

Chislehurst Care Limited

Fairmount

Inspection report

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

Date of inspection visit:
12 February 2020
14 February 2020

Date of publication:
05 May 2020

Ratings

| | |
|---------------------------------|---|
| Overall rating for this service | Inadequate  |
| Is the service safe? | Inadequate  |
| Is the service effective? | Requires Improvement  |
| Is the service caring? | Requires Improvement  |
| Is the service responsive? | Requires Improvement  |
| Is the service well-led? | Inadequate  |

Summary of findings

Overall summary

About the service

Fairmount is a care home service that accommodates 38 older people across two floors in one adapted building. The home specialises in caring for people living with dementia. There were 29 people using the service at the time of our inspection.

People's experience of using this service

Medicines were not safely managed. Medicines were not always administered in line with the prescriber's directions. Risks to people were not always assessed or reviewed and the provider did not always have appropriate risk management plans to guide staff on how to keep people safe. For example, staff were not provided with up to date guidance for one person who was at risk of choking. On the first day of inspection we saw the person choke whilst eating their lunch

Accidents and incidents were not analysed to determine trends or themes and share any learning with staff. Where people were at risk of malnutrition and dehydration, food and fluid charts were not completed and/or monitored. People and their relatives were not always involved in planning their care needs. Care plans and risk assessments were not always updated when there was a change in people's needs and there was not always updated guidance in place for staff to follow. The provider's quality monitoring systems were not effective. Internal audits did not identify the issues we found at this inspection.

People said they felt safe and that their needs were met. There were enough staff to meet people's needs in a timely manner. People were protected against the risk of infection. Assessments of people's needs were carried out prior to them moving to the home to ensure their needs could be met. People's rights were upheld with the effective use of the Mental Capacity Act 2005. 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. Their needs were accurately assessed, understood and communicated.

Staff training was up to date. Information was available to people in formats that met their individual communication needs. Staff were supported through regular supervisions. Regular staff and resident meetings were held to obtain people's feedback. The service was not currently supporting people who required end of life care support, but relevant information was recorded in care plans so this was available when people required this support. Recruitment checks were robust, and the suitability and competence of staff had been assessed appropriately and recorded.

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

Rating at last inspection and update

The last rating for this service was Inadequate (published 22 August 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to person-centred care, dignity and respect, safe care and treatment, premises, staffing and good governance.

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 ask the provider to complete an action plan to show what they will do and by when to improve. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within six months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Fairmount

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Inspection team

This inspection was carried out by two inspectors, one medicines inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Fairmount is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 registered manager in place. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection site visit took place on 12 and 14 February 2020 and 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 who work with the service. The provider was asked to complete a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection

We spoke with nine people to seek their views about the service. We spoke with three members of care staff, the chef and the director of care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed records, including the care records of 19 people and the recruitment files and training records for seven staff members. We also looked at records related to the management of the service such as quality audits, accident and incident records, and policies and procedures.

Following the inspection

The registered manager informed us, care plans had been updated with up to date speech and language therapist guidance for people at risk of choking.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

At the last inspection this key question was rated Inadequate. At this inspection this key question remains the same. This meant people were not safe and protected from avoidable harm.

Using medicines safely

At the last inspection medicines were not safely managed. Medicine Administration Records (MAR) were not always completed in full, unlabelled medicines were found in the medicines trolley and medicines in the medicines' rooms were not stored securely.

At this inspection, although we saw that improvements had been made by the provider, however, they were still in breach of regulation 12 as we found that medicines were not still not managed safely.

