassurance for people when they were anxious. For example, a member of staff sat next to one person gently holding their hand and talking with them to provide comfort and reassurance. This showed that staff were knowledgeable about how to care for the person.

People were involved in their day to day care. One person told us "I am able to make my own decisions about whatever I want". Staff knew people's life histories in detail and how to support them; they were able to describe the individual needs of people who used the service. For example, they knew the times people liked to go to bed and wake up, and the types of food they liked and disliked. One staff member we spoke to told us, "One person loves gardening and is knowledgeable about which plants should be planted in the garden."

Staff protected people's confidentiality, privacy and dignity. Records regarding people's care and treatment were stored securely to ensure confidentiality. We observed staff knocking on people's doors and waiting for permission before entering their rooms. One person told us, "When I'm in my bedroom the staff always knock the door and are very respectful to me, both when dressing and undressing staff always take their time, I never feel rushed." Another person said "I have privacy in my bedroom."

Staff told us that they promoted people's independence by encouraging them to carry out aspects of their personal care such as washing and shopping. One staff member told us, "I encourage people to do as much as possible for themselves, such as washing their face and dressing."

Staff showed an understanding of equality and diversity. Care records showed that people's choices and preferences including their religion, interests and preferences were recorded which enabled staff to provide a service suited to their individual needs. For example, people with religious needs were supported to visit a place of worship of their choice so they could practise their faith. Where people were unable to worship in the community, we noted that spiritual representatives visited the home to support people practise their chosen faith. One person told us "[Staff] take me to church on Sundays". Another person said "I have lunch at church on Thursdays."

We also spoke to a visiting spiritual representative who told us "The home is friendly, offers good support and is warm and clean. Staff are conscientious and people are well cared for."

People were provided with information about the home in the form of a service user guide. This guide outlined the standard of care people could expect, and the services and facilities provided at the home and included the complaints procedure. People's relatives were encouraged to visit them at the home to ensure social isolation was reduced. One person told us, "My family visit whenever they want".

Is the service responsive?

Our findings

People and their relatives told us they were involved in the care planning process. One person we spoke with told us "I do have a care plan, they are important". One relative said, "I was involved in [my relatives] the care plan".

We saw people using the service and their families were involved in the care planning process and saw care plans were reviewed on a regular basis. We saw staff recorded daily progress notes that detailed the care and support delivered to people. We looked at six people's care files and saw they were well organised and easy to follow. People's records identified their choices and preferences and what was important to them, such as what they liked to do, the things that may upset them and how staff could best support them. For example, talking to people calmly and reassuring them. People told us they had a choice in the gender of their carer. One person said, "I have a lovely young lady".

We saw people's bedrooms were personalised to their own taste. Some people preferred to spend time in or eat in their rooms. Activities took place daily. The home had two activity co-ordinators in post and on the days of our inspection we saw that activities were carried out in small manageable groups. We saw people were involved in singing and dancing and arts and crafts. Other activities on offer at the home included armchair exercise, music for health and quizzes. Some people chose to sit and observe, we saw staff regularly encouraging them to participate and checking they were alright. One person we spoke with told us, "I enjoy singing and dancing at every opportunity I can get". Another person said "For activities I do puzzles and art". We also saw that the garden had a structure that had been turned into a tea room where people using the service could take their friends and relatives when they visited. This was an extremely popular activity and was very beneficial for people who unable to leave the service to take part in activities outside of the home. One person told us "I enjoy going to the tea room with my family as I am unable to go out now".

We saw the service had a complaints policy in place and the procedure was on display for people within the home should they need to raise concerns. Although the service maintained a complaints folder they had not received any complaints to date, however if they did the registered manager said they would follow the complaints process to investigate the matter. People said they knew about the complaints procedure and said they would tell staff or the registered manager if they were not happy or if they needed to make a complaint. They were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. One person told us, "It's no problem here to speak up but I have never had to do it". Another person said, "I absolutely have no complaints and if I had one I would find the manager."

The service regularly sought people views of the service. Regular resident and relative meetings were held to gather people's views on ways to improve the service. One relative said, "I have attended residents meetings and they have an open question slot for relatives and that was good". We saw minutes of the last meeting which took place in January 2017; areas discussed included menus, activities and trips. For example, we saw that people said they wanted to go on more trips, the registered manager told us they were in the process of purchasing a minibus for the service that would enable people to go out on the trips they have requested. We were not able to assess the impact of the new minibus at the time of this inspection on people using the

service. We will check this at our next inspection of the service.

Is the service well-led?

Our findings

People we spoke with told us they were happy with the service they received. They were complimentary about the registered manager and the staff. One person told us, "The manager seems present, efficient, capable, approachable and listens to me". A relative told us "We can speak to the registered manager and the staff do listen and show an interest, I think it's managed well and they do, do their very best". Although people had noticed some positive changes in the management of the service there were some areas which required improvement.

The new provider took over this service in October 2016. The registered manager had identified that not all staff had a Disclosure and Barring Service check prior to starting work. Providers are required to notify the CQC of any event which may present a risk to carrying on the service safely. However the provider did not notify the CQC of this finding.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The registered manager showed us that they were in the process of carrying out criminal records checks retrospectively for all staff that did not have one in place, and a risk assessment had been carried out. We raised the issue of notifying the CQC of any event which may present a risk to carrying out the service safely with the registered manager who told us that they were now clear about their responsibilities to notify the CQC in the future.

At this inspection we found there were processes in place to monitor the quality of the service, and the registered manager recognised the importance of regular quality monitoring. The provider had carried out regular monthly audits which included care plans, medicines, activities, infection control and training. We saw the provider had identified the issues we found at this inspection and there was an action plan in place. For example, a care plan audit at the beginning of February 2017 had identified that not all people had a completed PEEP in place. Although the provider had an action plan in place, not all of the actions had been completed at the time of our inspection. We will check at this our next inspection. We saw that the provider has started to address the identified shortfalls but we would like to see a track record of good care before rating this section as 'Good'.

The service had a registered manager who had been in post since December 2016. Staff described a culture at the service where they felt able to speak out if they were worried about quality or safety. They told us they were happy working in the service and spoke positively about the leadership team who they said were receptive to their feedback. One staff member told us that the registered manager is lovely and has an open door policy, is approachable and always finds time for staff". Another staff member said, "The registered manager is very receptive."

Staff told us and records we looked at confirmed that regular staff meetings took place. Minutes of these meetings showed discussions took place around areas such as people who used the service care and support needs, timekeeping, medicines and whistleblowing. One staff member told us, "I attend staff

meetings regularly and can discuss issues and get feedback." Another staff member told us, "There are lots of staff meetings; I find them useful".

We saw that the service carried out relative and a resident surveys on an annual basis to provide people with the opportunity to give feedback about the service. Feedback from the latest survey carried out in September 2016 was positive. Comments included "Fairmount has done [my relative] the world of good and "[My relative] is very happy and content, I thank you from the bottom of my heart as they have improved no end".

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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>Care plans and risk assessments were not always completed or updated and did not always provide clear information and guidance for staff.</p> <p>Personal evacuation plans were not always completed to ensure people were safely evacuated in the event of an emergency.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care plans and risk assessments were not always completed or updated and did not always provide clear information and guidance for staff.</p> <p>Personal evacuation plans were not always completed to ensure people were safely evacuated in the event of an emergency.</p>