

Sahara Parkside Limited

Sahara Parkside

Inspection report

101-113 Longbridge Road
Barking
Essex
IG11 8TA

Tel: 02085075802
Website: www.saharahomes.co.uk

Date of inspection visit:
30 July 2018
31 July 2018

Date of publication:
18 September 2018

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced inspection of Sahara Parkside on 30 and 31 July 2018. Sahara Parkside 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. Sahara Parkside is a care home for up to 30 adults with learning disabilities, acquired brain injuries and autistic spectrum conditions. It is arranged as ten three-bedroom flats. At the time of our inspection, 9 people were living there.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The home was last inspected on 6 and 7 November 2017 when it was found to be in breach of five health and social care regulations. These breaches related to risk assessments, medicines, staffing, training, access to healthcare, good governance and record keeping. The home was rated Inadequate overall and therefore this service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection, the provider demonstrated to us that improvements have been made in the service and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. However, we found some areas that required further improvement and therefore the home has been rated 'Requires Improvement'.

The home did not have a registered manager. The previous manager had left the home after our last inspection and a new manager was in the process of being recruited. The home was managed by external care consultants and two deputy managers with the support of the Chief Executive Officer. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run.

Concerns we found at the last inspection with one particular person's risk assessments had been addressed. Risk assessments for most people who lived in the home included information on how to mitigate identified risks. However, we found risk assessments for people that may demonstrate behaviours that challenged were inconsistent and did not include robust de-escalation techniques.

People received their prescribed medicines and Medicine Administration Records (MAR) evidenced that medicines were given on time. However, where people refused medicines that were to be taken as needed, known as PRN medicine, this was not recorded on their MAR. Medicines were not being administered as instructed by the pharmacist. Immediate action was taken to remedy this.

Care plans were inconsistent. We found care plans were personalised and included information on how to support people. However, assessments carried out on falls and skin integrity using a scoring methodology was incorrect.

Quality assurance systems were in place. Although the audits which the home carried out had identified and addressed most shortfalls, further work was required to ensure all issues were captured within people's care plans and risk assessments. We made a recommendation in this area.

Staff we spoke with were aware of how to identify abuse and knew who to report abuse to, both within the organisation and externally. Pre-employment checks had been carried out for new staff to ensure they were suitable to provide care and support to people safely.

There were sufficient staffing levels to support people. Staff received regular breaks. Dependency assessments were carried out to calculate the number of staff needed according to people's needs. Premises safety checks had been carried out to ensure the premises was safe.

Incident records were reviewed and these showed the provider took appropriate action following incidents that had been recorded. Systems were in place to analyse incidents for patterns and trends to ensure lessons were learnt and incidents were minimised.

Staff had received mandatory training to perform their roles effectively. Supervisions had not been carried out regularly and there were no records of annual appraisals of staff. The provider was in the process of taking action to ensure staff supervisions took place regularly. Staff told us that they were supported by the management team.

People had access to healthcare services. Systems were in place to ensure people received annual health checks.

People and staff told us that they had choices during meal times and had enough to eat. We found the kitchen in three apartments did not contain sufficient amount of food such as snacks and healthy appetisers. Food was kept in the main kitchen outside of people's apartments. This was being addressed by the management team.

Some people who lived at the home were deprived of their liberty under the Mental Capacity Act 2005. Records and staff told us the home complied with the conditions imposed on deprivation of liberty safeguard (DoLS) authorisations for two people.

Reviews with key workers were held monthly. Records showed that not all people's goals were being monitored and assessed. This was currently being actioned by the management team. We made a recommendation in this area.

At our last inspection, we made a recommendation about supporting people with relationships. We found care plans contained information about friendships or other relationships or if people wished to be supported to form new relationships.

People's privacy and dignity were respected by staff. People told us that staff were caring and they had positive relationships with staff.

People participated in regular activities and most people had a weekly activities plan. The activities people

carried out were not always recorded accurately in daily records and weekly activity logs. We made a recommendation in this area.

We found complaints were being investigated and staff were aware of how to manage complaints.

Staff were positive about the management of the home and told us the home was well-led and it had improved since our last inspection. People and relatives were positive about the management team.

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 home was not always safe.

Risk assessments for most people staying in the home were in place. However, the risk assessments were inconsistent in ensuring people were kept safe at all times.

People received their prescribed medicines. However, where people refused medicines as needed known as PRN medicine, this was not recorded on their MAR.

Staff were deployed effectively to ensure people received safe care and support when required.

Staff were aware of safeguarding procedures and knew how to identify and report abuse.

Pre-employment checks had been carried out to ensure staff were suitable to care for people safely.