- Medicines were not managed safely. The service had systems and processes in place to safely administer and record medicines use, however, these were not always followed.
- The registered manager had failed to ensure that there were always enough medicines in stock so people did not receive their medicines as prescribed.
- One person missed a dose of prescribed medicine on 3 February 2020, because this medicine was missing and unaccounted for.
- One person was prescribed a medicine twice daily between 27 January 2020 and 2 February 2020, however their Medicine Administration Records (MAR) showed that they had only been administered the medicine once a day. A staff member confirmed that the home had the person's medicine in stock, but it had been stored with another person's medicines, so it appeared that the medicine had run out.
- Some medicines were required to be administered at the same time every day to ensure effectiveness. One person was administered a medicine for stomach acid at the wrong time of day on 28 February 2020. This meant the person was not receiving medicines as per the prescribers' instructions and could mean that the medicine was not effective in treating the person's condition.
- As required' medicines (PRN) protocols were not always available to guide staff on how and when to offer PRN medicines. Two people had been prescribed different PRN medicines daily, however, there were no PRN protocols for either person's medicines to guide staff on how and when to offer PRN medicines. These medicines were administered as part of the people's daily medicine administration instead of 'as and when required' which meant they may have been receiving them when they were not needed.
- The provider did not have a pain assessment tool in place to guide staff on how to assess pain in people who had difficulty in communicating verbally. This meant staff had not received any training or guidance on how to assess if people were in pain and in turn when to offer PRN medicines.
- One person was prescribed medicine patches daily which should not be applied to the same area within 14

days. However, body maps/charts were not completed on five occasions in February 2020 to show where the patch had been placed on the person's body, placing them at risk of unsafe administration.

- People's prescribed and non-prescribed topical creams were stored together in one basket. Two non-prescribed topical creams did not have labels on them to identify who the products belonged to. Two prescribed topical creams for one person had been stopped by their GP, however staff were not clear whether these medicines were still physically being applied.
- We observed a staff member carrying out the lunch-time medicines round and saw that they did not check the medicines labels with the people's MAR charts to ensure they were administering the correct individual medicines to people.
- The staff member administering lunch-time 'as when required' medicines (PRN), immediately recorded on people's MAR charts that the medicines had been 'effective'. They did not wait for a period of time and then go and ask people if the PRN medicine had been effective.
- We observed the tablet crusher to have deposits of un-named medicines and was stored with pots that were heavily contaminated with an un-named powder. This meant that using a pill crusher that was not cleaned before administering medicines to people could result in cross-contamination which is not safe.
- Homely medicines did not have clear instructions for staff on what doses should be administered. One person was being administered a homely remedy medicine solely for 'joint pain', however records showed that staff were also administering this medicine for toothache and headache. This meant the provider was breaching its homely remedy medicines policy by administering the medicine for other reasons than just joint pain.
- Daily fridge temperatures were not checked, recorded and monitored to ensure that medicines remained effective. The director of care told us that a visit from the clinical care commissioning group (CCG) advised that they did not need to record daily fridge temperatures. The registered manager had misunderstood the advice given by the CCG and had stopped recording fridge temperatures to ensure medicine remained effective.
- Medicine audits carried out did not identify the medicine issues we found at this inspection.

Failure to administer medicines safely is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

At the last inspection we found that food and fluid charts were not completed and monitored. People's repositioning charts were not always completed.

At this inspection the provider had not made any significant improvements as food, fluid and repositioning charts were still not being completed and monitored.

- Risks to people were not always assessed, identified and reviewed when their needs changed, and risk management plans were not always in place where risks were identified. For example, one person who was at risk of choking was seen by the SALT on 5 February 2020, who gave new guidance for staff to follow in order to reduce the risk of choking. Guidance included that this person needed to be put on a 'minced moist diet'. If the person coughed, they were to be assisted by staff to eat using a teaspoon. However, the person's care plans and risk assessments had not been updated to ensure staff were aware of the new SALT guidance.
- At lunch-time we observed that both the kitchen and staff did not have the up to date guidance from SALT, so they were not ensuring the person's needs were safely being met. We saw that the person was given a

whole piece of fish, instead of it being minced and moist and they started to choke on two occasions. Following this they were not assisted to eat with a teaspoon.

- Five other people had been seen by the SALT on 5 February 2020, however, their risk assessments and care plans had not been updated to ensure that staff had up to date guidance to support people safely.
- We were unable to be assured people were receiving enough fluid to keep them hydrated. One person was on a fluid chart from end of October 2019 to mid-November 2019 which recorded their daily fluid intake. However, records showed that on some days they were drinking a lot less than the recommended amount. This meant that the charts were either not being completed comprehensively or the person was not being offered fluids consistently throughout the day which was a risk to their health and well-being.
- There were no records to show that these charts were being monitored and action taken where poor fluid intake was noted.
- This person was also placed on a food chart, however, there were no records to show why and when the food charts had been implemented and the food chart had stopped being completed in December 2019 without any explanation. The director of care was unable to confirm why this had happened.
- People who required hourly safety checks did not have these carried out on time. On 1 December 2019, one person was only checked four times between 05:23 and 23:23. On 3 December 2019, the person was only checked six times between 00:10 and 23:06. On 7 February 2020, the person was only checked four times between 04:17 and 23:07.
- Although there was no-one currently who had pressure ulcers, some people required repositioning every two hours to prevent this, however we found that that this was not being done. On 10 February 2020 one person was only repositioned nine times in a 24-hour period.
- Risk assessments were not carried out to establish whether or not people could use call bells should they require help. This placed people at risk of not receiving support when needed.

