

Aspire Care (UK) Limited

# Fawnhope Rest Home

## Inspection report

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Date of inspection visit:  
28 November 2022  
29 November 2022

Date of publication:  
16 January 2023

## 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 residential care home registered to provide care and support for up to 19 people. The service provides support to older people some of whom were living with dementia. The home is accessed over two floors by stairs and a stairlift. Accommodation was in an adapted building with a separate annexe. At the time of our inspection there were 13 people living at the home.

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

Improvements were needed to ensure risks to people were properly assessed, and actions taken to reduce or remove them. Medicines were not always managed safely and the risk to people of avoidable infection was not always managed effectively. The environment was not maintained to an acceptable standard and repairs not always carried out in a timely manner. Routine utilities checks were not always carried out to ensure they were safe, such as, gas and water safety.

The management systems and processes within the home were either not established or did not operate effectively. The audits and monitoring had not identified the shortfalls found within this inspection.

Staff told us they received training and support. Training was mainly online, and some practical training had been arranged for moving, handling and basic life support. The registered manager told us they discussed training with staff in meetings. Staff were not always able to tell us about their training content; we have made a recommendation about staff training.

Observations we made and feedback we received told us the décor within the home was in places tired, worn and not suitably maintained. The provider told us there was no formal ongoing programme of refurbishment and redecoration. We have made a recommendation about the environment within the home.

Improvements had been made and people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff understood how to offer choice, and this was observed throughout the inspection. However, the documentation of assessments under the Mental Capacity Act 2005 were not always clear. The registered manager was in the process of transferring the assessments to local authority templates to make them clearer.

People and their relatives were happy with the care they received at Fawnhope Rest Home. There were enough staff planned on duty and recruitment was ongoing. Feedback we received told us staff were kind and caring. We observed some kind and respectful interactions between staff and people during the inspection. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We received positive feedback about the registered manager and the home worked well with a variety of health and social care professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 21 December 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended that there were acceptable staffing levels at all times. At this inspection we found the provider had acted on the recommendation.

#### Why we inspected

The inspection was prompted in part due to concerns received about the management of the home, staff training and the environment. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains requires improvement based on the findings of 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 COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

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 and will take further action if needed.

We have identified breaches in relation to the safe care and treatment of people and the management of the home. We have made a recommendation about staff training and the environment.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by three inspectors. Two inspectors visited the home and one made telephone calls to relatives and professionals off site.

#### Service and service type

Fawnhope Rest Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Fawnhope Rest Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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 service improvement and safeguarding teams. We used the information the

provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and two relatives, then a further five relatives by telephone about their experience of the care provided. We spoke with and received feedback from 11 members of staff. This included the registered manager, nominated individual, chef, domestic and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We made general observations around the home, noting the interactions between staff and people.

We looked at five people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- People did not always have robust risk assessments in place for their care and support needs. We found conflicting information for people, for example, the assessment of nutritional risk for a person concluded they were at high risk as they were underweight, a healthy weight and also overweight. There were different instructions for staff to support people, this meant there was a risk people would not receive the correct care to meet their needs.
- Risks to people from their environment had not always been assessed or actions taken to reduce or remove hazards. The registered manager had identified a person at risk from an overloaded wardrobe, this risk had been identified in January 2022, repeated every month, and had not been addressed.
- Wardrobes were not fixed to the wall to prevent them falling, some radiators were not covered to prevent injury from hot surfaces and people did not always have access to running water in their rooms or bathrooms. The registered manager and provider took steps to address some of the shortfalls immediately during and after the inspection.
- Risks within the home had not always been assessed and reduced. The home did not have a fire risk assessment undertaken by a qualified person. Gas safety had not been established within the home. Risks from water borne diseases such as Legionella had not been assessed, reduced or monitored.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities).

The provider responded immediately during and after the inspection. They arranged suitable checks of the environment, assessment and removal of some risks and equipment checks by qualified professionals.

- Accidents and incidents were recorded, and appropriate action taken. However, there was no formal

analysis of incidents and therefore the home was not demonstrating they had learnt lessons from events within the home.

