Chislehurst Care Limited

Fairmount

Inspection report

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

Date of inspection visit:
09 July 2019

Date of publication:
14 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 35 people using the service at the time of our inspection.

People's experience of using this service
Medicines were not safely managed. Medicine Administration Records (MAR) were not always completed in full to demonstrate people had received their medicines as prescribed. Staff had not recorded opening dates of medicines where required to ensure they remained safe for use. Unlabelled medicines were found in the medicines trolley. People's monitoring charts including food and fluid charts, repositioning charts and records relating to personal care were not always completed to help ensure people's safety.

Staff were not always kind or caring. We saw one person was left to sleep instead of being encouraged to eat their lunch. Staff did not always treat people with dignity and did not always ask for their consent before supporting them. The provider's systems to assess and monitor the quality of the service were not effective as they had not identified the issues we found at this inspection.

People said they felt safe and that their needs were met. Risks were identified, and risk management plans were in place to manage these safely. People were protected against the risk of infection. Assessments were carried out to ensure people's needs could be met. Accidents and incidents were appropriately managed and learning from this was disseminated to staff. Sufficient numbers of suitably skilled staff were deployed to meet people's needs.

Assessments were carried out prior to people joining the home to ensure their needs could be met. Staff were supported through induction, training and supervisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to eat a healthy and well-balanced diet. People had access to a variety of healthcare professionals when required to maintain good health.

People's independence was promoted. Based on observation, we saw that information was available to people in a range of formats to meet their individual communication needs if required. The service was not currently supporting people who were considered end of life, but if they did relevant information would be recorded in their care plans. The provider worked in partnership with key organisations to ensure people's individual needs were planned.

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 of the service was requires improvement (published on 19 July 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to, dignity and respect, safe care and treatment and good governance.

Please see the action we have told the provider to take at the end of this report. 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 to at least good. 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. We will also meet with the provider.

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 6 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 constantly effective.

Details are in our effective findings below.

Requires Improvement

Is the service caring?

The service was not consistently caring.

Details are in our caring findings below.

Requires Improvement

Is the service responsive?

The service was not consistently 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
One inspector carried out this inspection with 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 9 July 2019 and was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as allegations of abuse and accidents. We sought feedback from the local authorities who commission services from the provider and professionals 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 10 people and four relatives to seek their views about the service. We spoke with one nurse, three members of care staff and the registered manager. We also spoke with a visiting district nurse who provided additional support to people living at the service. 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 five people using the service, and the recruitment files and training records for six 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.

Inadequate

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 as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant people were not safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• People were not always protected from abuse. The provider's systems to safeguard people from the risk of abuse were not effective because we observed one person being verbally abused by a visitor throughout a 45 minute lunchtime visit. The person was clearly very distressed, but staff did not step in at any time to stop the abuse.
• Staff did not understand their responsibility to protect people from the risk of abuse. We spoke to staff about the incident of abuse we had observed. One staff member said, "I thought it was a relative and didn't want to interfere." Another staff member told us, "It's always like that." This meant staff had allowed abuse they had observed to continue, and they had failed to follow the provider's procedures to report any abuse allegations.
• We brought this issue to the registered manager's attention who told us the visitor was a life-long friend of the person and frequently behaved in this manner when they visited once a week. They said that at times the friend would become annoyed and abruptly leave the home which meant that the person would be left agitated and unhappy as the friend had gone without saying goodbye. They had not taken any action to protect the person from the risk of abuse and failed to recognise their safeguarding responsibilities.

Failure to protect people from abuse and improper treatment is a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• People told us that they felt safe. One person said, "No strangers are allowed in. No one can open the front door."

Using medicines safely
• Medicines were not always managed safely. Medicine Administration Records (MARs) had not been completed in full by staff to demonstrate that people had received their medicines as prescribed. Staff had not signed two people's MARs to confirm the administration of medicines prescribed in liquid form on the day prior to our inspection. These medicines had been prescribed in liquid form so we were unable to determine whether the doses had been administered or missed.