Failure to assess and mitigate risks to people is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At the last inspection people were not always protected from the risk of abuse. At this inspection we found that the provider had made improvements and were no longer in breach of Regulation 13.

- There were appropriate systems in place to safeguard people from the risk of abuse. Staff had received safeguarding training. They knew of the types of abuse that could occur, what to look out for and the process to follow in reporting any allegations of abuse.
- People told us that they felt safe using the service. One person said, "Yes, it is safe and very nice." Another person said, "I feel safe here."

Learning lessons when things go wrong

- Accidents and incidents were not analysed to establish themes and trends so that learning could be shared with staff to prevent recurrences. The director of care immediately asked a staff member to start identifying themes and trends. We will check this at our next inspection.
- Accidents and incidents were appropriately reported, recorded and investigated in a timely manner. There was guidance in place for staff to minimise future incidents.

Staffing and recruitment

- Appropriate recruitment checks took place before new staff started work and staff files contained completed application forms which included details of their employment history and qualifications. Each file also contained evidence confirming references had been sought, proof of identity reviewed, right to work in the UK checked and criminal record checks undertaken for each staff member. However, improvement was required because one staff member had been assessed as not being able to work alone. but the provider had not ensured their duties had been arranged accordingly. We brought this to the director of care's attention who said that they would take immediate action to make sure the staff member was not working alone.
- There were enough staff to meet people's needs in a timely manner. One person said, "There are a lot of staff here." Another person said, "There are enough staff."
- The provider used a dependency tool to calculate the number of staff required in relation to people's dependency needs and the staff rota matched the number of staff on duty.

Preventing and controlling infection

- People were protected against the risk of infection. Staff had completed infection control training and followed safe infection control practices. They wore personal protective equipment such as aprons and gloves when supporting people.
- There were policies and procedures in place which provided staff with guidance on how to prevent the spread of diseases.

Is the service effective?

Our findings

Effective – this means 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 requires improvement. At this inspection this key question remains the same. 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

At the last inspection the home had a sensory room that did not have equipment that provided visual and physical stimulation to people.

At this inspection the director of care told us people were asked if they wanted a sensory room or that individual pieces of equipment brought to their room. People opted for the latter option.

- We saw that people were able to personalise their bedrooms as they wished which included photographs and ornaments. Corridors were painted different colours, bedroom doors had people's names and a photograph on them. There was appropriate signage around the home to enable people to navigate easily around the home.

Supporting people to eat and drink enough with choice in a balanced diet

- People were not always supported to eat a balanced diet or given a choice of meals. One person's 'Dietary requirement for our residents form' stated that they were a vegetarian. However, this was not recorded in the persons' eating and drinking plan. Another person's care plan recorded that that they used to prefer vegetable-based diet but would eat meat and chicken. However, they were not offered this. This required improvement.
- People who liked vegetarian food were not regularly offered this as there was a lack of vegetarian options on the weekly menu.
- Following the inspection that director of care informed us that the home's menus now included vegetarian options.
- One person was not provided with the choice of meals on offer which included meat. We asked the chef why they were not offered the meat option and given fish. They said that the person struggled to chew meat. This meant the person was not offered a meal in a texture that suited them.
- People told us that they enjoyed the meals on offer. One person said, "I do enjoy the meals they are very good." Another person said, "Everybody remarks on the food in here, it's good."
- People were offered a choice of drinks and were supported by staff in a calm and unrushed manner.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- People told us that they had access to a variety of healthcare services and professionals which included GPs, district nurses, opticians and dentists.

