

## Chislehurst Care Limited

# Fairmount

### Inspection report

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

Date of inspection visit:  
12 August 2020

Date of publication:  
18 September 2020

### Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

Fairmount residential care home 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 19 people using the service at the time of our inspection.

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

During the inspection, improvement was still needed as discrepancies were found in relation to people's repositioning, hourly checks and fluid intake. Medicines were managed safely, and people received their medicines as prescribed. However, improvement was needed with recording as some records had not been countersigned and any follow up was not recorded. There were systems in place to monitor the quality and safety of the service. However, improvement was still needed in relation to record keeping.

There were enough staff available to meet people's care and support needs. The provider had appropriate arrangements to help prevent the spread of Covid 19. There were procedures in place to prevent visitors to the home from spreading infection at the entrance and on entering the premises. The provider had accessed regular testing for people using the service and staff and shielding and social distancing rules were compiled with. All staff had received training on infection control and specific training relating to COVID 19.

A new manager was in post since the last inspection, they and the director of care worked in partnership with healthcare professionals to embed improvements and deliver an effective service. Positive feedback was received about the service from relatives, staff and healthcare 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 Inadequate (published 5 May 2020).

### Why we inspected

We undertook this targeted inspection based on the rating of the last inspection and whistleblowing concerns we received about the service. We wanted to check the impact of this on the service and ensure people were safe.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took

account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We identified continued breaches of regulations at this inspection because not enough improvement had been made in relation to assessing risks, medicines management and maintaining accurate and complete records in relation to people's care.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

**Inspected but not rated**

# Fairmount

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check on specific concerns we had based on the rating of the last inspection and whistleblowing concerns we received about the service. We focused on assessing, staffing levels, medicines management and clinical oversight/governance.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

#### Inspection team

The inspection team on site consisted of an inspector, inspection manager and medicines inspector. One inspector was involved in the planning of the inspection. After the inspection, an expert by experience made telephone calls to people and relatives. 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 residential care home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager in place however they were not yet registered with the Care Quality Commission. A registered manager 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 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 and healthcare professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers

to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four staff members, an agency chef, the manager, director of care and the provider. We reviewed a range of records. This included eight people's care records and a variety of records relating to the quality of the service provided.

After the inspection

We spoke with seven relatives and two professionals involved with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check people's safety based on the rating of the last inspection and whistleblowing concerns received about the service. We will assess all of the key questions at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

- During the inspection, improvement was needed as some discrepancies were found in relation to people's repositioning, hourly checks and fluid intake records.
- Fluid charts were in place to monitor people's fluid intake. However, for one person, we noted their daily fluid total was consistently lower than their required daily target. There was no guidance in place which detailed when and what actions may need to be taken to ensure the person was sufficiently hydrated.
- Records for people who required to be repositioned every two hours to reduce the risk of pressure sores, showed some discrepancies with the times they were being repositioned.
- Hourly safety checks were being completed for people who were unable to use the call for assistance. However, we noted on some occasions, the hourly checks were not being completed in the time when night staff finished, and morning staff started their shifts. For example, on the 13 August 2020, one person was checked on 06.43am and then 09.23am. For another person, on the 12 August 2020, records showed they were checked at 06.50am and then 09.29am.
- Pain assessment tools for people had been completed, however we noted, for two people, the assessment dates and date of reviews were not recorded.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The director of care told us they were reviewing care documentation and speaking to staff about the need to improve record keeping.
- Call bell risk assessments were in place to establish whether or not people could use call bells and the support they needed with this to ensure people received support when needed.
- Records showed input from a variety of healthcare professionals to assess and manage risks for people. On the day of the inspection, a speech and language therapist was at the home as a person was referred to them to assess and put guidance in place to reduce the risk of choking for them.
- Relatives told us they felt people using the service were safe. A relative told us "[Person] is hoisted. Everything they do has two staff for [person]." Another relative told us "I don't get the impression [person] is left unattended. They walk around a lot and on their feet all the time so there's more chance of a risk of them falling. They [staff] are mindful of that."