Appropriate infection control arrangements were in place and checks had been carried out to ensure the premises was safe.

Requires Improvement 

Is the service effective?

The home was not always effective.

People told us they were given choices during meal times. There was insufficient amount of food in people's apartments such as snacks and healthy appetisers. Food was kept in the main kitchen outside of people's apartments.

Staff had not received regular supervision. This was currently being addressed. Staff told us they were supported to carry out their roles.

Staff had received essential training needed to care for people effectively.

People were deprived of their liberty under the Mental Capacity Act 2005. The home followed the conditions of people's Deprivation of Liberty Safeguards authorisations.

Requires Improvement 

The home worked in co-operation with other organisations to deliver care and support. People were being supported to access the full range of healthcare services available to them such as annual health checks.

Is the service caring?

The home was not always caring.

People were not always included in decision making such as on their goals and preferences during key worker meetings.

Care plans included people's sexual preference and if they could be supported with this.

Staff had a good relationship with people and people told us that staff were caring.

People's privacy and dignity was respected and were encouraged to be independent.

Requires Improvement ●

Is the service responsive?

The home was not always responsive.

Some care plans were inconsistent and did not always contain correct information.

Care plans contained information on how to communicate with people.

People participated in regular activities and most people had a weekly activities plan. The activities people carried out were not always recorded accurately in daily records and weekly activity logs.

Complaints were being investigated. Staff knew how to manage complaints.

Requires Improvement ●

Is the service well-led?

The home was not always well-led.

Quality assurance systems were in place. However, this needed to be made more robust to ensure all issues were captured within people's care plans, risk assessments and record-keeping.

Staff, people and relatives were positive about the management

Requires Improvement ●

of the home.

Regular staff meetings were being held.

Sahara Parkside

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 30 and 31 July 2018. The first day of the inspection was unannounced. The inspection was undertaken by two inspectors and a pharmacist.

Before the inspection, we reviewed relevant information that we had about the provider including previous inspection reports and any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events which the provider is required to tell us about by law. We sought feedback from the local authority. We used this information to decide which areas to focus on during our inspection.

During the inspection, we spoke with 9 members of staff, which included the Chief Executive Officer (CEO), a deputy manager, a maintenance staff member, two senior care staff and four care staff. We also spoke to two external care consultants, who were supporting the management team with the running of the home. We spoke with four people who used the service. We also carried out observations of people's interactions with staff and how they were supported.

We reviewed documents and records that related to people's care and the management of the home. We reviewed six people's care plans, which included risk assessments and six staff files which included pre-employment checks. We looked at other documents held at the home such as medicine, training, supervision and quality assurance records.

After the inspection, we spoke with two relatives on the telephone, to seek their views of the home.

Is the service safe?

Our findings

During our last inspection, the home was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014, as we found significant shortfalls with medicines management. A number of people had not received their prescribed medicines and this had not been investigated to identify why medicines were missed and to minimise the risk of re-occurrence. There were also concerns regarding the cleanliness of some medicines and equipment, as well as with medicines records. This meant that the home had failed to provide the proper and safe management of medicines.

During this inspection, we saw that improvements had been made. A person told us, "Yeah, I get my medicines." A relative commented, "They do give medicines on time." Staff that administered medicines had all been trained and their competency assessed to ensure they were competent with managing medicines. Prescribed medicines were administered and signed for on Medicine Administration Records (MAR). There were no gaps on MAR charts for medicines prescribed for regular administration. We reconciled the medicine stock against the medicine given to people and found this was correct. Some people were also prescribed medicines to be given only when needed, known as PRN medicines. However, these were not always administered and there were gaps on MAR charts. We noticed that two people had not received any PRN medicine in the last month. We asked the senior carer about this and was informed that PRN medicines were offered but refused by people. This was not documented on the MAR chart; therefore, we were unsure how often medicines were offered and refused, or whether these PRN medicines had been reviewed by people's GPs to check if this was needed.

We found that that there were two people prescribed medicines requiring a special instruction to be followed during administration. We saw that these instructions were not followed and these medicines were given without any special care as instructed by the pharmacist. This goes against the providers own medicine guidelines which stated, "Staff to only administer medicines to people as per the pharmacy label instructions." After the inspection, we were shown evidence that immediate action had been taken and a special instruction form had been placed on people's care plan with staff confirming that they had read this.

We saw that the home returned medicines to their supplying pharmacy, and medicines no longer required were stored in a locked medication cabinet in the main office. We checked the providers return book for all medicines that were disposed of in the collection bin or were on a shelf still awaiting collection from the pharmacy. Although there were some medicine waiting to be returned, we saw that contemporaneous records were kept in the medicines return book of medicines returned to the pharmacy in the previous months.