Staff support: induction, training, skills and experience

- Staff were supported through inductions, supervisions and training considered mandatory by the provider included fire awareness, safeguarding, infection control, medicines, equality and diversity, health and safety and moving and handling.
- Staff we spoke with told us that they had completed their mandatory training and were supported through regular supervisions and appraisals. Records we looked at confirmed this.

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.

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.

- The provider followed the requirements of DoLS and had submitted applications to the local authority as required where people were deprived of their liberty in their best interests. We saw that where DoLS applications had been authorised the provider was complying with any conditions applied. Mental capacity assessments were completed, and best interests' decisions made where people lacked capacity to make specific decisions for themselves.
- The manager and staff understood the MCA and when it should be applied. People were encouraged to make all decisions for themselves and were provided with information to enable this in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible, including considering the best time for them to do so.
- People's consent was sought before staff supported them. We observed staff always asking for people's permission before assisting them and explaining how they were going to support them.

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

- Assessments of people's needs were carried out with them before they moved into the home. This was to ensure that the home would be able to meet people's care and support needs appropriately.
- People, their relatives, or social workers if appropriate, were involved in the assessment process to ensure the service had a complete understanding of people's needs when developing care and risk management plans.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated requires improvement. At this inspection this key question remains the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

At the last inspection, staff were not always caring and respectful. Staff did not always provide person-centred care by positively interacting with people.

At this inspection, although some improvements had been made, staff positively interacted with people and the provider was no longer in breach of regulation 12. We identified a large number of concerns and a failure to ensure the service was compliant with regulations. Therefore, we cannot be assured that the provider and registered manager acted in a wholly caring manner by ensuring people always received good quality, safe and effective support that met all their needs. The provider has assured us that all staff are fully committed to making the necessary improvements to the service.

- People were treated with dignity and respect. We observed staff asking for permission before entering people's bedrooms. One staff member said, "I ask people if they would like to be assisted. I make them comfortable and explain how and why I'm supporting them."
- People were encouraged to be as independent as possible, such as being encouraged to eat independently with staff being on hand to offer support if needed. One staff member said, "I give people cutlery and encourage them to eat themselves."
- People's information were not always kept confidential. We observed MAR charts being left open and accessible in the dining room whilst the staff member was administering medicines. This is a breach of confidentiality.
- However, we saw that paper documents were kept in locked cabinets in the office and electronically stored on the provider's computer system. Only authorised staff had access to people's care files and electronic records,

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making daily decisions about. For example, the time they wanted to go to bed, what they wanted to wear and eat.
- People were given information in the form of a 'service user guide' prior to moving to the home. This guide detailed the standard of care people should expect and the services provided. The service user guide also included the complaints policy, this meant people had a clear understanding of how to complain if they wished to.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff were caring. One person said, "I am well looked after here."
- Care records included people's personal information relating to their religion, sexual orientation and disability. Staff were knowledgeable about people's individual likes, dislikes and preferences and knew their hobbies.
- People who wished to practise their faith were supported to this by visiting the local church and taking part in church activities. One person said, "A priest comes around. I do get a phone call once a month from a spiritual representative."
- Although no one using the service at the time of this inspection required support with any other diverse needs, staff showed an understanding of equality and diversity and how they would support people from should the need arise.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated requires improvement. At this inspection this key question remains the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At the last inspection, we found care plans were not regularly reviewed as the provider did not identify that monitoring charts were not completed in full to ensure people were not at risk of unsafe care and treatment. One person at risk of choking was not checked by staff whilst eating their lunch as documented in their care plan.

At this inspection we found that improvements had not been made.

- People did not always receive person-centred care. People had individual care plans, however, none of the people we spoke with could confirm whether or not they had a care plan in place. Care records did not record if people or their relatives (if appropriate) were involved in either planning their care or in care reviews.
- The director of care told us that care plans reviews had taken place; however, there was no records to show that these reviews had taken place with people or their relatives.
- Care plans were not reviewed regularly as they did not identify the issues we found at this inspection. This included repositioning, nutrition, food and fluid charts not completed in full to ensure people were not at risk of unsafe care and treatment.
- Call bell risk assessments were not carried out and people who required hourly checks did not always receive them.
- People had a personal profile in place, which included important information about the person such as date of birth, religion, ethnicity, gender, medical conditions and next of kin details.
- Care files included individual care plans addressing a range of needs such as medicines, communication, nutrition, moving and handling, mobility and communication.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were documented, and their needs were met. People's care plans

contained appropriate guidance for staff on how to effectively communicate with them, such as using pictorial menus, gestures and body language.

