

GCH (North London) Ltd

# Peregrine House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 12 and 15 September 2017 and was unannounced. This service has not been inspected since its registration on 19 May 2017.

Peregrine House is a care home providing accommodation and personal care for up to 36 people who have dementia, mental health, physical disability or sensory impairment support needs and older people. Peregrine House is a purpose built home divided into four units on two floors. At the time of inspection, 36 people were living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 service is run.

People and their relatives told us the service was safe and staff reliable. Risks associated to people's health and care were identified and assessed, and instructions provided to staff on how to mitigate those risks. However, not all risk assessments had the most up-to-date information. Staff understood their role in safeguarding people against harm and abuse, and knew how to identify and report abuse.

People were supported safely with their medicines management and we did not find any gaps in medicines administration records. There were sufficient staffing levels and people's needs were met. However, staff did not always work as a team and some staff felt stretched. The service followed appropriate recruitment procedures to ensure people were supported by staff who were suitably vetted before starting work.

The service did not meet appropriate infection control standards. There were some maintenance and repair issues that had not been fixed and posed safety concerns. The service was clean and did not have any malodour.

Staff received regular support and training to do their jobs effectively. Staff were aware of people's needs and abilities and met those needs. The service operated within the legal framework of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People's nutrition and hydration needs were met and they liked the food. However, information on people's nutrition and hydration intake was not always recorded and the assessments did not always correspond with the care plans. The service promptly involved health care professionals to improve people's health and well-being.

People told us staff were caring and friendly and treated them with dignity and respect. Their cultural and spiritual needs were acknowledged and supported when required.

Staff recorded people's likes and dislikes in their care plans and supported them to remain as independent as they could. People's relatives were regularly informed about their family member's health and updated on any changes. The provider responded appropriately to people and their relatives' complaints. There were regular residents' and relatives' meetings where they could discuss their concerns and views.

The service did not always update people's care plans to reflect changes in their needs. The service's audits and monitoring checks did not always identify gaps and areas of improvement to ensure the quality and safety of the service delivery.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. These breaches were in relation to safe care and treatment, premises and equipment, and governance.

You can see what action we told the provider to take at the back of the full version of the report.

## 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 consistently safe. There were some premises and equipment health and safety issues and the service did not meet good infection control practices.

Risks associated to people's health were identified and measures put in place to mitigate them. However, risk assessments did not always have up-to-date information.

Staffing levels were sufficient but some staff told us staff did not work well together as a team.

People received their medicines safely. Staff were aware of safeguarding and whistleblowing procedures.

**Requires Improvement** ●

### Is the service effective?

The service was effective. There were some maintenance and repair issues which had not been fixed promptly. People's individual needs were understood and met by staff who were well trained. Staff received regular supervision and told us they felt supported.

The service was working within the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards however, we found some gaps in consent to care and treatment forms.

People told us they liked the food and their nutrition and hydration needs were met but staff did not always record people's food and fluid intake. People received ongoing support to access health care services.

**Requires Improvement** ●

### Is the service caring?

The service was caring. People shared positive relationships with staff who treated them with dignity and respect.

People and their relatives told us staff were friendly and caring. Staff were trained in equality, diversity and dignity in care.

People were supported with their cultural and religious needs,

**Good** ●

and to remain independent where possible. Staff had discussions with people around their end of life care wishes and preferences.

### Is the service responsive?

Good ●

The service was responsive. People took part in developing their care plans and relatives were invited for care reviews. Staff were aware of people's likes and dislikes.

People liked the activities at the home and participated in those activities they enjoyed.

People and their relatives were encouraged to raise concerns and complaints, and told us their concerns were addressed in a timely manner.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led. The internal audits and monitoring checks did not always identify gaps in the care records.

Staff told us the teamwork and communication was not effective.

People and their relatives told us the registered manager was approachable and helpful. Staff told us they felt supported by the registered manager. The management worked with the local authority quality team to improve the services.

# Peregrine House

## **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.

This inspection took place on 12 and 15 September 2017 and it was unannounced.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We contacted the local authority and clinical commissioning group about their views of the quality of care delivered by the service.

The inspection was carried out by two inspectors and two experts 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.