Although room and fridge temperatures were monitored daily, evidence showed that this was not done appropriately and it was difficult to establish the process followed by the provider. For example, we saw two thermometers in each of the flats we visited. One on top of the medicines cupboard and another inside the medicines storage cupboard. Both thermometers went beyond the accepted level of 25 degrees centigrade. We were informed that a new policy had been introduced to help control the temperature by placing two ice packs inside the medicines cupboard once the temperature went above the upper limit, the ice pack should

be increased to three and monitored hourly. We did not see evidence that this policy was followed effectively as only two ice packs were seen inside the medicine storage cupboards instead of three. However, we found that this had been identified through the home's medicines audit and action was being taken to ensure that medicines stay within recommended levels.

During our last inspection, the home was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014 as we found significant shortfalls with risk assessments. In particular, one person had absconded and we found that there were no risk assessments to minimise the risk of absconding. During this inspection, we found some improvements had been made. Risk assessments were in place to minimise the risk of absconding for the person. A missing person's profile was also in place with the person's description, photo and where they may go.

Most risk assessments that had been completed provided information and guidance for staff on how to keep people safe and were regularly reviewed and updated such as on falls, skin integrity, moving and handling, finance, neglect and attending health appointments. However, we found that some risk assessments were inconsistent.

For people that demonstrated behaviours that may challenge, we found one person's risk assessment included specific details on how to calm the person using de-escalation techniques. For example, the person liked soft toys and the risk assessment included that staff should offer a soft toy to the person. However, this was inconsistent as for two people that may demonstrate behaviours this level of information had not been included. For one person, we noted that there was an incident involving another person. The management team informed that the person may become excited when seeing the person and as a result self-harm. A risk assessment had not been completed in order to ensure the risk of the person self-harming was minimised. This was to ensure the person was safe at all times. We fed this back to the management team, they told us action would be taken to ensure risk assessments were consistent.

During our last inspection, the home was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014 as we found significant shortfalls with staffing. People and staff told us that there was not enough staff. We found staff worked 14 hours without breaks and observed that people that were supposed to be supervised by staff, were not being supervised. During this inspection, we found improvements had been made.

People and staff told us that there was enough staff to support people. A person told us, "There is enough staff." A staff member told us, "I think we have enough staff. We work as a team." Although positive comments were made about staff, some staff, people and relatives raised concerns about the usage of agency staff. We spoke about this with the management team, who informed that when staff phoned sick then agency staff were called. However, they were in the process of recruiting permanent members of staff and keeping a pool of bank staff to cover shifts in order to minimise the usage of agency staff.

Dependency assessments had been carried out to assess staffing levels contingent with people's needs. There was sufficient number of staff on duty. We observed that people that were supposed to be on 1:1 care were being supervised at all times. The rotas and staff confirmed this. A staff member told us, "People that need 1:1, always have 1:1 support." There was a system to ensure staff received regular breaks during shifts, which also included 14-hour shifts. Staff confirmed that they received regular breaks. A staff member told us, "I get plenty of breaks. I work 14 hours but it is not a problem. The staff support each other. I have a break for lunch at 1pm and another in the afternoon."

People and relatives, we spoke with told us people were safe. A relative told us, "100% safe. I do not have

doubts she is not safe when I go there." A person told us, "I have been here a long time. This is the best place I have been." Another person told us, "Very safe, I am happy." A staff member told us, "For me it is all about the service users. Care has to be always 10/10." We were informed by the management team that steps had been taken to move a number of people on from the home in order to ensure that people felt safe or it was identified that the home could not meet their needs.

Staff we spoke with were aware of their responsibilities in relation to safeguarding people. Staff were able to explain what abuse was and who to report abuse to internally. They also understood how to whistle blow and knew they could report to outside organisations, such as the Care Quality Commission (CQC) and the police.

There was a system in place to record accidents and incidents within the home. Each incident was recorded with a reference number so that it could be tracked and audited. An audit took place monthly to analyse and see if there were any trends. A note was made if accidents were repeated and used to learn from lessons. We saw records that action had been taken following incidents. For example, a person hit a member of staff and it was noted that the staff member remained calm and kept their distance to give time for the person to relax and calm down.

Pre-employment checks had been carried out to ensure staff that were recruited were suitable to provide care and support to people safely. We were informed that staff did not start working at the home until all pre-employment checks had been completed. Staff confirmed this. We looked at six staff records. Relevant pre-employment checks such as criminal record checks, references and proof of the person's identity had been carried out as part of the recruitment process.