• We found unlabelled medicines in the medicines trolley. We found two unboxed and unlabelled medicines in blister packs which we were unable to identify, and an asthma inhaler which was not boxed or labelled with a person's name. The staff member administering medicines told us staff knew who the inhaler belonged to, however agreed if a staff member was new and did not know the person, they would not know

that the inhaler belonged to them.

• We also checked the medicines room and found that medicine blister packs and a bottle of Gaviscon had been left out on the work tops. Although the medicine room itself was locked, medicines were not securely stored in the medicine trolley.

Failure to provide the safe management of medicines 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 our last inspection the provider had failed to ensure that there was enough equipment to meet people's needs safely. This was a breach of Regulation 15 (Premises and equipment) 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 15. However, we did find concerns relating to the monitoring of risk.

• Risks to people had been assessed in areas including medicines, moving and handling, falls, nutrition, diabetes and communication. However, identified risks were not always managed safely.

• People's monitoring charts were still not being completed as required. Monitoring charts included food and fluid charts to ensure people were not at risk of malnutrition or dehydration. For example, the amount of fluid each person required had been recorded as a 'blanket amount' of 800ml. There were no individual assessments to show individual fluid requirements to ensure they were not at risk of dehydration.

• Food charts did not show exactly what people had eaten throughout the day or the amount. Staff recorded a 'blanket phrase' of 'All eaten'. There were no individual assessments to record how much food each individual person should be eating.
•This meant that people were at risk of unsafe care because staff would not be able to identify when people were at risk of malnutrition or dehydration and could not be referred to healthcare professional in a timely manner if needed.
• Monitoring charts showed that people did not receive assistance to change their continence pads regularly. For example, one record showed that a person's incontinence pad had had only been changed at 10:25am and then over nine hours later at 7:43pm. Another person's record showed they had received no assistance at all on 9 July, and only once on 8 July 2019 at 7:54am.

• People's repositioning charts had not always been completed to show that they had been repositioned to reduce the risk of pressure ulcers. The registered manager told us that they required staff to reposition people every two hours, but the provider's electronic care plan system only recorded people should be repositioned hourly and could not be changed. However, we saw one person's records showed that on 08 July 2019 were only repositioned once at 10.33am. On 07 July 2019 there were no records to show that the person had been repositioned at all. This meant, there was a risk that people's needs had not been met and that staff were not taking appropriate action to prevent avoidable harm.

• Staff told us that they did not always have enough time to complete monitoring charts as they had too much to do in trying to support people. Without accurate records there was no way of ensuring that people were receiving the assistance they needed to remain safe.
• One person was given hot custard on which they said, "burnt their mouth". The inspector had to draw staff's attention into what had happened. The same person's care plan stated that they were at risk of choking as they tended to speak throughout their meal and there was guidance for staff on how to manage

this risk. However, we did not see staff checking the temperature of the food before serving it to the person or checking on them at anytime whilst they were eating their lunch. We brought this to the attention of the registered manager who confirmed that they did not check and record food temperatures to check if food was at a suitable temperature to serve people without risk of scalding or burning.

Failure to provide safe care and treatment is a further breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Procedures were in place to ensure staff could deal with emergencies such as fire. People had personal emergency evacuation plans (PEEP's) in place so that staff were familiar with how to assist people in an evacuation.

Staffing levels and recruitment
At our last inspection the provider had failed to ensure there were enough staff deployed to meet people's needs in a timely manner. This was a breach of Regulation 18 (Staffing) 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 18.

• There were sufficient numbers of staff on duty to meet people's needs. We observed staff were attentive to people's needs in a timely manner.
• The numbers of staff on shift matched the numbers planned for on the rota. Staff told us there were enough staff to support people when they needed assistance.
• Appropriate recruitment checks took place before staff started work. 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, and criminal record checks undertaken for each staff member.

Preventing and controlling infection
• There were systems in place to manage and prevent infection. There were policies and procedures in place which provided staff with guidance.
• Staff had completed infection control and food hygiene training and followed safe infection control practices. We observed staff washing their hands and wearing personal protective equipment such as aprons and gloves when supporting people.