During the inspection, we spoke with 21 people using the service, three relatives, the registered manager, the regional manager, the deputy manager, two senior care staff, three care staff, one chef, a housekeeping staff member and a maintenance staff member. We spent time observing interactions between people and the staff in the communal areas including medicines administration, breakfast and lunch time, and in their bedroom with people's prior permission. We looked at eight people's care plans, risk assessments and daily care records. We also reviewed 16 people's medicines administration records, and six staff files including their recruitment, training and supervision records and one month's staff rota.

We looked at the service's records since their registration including accidents and incidents, complaints and safeguarding, audits, monitoring and health and safety checks. We reviewed the documents that were sent by the provider on our request after the inspection including policies and procedures, service improvement plan, supervision records, staff and residents' meeting minutes, and their appraisal and training matrix.

# Is the service safe?

## Our findings

People living at the home told us they felt safe at the home and found staff reliable. People's comments included, "It is safe [here] because people are always around", "I feel safe – always staff, 24 hours. Residents do not fight" and "Yes [I feel safe here]. If the carers see a stranger we do not recognise they ask who they are. Also we have codes on all the doors. Also if I want to go out they will unlock the door and let me go out." Relatives told us their family members were safe at the service, "He is safe" and "My mind is at rest, he is safe here."

People's falls and accidents were recorded and monitored on a daily basis where necessary. Individualised support was provided to people to prevent falls and accidents from reoccurring. For example, for one person staff used a floor sensor mat to alert them if that person started to move around. Since then no falls had been reported for this person. However, we found not all records of people's falls, accidents and incidents included learning outcomes and action points to prevent reoccurrence. For example, following one incident, the action for staff was to request the GP to arrange some tests for the person. There was no record to show this had been done. We asked the registered manager about this and were informed that senior care staff had liaised with the GP but "they had forgotten to update the records." The registered manager told us they had recently started to review and sign off the accidents and incidents records to ensure they were being appropriately completed, records seen confirmed this.

We found people's care plans had detailed risk assessments that identified risks involved in supporting them and instructions for staff on how to mitigate those risks. Staff knew the risks involved in people's care and how to minimise risks whilst supporting them. A number of risk assessments were in place including those relating to moving and handling, nutrition and hydration, falls, pressure ulcer prevention, personal care and medicines. There were also health specific risk assessments, for example relating to choking and diabetes. We found that although people's risk assessments were reviewed monthly they did not always contain the most up-to-date information. We also found they did not always correspond with people's care plans. For example, one person who had insulin controlled diabetes had a detailed nutrition and hydration plan in place but it did not give specific information to the chef on what foods to avoid and the portion sizes. This person had recently been seen by the district nurse who identified the person's diet intake was high in sugar and salt. Since the feedback from the district nurse the person's diet intake had improved and their blood sugar levels were stable. However, the nutrition section in the care plan had not been updated.

Another person had swallowing difficulties and was correctly identified by the provider at risk of choking. However, their care plans, dated 25 March 2017 and 20 March 2016 stated the person was on a special soft diet however, the eating and drinking diet plan stated the person was on a 'normal' diet. We saw this person eating lunch that was not of a soft consistency. Following the inspection the registered manager informed us that the person had seen a dietician who had put the person back on the 'normal' diet as their swallowing had improved. There was no reference to this in the person's care records and their care plan still stated they were on a 'soft' diet. The registered manager told us they would update the person's care plan however, following the inspection we were not provided with an updated care plan.

We asked staff if they knew the procedures they needed to follow in case of fire emergency. Staff were able to describe how to support people individually if there was a fire emergency as they received regular fire drill training. We looked at the records of fire drills and training which confirmed staff training was up-to-date. Each person had a personal emergency evacuation plan in which their physical ability to leave the building was assessed; however, the plans did not detail procedures for staff to follow if people needed to be evacuated in an emergency. We raised this with the registered manager and they reviewed all personal emergency evacuation plans. We looked at the updated care plans on the second day of inspection and found them to be adequate; they provided clear action points for staff to follow in case of emergencies.