- Staff told us there was no-one living at the home with diverse needs, but if there was, they would be supported appropriately. Information displayed around the home for people was also in accessible formats to meet their needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A variety of activities were on offer. These included armchair exercises, bingo, number games, trips to garden centres and sensory activities for people living with dementia.

- People were encouraged to take part in activities, but their choice was respected if they just wanted to sit and watch. One person said, "We do a lot of singing, it gets everybody together."

- People's relatives were free to visit the home whenever they chose to, and we observed that they were welcomed by staff.

End of life care and support

- The home was not currently support people who were considered to be at the end of their life. However, people's end of life wishes were documented in their care files.

- The registered manager was knowledgeable about best practice guidelines they needed to follow and would consult with relevant health and social care professionals, the local hospice and family members where appropriate to identify, record and meet people's end of life preferences and wishes.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint. The provider had an effective system in place to handle complaints. No complaints had been received since our last inspection, but the director of care told us that they would follow the provider's complaints procedure to log and investigate complaints in a timely manner. One person said, "I have no complaints, the staff are very nice, and they do what they can to help."

Is the service well-led?

Our findings

Well-Led – this means 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 inadequate. At this inspection this key question remained the same. This meant people's needs were not always met.

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 maintain an effective quality assurance system. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At this inspection the registered manager and the provider had failed to make any significant improvements and remains in breach of regulation 17.

- The provider's governance of the service was not effective or robust and this was evidenced by the widespread and significant impact of these demonstrated a failure of oversight, leadership and governance at the home at registered manager and provider level.
- There were processes in place to monitor the safety and quality of the service, however, these were not effective. The provider was not aware of the majority of the concerns we raised during the inspection.
- Records showed regular audits were carried out at the service by management to identify any shortfalls in the quality of care provided to people. These included electronic care plans, risk assessments and medicines. However, these were not effective. For example, a recent medicine audit carried had not identified some of the issues we found at this inspection.
- Records were not completed fully and accurately. Staff failed to complete food and fluid charts appropriately and were not monitoring people's fluid intake adequately. People either were not checked or repositioned when required or staff had failed to completed charts. This meant that we were unable to confirm if people were receiving safe care.
- The registered manager and the provider did not have oversight over the service and had failed to make significant changes and drive improvement since the last inspection.
- Incident, accidents and complaints were monitored, however. themes are trends were not analysed to ensure learning was shared with staff.

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

- Other internal audits carried out included equipment safety checks, water temperatures, maintenance and

health and safety. No issues were identified.

Engaging and involving people using the service, the public and staff

- People's views were sought through annual residents and relatives' surveys which were carried out in December 2019.
- Feedback from residents was positive overall, however, 16.67% of people said they did not feel staff listened to them. Questions asked in relatives surveys included 'Do you feel you are kept up to date with your relative's care' – 18.8% relatives said 'No', and 27.27% said sometimes. • There was no action plan put in place following the feedback to drive improvements. The director of care said they were unable to locate this and was not sure it had been done. This required improvement.
- Regular staff meetings were held to update staff about best practice and to gather their views about the home. Staff told they attend team meetings. One staff member said, "The registered manager lets us know what's happening, if any improvements that are needed. We can discuss everything." Another staff member said, "We talk about residents, we can raise any ideas, management share best and talk about training."
- Regular resident meetings were held. The minutes of January 2020 showed discussions were held around the sensory room, movie afternoons with snacks, activities and trips.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were positive about the registered manager. One staff member said, "The registered manager is approachable you never feel you can't go to them." However, one person we spoke to said, "No I haven't met the registered manager." Another person said, "I don't see the registered manager."
- When things went wrong, apologies were given to people. Records showed investigations were completed for all incidents and these were fully investigated.
- The registered manager had a good understanding of when and who to report concerns to. We saw that any incidents were recorded in detail and relevant professionals informed as required such as the local authority and CQC.

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority, and health and social care professionals and the local hospice to provide joined-up care.

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 9 HSCA RA Regulations 2014 Person-centred care People did not receive person-centred care. People and their were not involved in planning their care and support needs. Care plans were not regularly reviewed. Regulation 9 |