Checks had been carried out to ensure the premises were safe. Regular fire and evacuation tests were carried out. There were records on how to safely evacuate people. Staff were able to tell us what to do in an emergency, such as evacuating people, moving them to the assembly point and ensuring everyone was there and calling the emergency services. Fire evacuation equipment such as slide mats and extinguishers were also installed throughout the home. A recent fire risk assessment had been carried out by external fire contractors. Records showed that fire extinguishers had been serviced recently. Personal Emergency Evacuation Plans (PEEPs) were in place in the event of a fire. However, these were in the form of a risk assessment and did not include exactly how staff would support people to the evacuation/assembly point. We saw evidence that the home had written to the fire brigade for advice on PEEPs recently.

We saw evidence that demonstrated appropriate gas, electrical, portable appliance, water safety checks had been carried out.

Staff were knowledgeable about their role in preventing the spread of infection and confirmed there was plenty of personal protective equipment (PPE). People told us that their rooms were clean and staff wore appropriate clothing when supporting them. Observations confirmed that the home was clean and staff used PPE's such as gloves and aprons when required. One person told us, "My flat is clean." A relative commented, "[Person] room is always clean and tidy." A staff member told us, "We have access to PPE and use them when needed." The home carried out infection control and hand hygiene audits that focused on cleanliness in people's apartments. Anti-bacterial lotions and waste bins were used for hygiene and disposal. Anti-bacterial lotion slots were available throughout the building for hand hygiene and we saw staff used these slots to clean their hands. Cleaning substances had been securely stored.

Is the service effective?

Our findings

During our last inspection, the home was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014 as we found shortfalls with training. We found that a number of staff had not been trained in mandatory areas required to perform their roles effectively. During this inspection we found improvements had been made.

People and relatives, we spoke with told us staff were skilled, knowledgeable and able to provide care and support effectively. One person told us, "Staff are very good." One relative told us, "They are really supportive with [person]. Staff are great."

Staff told us that they received regular training and this was helpful. A staff member told us, "Before training was not balanced but now it is excellent. They are strict with it." A training matrix was in place that showed, which staff had completed training and what training was required. Most staff had been trained in mandatory areas such as safeguarding and first aid. Specialist training had been delivered in choking, dementia and diabetes. However, we found that some staff required specialist training in autism, learning disabilities and epilepsy. We were informed that some staff were employed recently and the focus was to train them in mandatory areas first, followed by specialist training. The CEO told us that a manager from a neighbouring home would be assisting the management team on ensuring that the training matrix is fully updated, all training records stored and will be supporting the senior staff to develop their supervision skills.

Records showed that out of nine staff that had started employment with the home since the last inspection, four had not received an induction. The induction involved looking at care plans, training staff on roles and responsibilities and shadowing experienced members of staff. The management team informed that this was an oversight and would ensure that new staff that were employed received an induction. Records showed that although staff had not received an induction, they had received mandatory training to perform their roles effectively.

Staff told us they were supported in their roles. A staff member told us, "They (management) are all very easy to approach and the new team leaders will support if I have any concerns." During our last inspection we found that supervisions were not being carried out regularly and appraisals for staff that had been employed for more than a year had not taken place. The provider's policy showed that staff should receive six supervisions a year. During this inspection, we saw records that some supervision had been carried out. This included discussions on staff performance and training needs. However, this was inconsistent. The provider's supervision matrix showed that supervisions were not being carried out regularly and in accordance to the provider's supervision policy. We were informed that appraisals had not been carried out since the last inspection. The CEO told us that they have an action plan to resolve this, which included support from the manager from the neighbouring home, to focus on supervisions and training for a limited period of time on a part time bases with the support of the homes management team. The deputy manager informed that they were currently working through supervisions.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had been trained in the MCA and were aware of the principles of the act. Staff we spoke with told us that they always requested consent before doing anything. Our observations confirmed this. A staff member told us, "You have to ask them what you are doing." Another staff member told us, "Of course, you have to talk to them before you do anything. You have to ask them first." People and relatives, we spoke with confirmed staff asked for consent before doing anything.

Care plans provided information about people's memory/cognition and recorded whether people might struggle to make decisions. Where people struggled to make a decision, records showed that people were supported or prompted to be able to do so. Records showed that MCA assessments had been carried out to assess people's ability to make decisions on specific areas. Where a person did not have capacity to make a specific decision, then a best interest decision had been made on their behalf. However, for one person, records showed that capacity assessments had been carried out that determined the person did not have capacity to make decisions in a number of areas. A best interest decision meeting had been carried out but this did not involve their family members. The management team told us that this assessment was carried out by the previous manager and they were not aware family members had not been involved. They told us that capacity assessment would be completed again and family members would be involved in this.