We found the service lacked systems to mitigate the infection risks to people using the service from exposure to clinical waste. We found the clinical biohazard waste bin was not securely locked and was stored in the garden. The registered manager told us they had requested resources from the provider for a secure storage facility for the clinical biohazard waste bin but were waiting for a reply. We saw that this request had been made every month since the registration of the service. On day one of the inspection we found used pair of clinical gloves in the garden. The registered manager asked a staff member to dispose of these securely. The service was rated four stars (out of five) at their July 2017 'Food Safety' inspection. They did not receive the five star rating due to cleaning and disinfection procedures not being followed.

We found a number of maintenance issues that posed health and safety risks to the people using the service. For example, on day one of the inspection we found windows in two bedrooms were cracked and broken, creating risks to the people living in those rooms. According to the service's maintenance work schedule the issues were identified by staff over a week earlier, but were only rectified following our inspection. Another person's bedroom did not have call bell cord attached to the wall unit that they could use to call for help.

The provider was not following appropriate infection control practices and did not ensure people received safe care thereby putting people at risk of harm.

The above issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service followed appropriate safeguarding procedures. Staff were trained in safeguarding and knew what signs of poor care and abuse to look for and who to report their concerns to. Staff told us they would report any concerns to the senior care staff and to the registered manager, and were aware of the role of external agencies including the local authority. Since registration the service had raised one safeguarding concern with us and the local authority. Although the registered manager had carried out an internal investigation and followed agreed action points, there were no records of this investigation and of the outcome in the safeguarding folder. The registered manager informed us of the outcome and told us they would update the safeguarding folder accordingly. Staff had a good understanding of whistleblowing. We observed that a whistleblowing policy was displayed in the staff room.

Most people told us there were sufficient staff at the service to support them, "Yes", "I have got a buzzer and I press it and someone [staff] comes", "...use the call bell and a carer comes and helps me with my personal care and I then go to breakfast. If they are busy it might be a little longer, but I understand it" One relative commented, "Staff are always available." Three people told us there were not enough staff. One person told us, "No we could do with a lot more [staff]."

We looked at staff rotas which were planned four weeks in advance; and checked staff working on the day of inspection against the staff rota. We found that staff worked 12 hour shifts and the rota corresponded with



staff that were on duty. During the day three care staff and one senior care staff member were allocated to each floor supported by the registered manager. At nights three waking staff, including a senior care staff member, supported people. The registered manager told us they were recruiting new night staff to increase the night staff number from three to four so that each unit could have an allocated staff member. Most staff told us there were sufficient staff on shift however, they told us not all staff worked well as a team and sometimes struggled during busy times. During inspection we saw staff were available to supervise and support people as required to meet their needs and ensure their safety; however, during lunch time, we saw on one unit a staff member struggled to manage requests from people in a prompt manner. The service used a dependency assessment tool to determine staffing numbers. The registered manager told us staffing levels were sufficient and the issues concerned individual staff's poor time management. We were told this had been identified and staff were receiving training on how to manage their time well to ensure they were not struggling.

Medicines were administered and managed safely. People were happy with the medicines support provided. One person commented, "Staff give me my medicines [on time] and explain what it is for." We looked at the medicines folders which included information on people's medication, health conditions and allergies, the person's picture and details of their GP. The folders also contained the names, signatures and initials of staff qualified to administer medicines. Staff we spoke with could describe how to administer medicines safely, and we saw on their training records that they had completed the appropriate training. The provider's medicines policy stipulated only senior care staff who had been specifically trained could administer medicines. During the inspection we observed one senior care staff member administering medicines safely. They were able to show us how medicines were ordered, checked, stored and where required disposed of safely.

We checked the medicines stock against people's medicines administration record (MAR) and found these records were up to date and accurate, indicating people were receiving their medicines as prescribed by health care professionals. The service followed correct controlled drugs administration procedures, including maintaining a controlled drugs register. Controlled drugs are prescription medicines, which are controlled under the Misuse of Drugs legislation. Fridge temperature checks were carried out on a daily basis and records confirmed they met the requirements which meant medicines were stored safely.

Appropriate recruitment checks were undertaken before staff began work to ensure they were safe to work with people using the service and possessed the appropriate knowledge and skills necessary to do the job. Staff personnel files included photo identification and right to work documents, references and criminal record checks.