### Preventing and controlling infection

At our last inspection the provider had failed to effectively assess and control the spread of infection. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Improvements had been made to infection control procedures within the home. However, further improvements were required to ensure people were protected from avoidable infections.
- Some areas of the home were tired, worn and unclean, for example, enamel was damaged on a communal bath, some toilets were unclean, tiles were missing, flooring was lifting and not secured. We expressed serious concern about the cleanliness of one of the toilets, the provider told us they would take it out of service until repairs were made.
- Safe hand hygiene was difficult, some toilet and bathrooms did not have waste bins, we found used paper towels left on the basin. Where there were bins they were not touch free, this meant staff and people had to physically open the bin with their hand, posing a risk to hand hygiene.
- We were not assured that the provider was responding effectively to risks and signs of infection.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises.

The provider had failed to effectively assess and control the spread of infection. This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities).

The provider responded immediately during and after the inspection. They assessed what repairs were required and worked on a priority list.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- 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.
- Visits to the home were managed in accordance with the latest government guidance.

### Using medicines safely

At our last inspection we recommended the provider seeks guidance from a reputable source to ensure the safe administration of medicines. The provider had made some improvements.

- Improvements had been made since our last inspection. However, some aspects of medicines storage still required action. For example, liquid medicines and prescribed creams did not always have the opening date on them. This meant that their effectiveness could be affected.
- There were gaps in the medicines fridge and room temperature records which meant it was not possible to evidence that medicines had always been stored at the correct temperature.



- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure these medicines were administered in a consistent way.
- Medicine administration records (MAR) had information about when a person took their medicines and were legible. Staff checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.

## Staffing and recruitment

At our last inspection we recommended the provider review their staffing levels to ensure they could safely meet people's needs. The provider had made improvements.

- There were enough staff on duty. Staffing numbers were calculated by the registered manager, using a dependency tool to ensure the needs of people could be met. Recruitment was ongoing, the home was experiencing difficulties, as many other providers were, due to unplanned sickness and the national shortage of workers in the care sector.
- The service had a robust recruitment process in place which included interviews, induction training, shadow shifts and competency checks.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

## Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us Fawnhope Rest Home was a happy and safe place. Some comments we received were: "My relative [name] is well looked after and safe there", "I feel my loved one [name] is absolutely safe there", "I feel [name] is safe there, they love it. I couldn't praise them enough."
- Staff knew how to recognise the signs and symptoms of abuse and who they would report concerns to both internally and externally. Staff told us they were confident any concerns they raised would be followed up by the registered manager.
- Records confirmed safeguarding concerns were recorded and referred to the necessary authority.
- Staff had received training in safeguarding adults and posters around the home reminded them of how to report and the telephone numbers to do so. Safeguarding training was updated every year with reminders throughout the year during team meetings and during observations.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Fawnhope Rest Home was accessible throughout and had level access to outside spaces. However, the decoration of some areas within the home were tired, worn and not suitably maintained. Some of the comments were: "They need to make it more welcoming", "It could do with redecoration", "I think the home environment could be better."
- Some carpets were stained and furniture worn and chipped. The provider told us there was no formal programme of maintenance and redecoration in place.

We recommend the provider ensures the environment used by people is maintained to a good decorative standard and that people are involved in the decisions made.

- Appropriate signage was displayed around the home, supporting people to find their way. People were encouraged to bring in some of their personal belongings to create a homely feel to their room.

Staff support: induction, training, skills and experience

- Staff received training in core subjects such as safeguarding, dignity and medicines. However, staff did not always remember the details within their training. We raised this with the registered manager who told us they did knowledge checks during staff meetings and would look to introduce more frequent checks.

We recommend the provider ensures staff training is effective to ensure it supports them to meet the needs of people using the service.

- Staff received an induction when they commenced employment. It was a combination of formal learning and shadow shifts. Some staff had undertaken The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff had an opportunity for supervision and appraisals, these were recorded. The supervisions were a two way conversation, and covered a variety of areas such as; performance, reflection and planning.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had failed to follow the principles of the Mental Capacity Act 2005. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The home had made some improvements and people's rights were respected. Staff had received training in MCA and the registered manager knew to first assume a person had capacity and to complete the necessary assessment if this was in doubt.
- Capacity assessments were specific to the decision that needed to be made. For example, where a person lived at the home or had support with their medicines. Further improvements were needed, and the registered manager was in the process of transferring to a more detailed template.
- Best interests' decisions had been recorded and had the involvement of people's loved ones, professionals and staff.
- People were protected where it was necessary to deprive them of their liberty, the necessary authorisations were in place and applications made. The registered manager had a record of DoLS authorisation expiry dates.