Learning lessons when things go wrong
• Accidents and incidents were appropriately recorded and investigated. There was guidance for staff in place to minimise future incidents and learning was disseminated to staff during staff meetings.

Requires Improvement

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 as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
• The registered manager and staff lacked understand regarding DoLS and how to deprive people of their liberty lawfully. Multiple people living at the service were unable to consent to being there and were unable to leave. The registered manager had failed to apply for DoLS for these people. This meant they were

The provider and registered manager had failed to ensure that people's liberty was deprived lawfully. This was a breach of Regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Where people lacked capacity to make certain decisions and their care plans confirmed this, there were no mental capacity assessments completed. In addition, there was also no evidence of best interests meetings taking place to ensure that any restrictions were in the person's best interests, for example, people not being able to leave the home on their own or regarding the use of bedrails. We raised this with the registered manager who was not aware that the assessments were their responsibility where they had concerns about people's capacity.

Regulation 11 (consent), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to eat and drink enough with choice in a balanced diet
• People were not always supported to eat and drink enough. People were not provided with meals

displayed on menus within the home. The lunch menu on offer on the day of the inspection did not reflect what was served. For example, the menu said there was a choice of hotpot or baked gammon. However, the actual meals on offer were fish and sweet and sour pork.

• People who could not verbally communicate or understand English were not shown pictorials of the food on offer to help them make a choice. The registered manager told us that people were physically shown the choice of meals on offer so that they could decide what to eat. However, we saw that this was not always the case. For example, one person was given a meal without being offered or shown any options. When they refused to eat it, another meal was then offered to them which they also rejected. They were not offered any alternatives to this.
• Staff were slow in serving lunch. People sat down for lunch at 12.30pm but lunch was served 20 minutes late and people were not offered a drink until 1pm. There was no management oversight of the deployment of staff during the lunch period to ensure they were carrying out tasks as required, and meeting people's needs in a timely manner.
• A second person was not asked what they wanted for their lunch and were given fish. The person did not want the fish, but staff did not offer them an alternative.
• People's dietary needs had been assessed and care files included assessments of their dietary needs.

• People sat down for lunch at 12.30pm but the food was 20 minutes late in being served and people were not offered a drink until 1pm.

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 families, or social workers where 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.
• These assessments, along with information from the local authority were used to produce individual care plans so that staff had the appropriate information and guidance to meet people's individual needs effectively.

Staff support: induction, training, skills and experience
• People told us staff had the skills and knowledge to support them with their individual needs. One person said, "Yes, staff know what they are doing, they are good."
• Training records confirmed new staff had completed the care certificate and an induction. Staff had completed training considered mandatory by the provider which included safeguarding, medicines, moving and handling, dementia. However, staff training on MCA was not effective and medicine competency assessments had not been carried out.
• Staff were supported through regular supervisions and annual appraisals in line with the provider's policy. One staff member told us, "I do have supervisions, I discuss the support I need, and I get feedback on my performance."

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations
•People's healthcare appointments advice and follow up appointments were logged in their care plans
• People had access to a range of healthcare services and professionals which included GPs, district nurses, opticians, chiropodists and dentists. We spoke to a GP who told us they had no concerns and staff followed any guidance given to them.

Requires Improvement

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 as good. At this inspection this key question deteriorated to requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity
• Staff did not always engage with people respectfully. We observed one staff member supporting a person to transfer from a chair, leaning over to support them from behind without explaining to the person what they were doing.

• Staff confirmed that one person used their hands to eat and then washed their hands with water as a cultural preference. However, despite knowing this was the person's preferred method of eating and routine, staff failed to ensure that a bowl of water was provided to support the person's needs to wash their hands after a meal. We subsequently observed the person attempting to wash their hands with the juice on their table which staff then removed without providing the person with a suitable alternative.
• On the morning of the inspection some staff members were providing manicures to people. One gentleman wanted to have his nails painted but was told by the staff member that they would only file his nails for them and not paint them as he was a gentleman and gentleman do not have their nails painted. This meant that people were being discriminated against and not being treated equally.