We looked at fire risk assessments, fire drill records, water temperature and legionella tests maintenance records and electric and fire equipment testing records. The service had records of hoist and wheelchair testing records. These were all up-to-date.

## Is the service effective?

### Our findings

People told us staff were well trained and understood their needs. One person said, "Staff are nice. We get fed well. We get our clothes washed. I like living here. There is nothing I do not like." Another person commented, "They [staff] look after you well." One relative told us, "Staff understand his needs and cope with him well." Feedback from health and care professionals was that staff had a good understanding of people's needs and abilities, received regular training and support, and looked after people well.

There were a number of maintenance issues that had not been addressed by the service. One person's en-suite bathroom did not have a cabinet mirror door and in another person's en-suite the bathroom window blinds had holes in them and they did not work. Another person's furniture drawer was broken and three people's bedrooms had paint peeling off the walls. Radiator covers throughout the home, and especially in the bathrooms, were rusty, one communal bathroom door did not have a handle making it difficult to open it and a newly renovated communal bathroom had a hole in the skirting board.

We also found discarded old beds and mattresses stored in the garden in a pile outside one person's bedroom window. The registered manager told us the old beds and mattresses had been there for a week and they were in the process of arranging collection. We saw on the second day of inspection the discarded beds and mattresses had been removed.

The provider employed a maintenance person who carried out daily maintenance tasks, and contracted with an external maintenance company for bigger repairs and refurbishment.

We found there were maintenance concerns in the home and repairs had not been completed in a timely manner.

The above issues were a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management told us there were refurbishment plans in place and they were renovating people's rooms as they became vacant. We saw all the units had newly renovated kitchenettes. We visited two people's newly renovated bedrooms and saw one communal bathroom that was recently refurbished and found them to be satisfactory.

Staff supervision and appraisal records confirmed staff had regular supervision and an annual appraisal. Staff told us they felt supported by the management and received regular supervision "The supervision is good" and "I have had regular supervision meetings since I started work here." New staff received comprehensive induction training before starting work and all staff were provided with annual refresher training; records seen confirmed this. Staff were also provided with additional training in areas such as dementia, nutrition and hydration, falls awareness and pressure ulcer care. We looked at the staff training matrix which demonstrated staff received regular training and dates were booked in for specialist and refresher training. Staff told us they found training useful.

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. The application procedures for this in care homes and hospitals are 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 were being met.

The registered manager maintained a check list which indicated whether a person might fit the criteria for DoLS. If so the senior care staff completed a capacity assessment on the area in question. If it was felt the person lacked capacity a referral was immediately made to the appropriate local authority. We saw appropriately completed mental capacity assessments for people who lacked capacity and details on who could make decisions on their behalf. We saw detailed DoLS assessments and found up-to-date DoLS authorisations and renewal applications were in place. However, two of the eight consent to care and treatment forms we saw were not fully completed. Where one person had refused to sign the form this had not been recorded.

Staff had a clear understanding of MCA principles and the working knowledge of DoLS. Training records and matrix confirmed staff had received MCA and DoLS training provided by the local authority. People told us staff also asked their permission before providing care and gave them choices "Staff always say 'can I help you?' before they do anything."

People told us they liked the food and were given choices and told us their nutrition and hydration needs were met. They said food and drinks were always available between meals when requested. People's comments included, "Plenty of food, everything is cooked here in the kitchen downstairs and they ask you, and put it in their book", "They cook food [as per your requests] especially for example today I asked for steamed fish" and "If I feel hungry I can...get toast or biscuits and hot drink when I need it." A relative mentioned "Food is great here." People's dietary requests and needs were met. One person said, "Yes, for example I am allergic to fish and shellfish, so they never give this to me." The chef consulted people with regard to choice and menus were designed weekly. People were given alternatives if they did not like what was on the menu. The chef maintained a system to ensure people who required special diets due to cultural, health or personal reasons received food accordingly. We looked at the kitchen as part of the inspection; we saw perishable food was in date and rotated, and stored appropriately. Fridge and freezer temperatures logs were appropriately maintained.