## Using medicines safely

- Medicines were managed safely, and records showed people received their medicines as prescribed. However, improvement was needed with recording as some records had not been countersigned. For example, staff had transcribed medicines on some medicines administration records (MAR), but had not been checked and signed by a second staff member to reduce the risk of error.
- Guidance was in place for staff to know the circumstances when a PRN medicine should be given. We noted that the guidance had not always been countersigned and staff did not always record the effect of medicines that were administered on a 'when required' basis (PRNs). For example, we saw statements of 'awaiting outcome' recorded next to the administered medicine. There was no evidence this had been followed up to ensure the medicine had worked.
- Medicines audits were carried out by management staff to ensure any discrepancies and/or gaps in recording on MARs were identified and followed up.
- There were appropriate systems to ensure that people's medicines were ordered, stored, and disposed of safely and securely. However, a tablet crusher containing residue remained in a medicines trolley; this was identified at the last inspection.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records showed staff were trained in the safe administration of medicines and had their competency to administer medicines assessed to ensure safe practice. During the inspection, we observed medicines were given to people as prescribed. A staff member told us medicines were being managed better since the last inspection as management staff were completing more audits and more staff were now trained to administer medicines.
- Mental capacity assessments had been completed for people requiring their medicines covertly. We saw that best interest decisions had been made involving people's family, their GP and guidance was also received from the pharmacist. A relative told us "Staff watch [person] take it. Especially with antibiotics. Yes, they're given on time and safely given."

## Staffing and recruitment

- There were adequate numbers of staff on the day of the inspection. The home had a staff rota which reflected the same number of staff on duty. A dependency tool was used to assess staffing levels in the home which was based on people's needs.
- During the inspection staff did not appear to be rushed and were available to support people when needed. Staff told us there were generally enough staff on duty to enable them to carry out their roles. A staff member told us, "...there are plenty of staff on duty everyday including, care staff, activities staff, domestic staff, the chefs and managers. There is enough staff at night too according to the number of residents we have."
- Relatives also told us there was enough staff and there was improvement in the way staffing was managed. A relative told us, "Before they would say, we don't have enough staff (to manage person). The attitude of staff has changed now – more person-centred. Somehow they're managing it better." Another relative told us "... there's consistent staff and they've improved – better trained, more awareness of dementia."

## Preventing and controlling infection

- People were protected from the spread of infection. An infection control policy and regular monthly infection control audits were in place. A Covid-19 risk management plan was also in place to address future coronavirus outbreaks and winter pressures. Cleanliness was maintained throughout the home.
- There were procedures in place to prevent visitors to the home from spreading infection at the entrance

and on entering the premises. There were arrangements in place for relatives to book visits with their loved ones in the garden whilst socially distancing. People had individual risk assessments for Covid 19 and for receiving visits from friends and relatives. Visitors were temperature checked and they were required to wash their hands and wear face masks when entering the home.

- The provider had accessed regular testing for people using the service and staff and shielding and social distancing rules were compiled with.
- All staff had received training on infection control and specific training relating to COVID 19. One member of staff told us, "We have all received training on COVID 19. We learned about donning and doffing personal protective equipment (PPE), handwashing and using hand gel and social distancing to reduce the spread of infection."
- We observed that staff wore PPE at all times during the inspection and kept to social distancing rules. A relative told us "Pre-covid they wore gloves and aprons for any intimate care. With Covid-19 they wear PPE, they've all got masks on."

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check people's safety based on the rating of the last inspection and whistleblowing concerns received about the service. We will assess all of the key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- During this inspection, we found improvement was still needed to ensure accurate and complete records were maintained to reflect the care and support people need and are receiving in relation to medicines and supplementary records covering hourly checks, repositioning and fluid and intake monitoring.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The director of care told us they were committed to making improvements and were continuing to work with staff to ensure this is embedded throughout the service. Since the last inspection, a new manager had been recruited and staff spoke positively about improvements being made. A staff member told us, "We sat down with the managers after the last inspection and went through the report and everyone was aware of the improvements that were needed to be made. Medicines are more regular, and the care plans have improved." Another staff member told us "I am well supported by the new manager and the management team. We all work as a team, it is very good."

- Relatives spoke positively about the service and indicated there had been improvement with the quality of service being provided. A relative told us, "Yes, management are visible. They're fine. I know it's changed. It seems much more organised and more efficient now." Another relative told us, "It's improved since last summer. Communication is better – a lot more emails. I'd like to be involved and they asked my views. I get the sense they're more open to that now."

- Records showed the service was working with the local authority to make improvements and healthcare professionals spoke positively about the progress being made. A healthcare professional told us they recently had a lot of contact with the home and were good at implementing new learning. Another healthcare professional told us the new manager had already started to make positive changes and appeared to have a good understanding of what is required to improve the home with a real focus on person centred care and positive outcomes for people.

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 12 HSCA RA Regulations 2014 Safe care and treatment  Improvement was still needed to assure people were not at risk of receiving unsafe care and support.  Regulation 12 (2) (a) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Improvement was still needed to assure current systems in place were robust enough to assess, monitor and improve the quality and safety of the services being provided to people.  Regulation 17 (1) (2) (a) (c)