During our last inspection, the home was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. We found that the conditions of one person's DoLS authorisations were not being adhered to. During this inspection we found improvements had been made. Two people had conditions on their DoLS authorisation. There was an individual activity planner for both people, which incorporated a number of activities. For one person, their condition included that they access a specific community weekly and this had been included in their activity planner. Staff confirmed that people that had conditions on their DoLS accessed communities and carried out activities. In addition, key worker review meetings discussed that people had carried out activities. A staff member told us, "I take [person] out all the time. To [place of worship] and for dinner."

People had access to healthcare services. Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health. Where people did not like attending GP appointments, a home visit had been arranged. We found letters from hospitals and psychiatrist that showed appointments had been made with people to monitor their health.

During our last inspection the home was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014 as records showed that letters had been sent to the GP in 2016 to initiate an annual health check for people. This is to ensure that the person was at the best of health and any health conditions identified at an early stage could be treated. However; this had not been followed up and the manager told us that this had not been arranged. During this inspection, improvements had been made. There was an annual health check matrix. This showed that two people had a health check since the last

inspection, four annual health checks had been arranged, the GP was contacted for one person to arrange a health check and a best interest meeting was held for two people to make a decision on their behalf to carry out an annual health check.

People had a hospital passport. Hospital Passports included details of person's needs and personal details should they be admitted to hospital. Most of the passports were up to date. However, one person's passport was not up to date. This meant that health professionals may not have accurate information to ensure the person received continuity of care. The CEO informed us that this would be actioned immediately.

The home assessed people's needs and choices through regular review meetings. The review included reviewing all aspects of care and support people received. Where reviews identified that people's support needs had changed, then care plans were updated to reflect this. This meant that people's current circumstances were being reviewed effectively to achieve effective outcomes.

People told us that they enjoyed the food at the home, were offered alternatives and given choices. One care plan included that instead of giving one person a specific meal all the time at their request, staff should encourage the person to eat alternative meals to ensure they had a balanced diet. A person told us, "Food is alright. They make you what you want." A relative commented, "Sometimes [person] would have food at the home and she likes it. She always has choices. For example, if she wanted spaghetti bolognese, they would go out and get the ingredients and make it for her." A staff member told us, "We give them a choice. We can make culture food." Care plans included the level of support people would require with meals, their likes and dislikes and dietary requirements in accordance to people's religious beliefs.

A staff member told us, "Before we used to mix halal and non- halal and that was wrong because we have a few Muslim people here and they should not be eating non-halal food. [External care consultant] and the team separated the food and now we have a halal only freezer, which we did not have before." We checked items in the home's fridge and they were labelled with dates they were opened. There was a separate freezer for halal food, which included meat, fish and vegetables. There was also a large refrigerator and another freezer for non- halal food. There was another fridge/freezer for staff only. This meant that systems were in place to ensure people's dietary requirements were being met.

Three flats were viewed and in each flat the fridge was bare, with only a few items. The freezers had food in but the fridges did not have much food such as healthy appetisers and snacks. There were no fruit or vegetables. Staff including the deputy manager explained that most food was stored in the main kitchen on the ground floor. There were food intake charts, which evidenced people were given regular meals. A staff member told us, "People have enough to eat." When people requested something to eat staff would go and get the food from the main kitchen and either prepare it there or in the person's flat. This meant food would not always be accessible for people when they needed it, particularly if they were in their flat and were hungry. It did not promote people's independence effectively. We fed this back to the management team and were informed that the system would be amended to ensure there was food or snacks in people's flat.

People had their own apartments and access to the communal lounge, where they could participate in activities with other people or spend time with staff and people. We observed that people's photos had been displayed in the main hallway. There was accessibility for adapted baths and showers for people that may need extra support to use the bathroom. There was a laundry room in apartments and we observed that this was kept clean and staff were able to tell us that people's clothing were washed separately. Staff also told us that soiled clothing would be washed at a higher temperature to ensure infection control was maintained. People had access to a lift, which had been serviced regularly. We observed people using the lifts independently and also with staff support when needed.

Is the service caring?

Our findings

People told us staff were caring. One person told us, "Staff are nice." Another person commented, "They are nice." A relative told us, "Before staff were rude. Now it is much better, staff are friendly and kind." A staff member told us, "We are here to support them. Personal care is up to a high standard here." Another staff member told us, "I love being involved with my residents. Caring is part of me."