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

- People's needs were assessed before they moved into the home. The registered manager told us they undertook all pre assessments. This information formed the basis of their care plans.
- People's outcomes were identified during the care planning process; guidance for staff on how to meet these were detailed in the care plan. Moving and handling and nutrition plans demonstrated they had been created with evidence-based practices in mind.

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

- People had access to health care and specialist support when needed.
- Records showed input from a range of health and social care professionals such as doctors, nurses and specialists in dementia care.
- Instructions from medical professionals were recorded in people's care plans and communicated to staff through handovers, meetings and were included on the handover sheet. This meant people were receiving the most up to date support to meet their health needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People's dietary needs were known to staff and detailed in their care plans. The registered manager told us previously they had sought input by speech and language therapists.
- People were given a choice of meals and there were alternatives, such as higher calorie foods and lighter meals available. Staff served hot and cold drinks throughout the day or people helped themselves to cold drink available in communal areas.
- People's preferences and dietary needs were recorded in their care plans and in the kitchen. We spoke with the chef who knew people's likes, dislikes and was routinely updated by staff if there were any changes.
- Where people were supported to eat and drink this was carried out in a respectful way.
- Fawnhope Rest Home worked well with professionals. Feedback we received evidenced the registered manager and staff worked in a person-centred way. A health professional confirmed that the home sought their input in a timely manner, kept them updated and followed treatment plans well. One professional said, "They [staff] have a good understanding of individual residents and when their presentations change. They follow advice."

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has for this key question has remained requires improvement. 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

At our last inspection the provider had failed to have effective systems in place to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Quality assurance systems did not always operate effectively. Audits were not always established, completed or robust. These systems had not identified the shortfalls found during the inspection. For example, with risk management and the failure to ensure the premises was safe.
- Action plans were not always maintained or completed. For example, in the 'legionella monthly audit', the sections; reported to, audit completed by and action plan, were blank on all audits completed in 2022. The faults were then repeated as identified every month, with no actions.
- Oversight of the home at a provider level was not robust. The provider told us they did not have a measurable system in place to ensure the service operated safely. Therefore, they had not identified the shortfalls found within our inspection.
- Records that were required to be stored securely were accessible to anyone in the communal areas. This meant confidentiality was not always maintained within the home. The registered manager arranged for the records to be secured. However, on the second day of inspection we found the cupboard accessible and not supervised on two separate occasions.
- A system for driving improvement at the home was not in place, the registered manager and provider were not clear on the priorities. They told us they would establish a priority list for improvements following the inspection.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection by reviewing their audits and action

plans.

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

- Staff did not always feel appreciated and involved in the home. Some staff had worked at the home for a number of years. The registered manager told us they were starting to have smaller face to face staff meetings to ensure staff were listened to.
- Staff did feel proud to work at Fawnhope Rest Home and to care for the people who lived there. Some comments were: "I do this for my residents", "It's all about them, to treat them how you would want to be treated", "I absolutely love it."
- We received some positive feedback about management within the home. Comments included: "The registered manager [name] is always very helpful, very nice", "I know the registered manager [name] they are really nice, cheerful, bubbly and always interacting with the residents", "The registered manager is very friendly and helpful."

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 understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.
- The home had made all statutory notifications as required by law. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

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

- People and their loved one's views were important to the home. Regular surveys were conducted of people, their loved ones, staff and professionals. It was not always clear if actions were addressed, we spoke with the registered manager and they told us they would work to make it clearer.
- The registered manager told us the service worked well with external health and social care professionals. The provider had made plans to promote engagement within the local community, following this stopping during the COVID-19 pandemic.
- The health and social care professionals we contacted gave good feedback about the home and the registered manager, and felt the working relationship was good.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| 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>Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. The provider had failed to effectively assess and control the spread of infection. This placed people at risk of harm.</p> |

### The enforcement action we took:

Issued a warning notice giving the provider a date in which we expect them to be compliant with the regulations.

| Regulated activity                                             | Regulation                                                                                                                                                                                                                                     |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm.</p> |

### The enforcement action we took:

Issued a warning notice giving the provider a date in which we expect them to be compliant with the regulations.