• One person said, "Yes staff are kind." A relative said, "Staff do the best they can."

Care was not always delivered in a respectful way therefore, this was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to express their views and be involved in making decisions about their care
• People were involved in making decisions about their daily support. For example, they chose what they wanted to wear and the time they wanted to go to bed. People's care plans included their life histories and their preferences. One staff member said, "I offer people choice about what they want to wear. I show them different clothes and they can choose."
• 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 could 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.

Respecting and promoting people's privacy, dignity and independence

• Staff respected people's privacy and dignity by knocking on doors and waiting for permission to be granted before entering. One person said, "Yes staff do respect my privacy when I need personal care." One staff member said, "I close curtains and doors [when providing people with support]."
• People were supported to be as independent as possible. For example, people were encouraged to wash their faces or eat independently.
• People's information was kept confidential by being stored 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.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At the last inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

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.

• The provider did not always act to ensure people's communication needs were being met by developing and using effective ways to support people to communicate. People's care plans did not always contain appropriate guidance for staff on how to effectively communicate with the people they supported.

• One person who could not speak English, had not had their communication needs assessed. They had not been provided with information about the support they were receiving in a format they could understand. This included menus and care plans.

• Staff told us for people who required support to communicate, they used pictorial guides, gestures and signs. However, we did not observe this to always be the case during our inspection.

• Although people's religion and some cultural needs were documented in their care plans, the registered manager was not always aware of these needs including the language people spoke. For example, the registered manager was not aware that one person was from Nepal and spoke only Nepalese. This meant they were not able to put measures in place to ensure that they could effectively communicate with the person and ensure that their needs were met.

• This person spoke no English and their care plan did not record whether or not they had any diverse needs, for example, what their likes and dislikes were. There were no records to demonstrate that the provider had liaised with the person's family to find out if the person had any diverse and how they could be supported to meet these needs.

The failure to ensure that people's assessed needs are met was breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

• Meaningful activities were not being delivered to people on a daily basis . The registered manager told us that the activities co-ordinator had left approximately six months ago and since then there had been no funding to replace them. They told us staff tried to deliver activities when they could.

• On the day of the inspection we saw that the activity planner showed that the day's activities were armchair exercises in the morning and gardening in the afternoon. However, in the morning manicures were provided, which only some people chose to do. In the afternoon there were no activities provided at all. One person said, "I've not been told there are any activities. I'd like to play bingo, it's my favourite." A relative told us, "There's nothing to do here, people just sit down. [My relative] needs something else to do other than sitting in a chair. Even if it's just playing a board game."

• Although on the afternoon of the inspection we saw some staff members including the registered manager playing some board games with individual people, people told us this was not a regular occurrence.
• Some people who chose to remain or could not leave their rooms were socially isolated with little or no stimulation as no one to one activity was provided.

The registered manager had failed to ensure people had access to a range of activities that met their needs and preferences was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
• People did not always receive person-centred care. Care plans were reviewed regularly reviewed, however the provider did not identify that food and fluid charts were not completed in full to ensure people were not at risk of unsafe care and treatment.
• Care plans did not include all elements of people's needs and some areas were not completed or accurate. For example, there were no detailed plans to support people with any needs because of behaviours that may challenge or that they could not speak English.
• People had a personal profile in place, which included important information about the person such as date of birth, gender, ethnicity, religion, medical conditions, next of kin and family details and contact information for healthcare specialists.
• Care files included individual care plans addressing a range of needs such as medicines, falls, nutrition, moving and handling, communication and environment.
People told us that their relatives were involved in planning their care plans with them. One person said, " My next of kin is involved as well."

End of life care and support
• People's end of life wishes were not recorded in their care files. Staff had not recorded what was important to people if they were approaching end of life, for example which people they wanted informed in the event of their death and any preferences they had about the support they received at their end of life. The registered manager said that they would complete this on people's care plans. We will check this at our next inspection.