Staff had positive relationships with people. Staff told us they maintained relationships with people by looking at their care plans and finding out about their interests and talking to them about them. A staff member told us, "We have to understand them and work with them like our own family." A person told us, "They [staff] are good." Another person told us, "I like the staff." A relative told us, "[Person] is comfortable with them [staff]. No concerns there at all." We saw staff having regular conversation, painting people's nails while speaking to them and engaging them with activities such as dancing with people and playing games with them.

During our last two inspections, we found that care plans did not include people's preferences around personal relationships and their sexuality and staff were not aware of people's sexual preferences. At this inspection, we found improvements had been made. A relationships care plan was in place that detailed people's preferences with relationships and sexuality. Staff we spoke to told us that they were now aware of people's preferences with relationships and were supporting people with this.

The home assessed people's needs and decisions through regular key worker meetings. A key worker is a staff member who monitors the support needs and progress of a person they had been assigned to support. These covered general health and wellbeing, promoting independence, progress on achieving support plan objectives, accidents/incidents, medicine updates, nutrition and weight gain/loss updates.

We were informed that people's goals that they wished to achieve were monitored through key worker meetings. However, we found support plans that included people's goals were not included in some care plans. The management team told us that three care plans did not have this and an external care consultant was currently working to develop this. The care consultant showed us evidence that this was being completed and this would be linked with key worker meetings to ensure goals were spoken about and progressed. The key worker review meetings did not include if actions identified were progressed or discussed at the next key worker meetings. This was to ensure people's needs and preferences were discussed with them and they were continuously involved with decision making where possible. For example, in one person's key worker meeting, the person stated on two occasions they preferred to go swimming, however there was no follow up action to determine if this was looked into.

We recommend that the home follows best practice guidance on the discussions required on key worker meetings.

People were protected from discrimination within the home. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against

because of their race, gender, age and sexual status and all people were treated equally. People and their relatives we spoke with confirmed that they were treated equally and had no concerns about the way staff approached them. A person told us that a deputy manager performed a special prayer every week for people with a specific religious belief. The person told us, "[Deputy manager] does [special prayer]. She makes it into an activity, which I like." A staff member told us, "I treat people equally, it doesn't matter where they are from, their religion or skin colour."

Independence was encouraged and records showed that staff should encourage people to support themselves. Care plans confirmed this. In one care plan information included, 'I am able to pick out what I want to wear. Staff to encourage me to clean clothes and put dirty clothes in wash.' Staff told us they supported people to make choices in their day-to-day lives with personal hygiene and care. We observed that people were encouraged to be independent and saw people going into the communal areas and their flats. A staff member told us, "With [person], he relies on me too much but I encourage him to wash himself and brush his teeth by talking to him." Another staff member told us, "We encourage them with managing their personal care. We show them on how to take a shower and check the temperature. We even help them with cooking like show them how to prepare food and clean."

Staff ensured people's privacy and dignity were respected. A relative told us, "They respect [person] so when she needs help with care, they will close the door and make sure no one is around." Staff told us that when providing particular support or treatment, it was done in private and people we spoke with confirmed this. A staff member told us, "When giving personal care, we shut the door to make sure no one can come in. Treat them how I like to be treated." Another staff member commented, "I make sure door is closed and the [person] is covered up." We did not observe treatment or specific support being provided in front of people that would have negatively impacted on a person's dignity. We observed that people were able to go to their flats for privacy and not be disturbed and staff knocked on their door before going inside.

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity. We saw that confidential information such as people's care plans and medicines records were stored securely.

Is the service responsive?

Our findings

People told us that staff were knowledgeable about their needs and preferences. A relative told us, "Yes, they know what [person] wants. Staff are fantastic." Staff we spoke to were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. A staff member told us, "[Person] has a routine and we don't force [person] to do things. We encourage. [Person] likes [specific cultural] food and we provide this and so does [person] family. [Person] is very sociable and excitable."

Each person had an individual care plan which contained information about the support they needed from staff. One staff member told us, "Care plans is informative and helpful." Another staff member told us, "Care plans are very helpful." Care plans detailed the support people would require and people's general health. Care plans were personalised in accordance to people's circumstances. In one person's care plan, information included that a person liked buying staff gifts and that staff should politely say thank you and not accept gifts. In another person's care plan, information included that staff should minimise sugar intake by avoiding sugary snacks and explaining the benefits of having a healthy diet.

However, on two care plans we found inconsistencies. One person had a falls scoring methodology, which identified that a falls care plan was not required due to low risk. We found that the scoring from May 2018 was incorrect. In another person's care plan, there was a waterlow chart that determined if a care plan was required on skin integrity. The scoring since May 2018 was recorded as '0', which was incorrect. We calculated the scores and found that for both people a care plan was not required. However, there was a risk that if assessments or scores were completed incorrectly, the home would not be able to determine if care plans were required and therefore, staff would not be able to provide personalised care to ensure people were in the best of health.

Care plans also included people's sensory abilities, allergies, nutritional information, mobility needs, and details of their next of kin, health professionals and whether people preferred male or female carers. There was a personal profile section that included people's ethnicity, religion, likes and dislikes. People were provided with guides about the home and the type of support offered and information on the local community.

People were involved with activities. There was an activities room and we observed throughout the day people accessed the room for activities such as for board games, art work, exercises and dancing with staff. People and staff confirmed that activities were carried out regularly. People's artworks had been displayed in the communal area. A person told us, "I dance here a lot. They have music lessons." Another person told us, "I had a party for my birthday." A relative told us, "[Person] participates in activities like music sessions and exercises. She is always offered first though and if she does not want to do it then they respect that. She is never forced into doing anything that she does not want to do." A staff member told us, "They do coffee mornings, chair exercises, they sing, they do disco and dance. We also celebrate their birthdays." Another staff member told us, "We do activities. We go out. We have coffee mornings, we have exercises and music." A third member of staff told us, "We take people out and support them. We go bowling, to the park, do

karaoke, disco, multicultural events. We ask service user's what they want and their opinions."

However, we found that activities, were not recorded on some people's daily records and activity logs. People had a weekly activity schedule and this did not reflect the information that was written on daily records and activity logs. For example, for one person, we were informed that they attended a place of worship weekly and accessed the community, this was not evidenced on the daily records. This person had a weekly activities planner that was last completed on November 2017 and had not been updated as we were informed that some aspects of the weekly activities had been changed. In another care plan, we found that there was not an activities planner in place. The management team informed that this should have been in place and told us this would be created.

We recommend that the home follows best practise guidance on recording activities that people had carried out.

All organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people who have a disability, impairment or sensory loss receive information that they can access and understand.

A relative told us, "[Person] cannot talk but staff know how to support her and when she needs help." No concerns had been raised by people and relatives about staff communication. Care plans included how people communicated and how staff should communicate with people. Information included that staff should use picture exchange communication systems to communicate with people if required. There were pictorial aids available for staff to interact with people. In addition, where people had difficulties with conversing, a communications dictionary was in place that provided information on how people would communicate with staff. For example, one person, their communication plan detailed the person spoke four different languages and staff were to be aware of that as they will mix the languages when speaking. The person would often laugh if they were trying to communicate something important and when speaking to the person, staff should give the person time to process information and wait for an answer. For this person, a communication dictionary was in place that translated certain foreign languages in English so staff may speak to the person in their chosen language and understand to some extent what the person was saying.

There was also an NHS grab sheet that included people's ability with communication that could be shared with other organisations if needed. This meant organisations such as health services would know how to communicate with people effectively.

There was a complaints procedure in place, which also included in easy read. Complaints were logged, acknowledged and a response was sent to the complainant. Seven complaints were received since the last inspection and these were managed appropriately, which detailed the actions or outcomes as a result of the investigation into the complaint. Staff were aware of how to manage complaints. Some people and relatives, we spoke to told us that when they had raised concerns and this had been resolved appropriately by the management team.

Is the service well-led?

Our findings

During our last inspection, the home was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. We found that the quality assurance systems were not robust to identify the shortfalls we found at the inspection as we found a number of repeated concerns in addition to new concerns. The provider had made some changes to the quality assurance systems since the last inspection. A new model of medicine audit was being carried out, which showed shortfalls were being identified and action taken to make improvements. A care plan audit system had been introduced and unannounced checks were being carried out at night time and where there were concerns, action was taken. Although new systems had been introduced, we found this had not been effective in full, to identify the shortfalls we found with risk assessments, MCA assessments, record keeping such as MAR charts, daily records and activities. Records showed that care plan audits were carried out bi-monthly and one care plan was reviewed during this time. This meant due to the low frequency of care plan audits, there was a risk not all issues may be identified and prompt action taken to ensure people were safe at all times.

We recommend that the home considers increasing the frequency of audits to ensure shortfalls can be captured and prompt action taken in a timely manner.

Audits had also been carried out on hand hygiene, infection control, health and safety and fire safety. This identified shortfalls and listed actions that was required to ensure people were kept safe.