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 effectively. Complaints were logged and investigated in a timely manner.
• Staff understood the complaints procedure and told us how they would support people to make a complaint and ensured they received an appropriate response. One person said, "No, I have never needed to make a complaint."

Inadequate

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 as requires improvement. At this inspection this deteriorated to Inadequate. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
At our last inspection the provider had failed to maintain an effective quality assurance system. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of regulation 17.

• There was a registered manager in place. However, they were not always knowledgeable about the requirements of being a registered manager and their responsibilities with regard to the Health and Social Care Act 2008. For example, they were not aware of the principles of the Mental Capacity Act 2005 and how it should be adhered to when supporting people who lacked capacity to make decisions for themselves.
• The governance of the service was not effective or robust and this was evidenced by the repetitive nature of the breaches of the regulations we identified both at the last inspection and at this inspection. The widespread and significant impact of these demonstrated a failure of leadership and governance at the home at registered manager and provider level.
• Standards of care at the home had declined considerably since our last inspection. The provider was not aware of the majority of the concerns we raised during the inspection.

• Records were not completed fully and accurately. Staff had failed to complete food and fluid charts fully, which meant that we were unable to confirm if people were receiving safe care.

• The management and staff were not aware of what personal emergency evacuation plans were and that they were not place and that staff were familiar with how to assist people in an evacuation.

Continuous learning and improving care
• Learning from the home's last inspection and ongoing performance issues had been shared with the home's staff for any required actions to be taken. However, this had not been effective in relation to unsafe moving and handling practices as some staff were still using unsafe moving and handling practices and the provider had ineffective monitoring systems in place.
• The provider had been informed by the CQC that they needed to implement effective governance systems at the last inspection. They had failed to take the required action to address the repeated shortfall in

relation to Regulation 12, safe care and treatment.

• There were processes in place to monitor the safety and quality of the service, however, these were not effective.
• Records showed regular audits were carried out by management to identify any shortfalls in the quality of care provided to people. These included care plans, medicines and nutrition. However, these were not effective. For example, medicine audits did not identify the issues we found at this inspection relating to labelling of medicines and staff not completing medicine competency assessments.

Failure to assess, monitor and improve quality and safety of people is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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
• The culture of the service required improvement because people were not always treated with dignity and respect, as detailed in the 'Effective' and 'Caring' sections of this report.

• People were positive about the registered manger. One person said, "The registered manager seems pleasant."
• When things went wrong, apologies were given to people and lessons were learned. These were used to improve the service. Records showed investigations were completed for all incidents and these were fully investigated. Actions were identified and shared with people, relatives, staff, partnership agencies and the wider provider management team.
• 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.
• Staff told us that the registered manager was supportive and approachable and had an open door policy should they have any concerns they wanted to discuss.

Engaging and involving people using the service, the public and staff
• People's views were sought through an annual residents and relatives survey which had been carried out in January 2019 The feedback from people was positive; comments included, "The staff are friendly and helpful." And, "I was happy at Duncan House."
• Staff attended regular team meetings. Minutes from the last meeting in May 2019 showed areas discussed included training, timekeeping and supervisions. One staff member said, "We have staff meetings and discuss any issues, updates and safeguarding."

Working in partnership with others
• The service worked in partnership with key organisations, including the local authority and health and social care professionals to provide joined-up care. For example, provide care and support when they moved back to their home. The provider was also working with the other health provider on the same site, who supplied the meals and cleaning services to Duncan House. This arrangement will cease in August 2019 and the provider is in the process of sourcing alternative provisions for food and cleaning.

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 10 HSCA RA Regulations 2014 Dignity and respect People's privacy and dignity were not maintained.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA RA Regulations 2014 - Safe care and treatment Medicines were not safely managed Monitoring charts were not completed in full Regulation 12(1)(2)(b)

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Regulation 13 HSCA RA Regulations 2014 - Failure to protect people from abuse and improper treatment People were not protected from verbal abuse. Regulation 13(1)(2)

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 - Good Governance The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service.

Regulation 17(1)(2)(b)

The enforcement action we took:

Warning Notice