During this inspection, we found improvements had been made with risk assessments, medicine management, staffing, training and adhering to DoLS condition. However, further improvement was required in some parts in relation to record keeping and nutrition. There was an action plan that was in place and the shortfalls with record-keeping had been identified and action was scheduled to be taken. In regard to nutrition, the CEO informed that checking the kitchen in people's flat would be included as part of management audits to ensure people had adequate supply of food in their apartments.

The management team told us they were confident that improvements had been made to ensure people were protected from immediate harm, so therefore had to prioritise areas that required immediate improvements. They were transparent that further work was needed to make improvements to the home to become fully compliant. There was an action plan in place to make improvements. The deputy manager told us, "It's a transition from the old policies and previous management so there will be issues."

During our last inspection in November 2017, we found notifications to us were not always submitted as required by law. We had not been notified of medicines that had been missed for a prolonged period of time. This meant safeguarding matters were not always dealt with in an open, transparent manner. The lack of transparency had resulted in safeguarding investigations not being carried out and meant the CQC and the local authority had not been informed of safeguarding events as required by law.

Since the last inspection, the provider had notified us about certain events, so that we could see what actions they had taken or if we needed to follow up on any information they had sent us. The management

team was aware of their responsibilities to inform us of any notifiable events such as recent safeguarding referrals they had made to the local authority. They also kept copies of all the notifications that they had sent us.

A staff member told us, "There has never been stability, too many managers and deputy managers. But things are better than last time." The home did not have a registered manager. Since our last inspection, the previous manager had left the home. A deputy manager had also left. A CEO had been recruited and with the support of external care consultants and two deputy managers was overseeing the home. The deputy managers were supported by senior carers. The provider was currently in the process of recruiting a new manager. We were concerned at the rate of management turnover as this may impact on the running of the home. The CEO told us that she was aware of this and rigorous assessment would be carried out to ensure the next manager had experience and skills to manage the home. The CEO was aware of the issues of the home and told us their plans to ensure the home improved. After our last inspection, we held a meeting with the provider and external care consultant. The provider informed us that they were not aware of the issues with the home as this was not fed back to them by the previous management team. During this inspection we were informed the new CEO was a member of the board and kept the provider updated in regard to the running of the home. Regular nominated individual reports were sent with updates on incidents, safeguarding's, staffing, disciplinary and management of the home to the board and this was discussed at board meetings.

We were informed that feedback from people was obtained through key worker reviews and questionnaires. Surveys had not been sent yet since the last inspection. The management team informed that they had arranged a meeting for people and their relatives to speak about the surveys and to distribute these to people and their relatives. However due to the low turnout, this was not done. We were informed that the surveys would now be sent to people and their relatives instead for feedback.

Staff told us that they enjoyed working at the home and informed that there had been improvements at the home as a result of our last inspection. The deputy manager told us, "The staff work hard and are doing well. The service has improved. There was a lack of training and investment for staff but it's better now." One staff member told us, "I find it is good here. I like it. Things have improved in every way." Another staff member commented, "I will tell you the truth. This is how it should be. A lot of improvement since you (CQC) last came." A third member of staff told us, "I like working with people, we are like a family. It is much better now, they [home] have improved a lot." A fourth member of staff commented, "Absolutely improved. The support we are getting now, we were not getting before. As they have improved, staff are more supported."

Staff told us they were supported in their role and the home was well led. The deputy manager told us, "The management team work well. I feel supported." Comments from staff included, "[Deputy manager] is good, easy to talk to. All of them are good.", "I quiet like working here. Staff are good. Management are very good. [Deputy manager] is very good, she is the best", "[External care consultant] is excellent. [Consultants] are very good with service users, they lead by example, carers follow their lead", "[CEO] is very lovely and very easy to talk to" and "[Deputy manager] is wonderful, always willing to help out. Management is lovely."

People and relatives we spoke with had no concerns about the management of the home and told us they enjoyed staying at the home. A person told us, "I like her [external care consultant], she gives me presents." Another person told us, "I like [deputy manager]. They [management] are friendly." A third person told us, "I like it here, I am happy." A relative told us, "Things have improved compared to before, it was very bad. They are doing a good job now, it is getting better. The management is good, they are doing a good job. Before it was not good. [Deputy manager] is very good. She always helps us. [CEO] is really good as well." Another relative told us, "They [management] are great, easy to approach. They always update us."

Staff meetings were held for day and night staff. The meetings kept staff updated with any changes in the home and allowed them to discuss any issues. Minutes showed staff held discussions on CQC inspections, personal care, safeguarding, nutrition, medicines and training. A staff member told us, "We have had a few staff meetings, they are quite useful." This meant that staff were able to discuss any ideas or areas of improvements as a team, to ensure people received high quality support and care.