We saw people's nutrition and hydration assessments detailed their dietary needs, preferences and any known allergies. However, we found these were not reviewed or updated. We found the provider did not record people's food and fluid intake which meant staff, particularly those coming on duty, were not aware of how much food and fluid people had consumed. The registered manager told us they would start recording in people's daily care records if a person had not consumed sufficient food and fluids. Staff coming on duty would then be aware and could provide support where needed. Where necessary we saw that people had been referred to a speech and language therapist if they were having difficulties swallowing. Whilst staff were not recording people's food and fluid intake we found people's monthly weight records showed their weights were stable.

People had access to health services and received ongoing healthcare support. People's comments included, "GP comes here", "If you do not feel well they take you to the doctor" and "We have a resident matron who comes twice a week." A relative mentioned, "The registered manager promptly changed his GP so that it was closer to the home and had easier access." We saw correspondence and visit records from health and care professionals. During the inspection we spoke to the visiting district nurse and they told us the management were prompt in making referrals if people's needs changed and staff had time for them and followed their recommendations in providing effective care. We saw records of district nurse visits that showed people received regular and appropriate district nurse support where necessary.

## Is the service caring?

### Our findings

People told us staff were caring and friendly. Out of 21 people we spoke with 20 said staff listened to them and paid attention to their needs. People's comments included, "Staff helpful. Never too busy to deal with an individual problem", "Staff listen to me, are helpful. If I get upset they try and help, they tell me jokes to cheer me up and make me laugh" and "Staff [are] helpful if you have got a problem, for example if [I] am worried about something or do not feel well. They listen to me and are friendly and caring – all are good." Out of three relatives we spoke to, two said how well their family member was supported and staff were "loving, caring and supportive."

However, one person and one relative told us not all staff were as caring as others. We asked these people if they had raised their concerns with the registered manager. They told us they had not. We observed a staff member had not treated one person with dignity and did not engage with them in a respectful manner. We reported two people's feedback and our observation to the registered manager, who told us they would speak to the staff member, carry out internal investigation and arrange refresher training 'dignity in care'. Following the inspection the registered manager sent us confirmation the training had been booked..

During the inspection we saw five staff interacting positively with people and engaging with them attentively. We saw people moving around the home with ease and looked relaxed. We saw the registered manager spent time with people and, talked to them in a kind and caring manner. Visitors including family and friends were seen having pleasant interactions with people, staff and the registered manager. We saw relatives of a deceased person visit and donate a bunch of flowers and some chocolates for people using the service. We observed them having pleasant and positive conversations with staff. The registered manager spent a lot of time on the units helping staff and people, and continually encouraged people and their relatives to express their views regarding their care. People told us they were involved in making decisions regarding their care and treatment.

People and their relatives told us staff treated them with dignity and respected their privacy. One person said, "They are very respectful – treat me with respect." Another person commented, "Yes, if I say I want to be alone they would leave me." A relative mentioned staff were "respectful" and "he [family member] looked like a prince, always immaculately dressed and properly shaved."

Staff were trained in equality and diversity, and dignity in care. Following our observation of the behaviour of one member of staff the registered manager told us they would run a refresher dignity in care training course and go through the equality and diversity policy with staff. Most staff understood people should be treated equally and with respect. A relative told us they liked this home as it was, "Multicultural and the service met people's cultural needs." People were supported in meeting their cultural and religious and spiritual needs. For example, one person was supported to access their place of worship twice a week and this was reflected in their care plan. Staff encouraged people to remain as independent as they were able to be. For example one person enjoyed preparing and cooking food and was supported to do so by staff.

People's sensitive information was stored safely in the offices and staff understood the importance of

confidentially. One person said, "...They [staff] will not gossip behind my back."

Staff told us they discussed with people their final wishes and preferred care choices at the end of life but we found two people's end of life care form were blank. We reported this to the registered manager who said they would review these people's end of life care forms.

## Is the service responsive?

### Our findings

People told us staff knew their likes and dislikes. Relatives told us they felt welcomed and there were no restrictions on when they could visit their family members. Most people were aware of their care plans and participated in drafting them. One person said, "I have a care plan. I know where it is – I helped them do it when I came." Relatives told us they were invited to care reviews and informed of any changes. One relative said, "They [staff] update me on his health if there [are] any changes in his needs they contact me. I can call at any time to get an update."

Before people moved to the service the senior care staff carried out an initial assessment to ascertain people's needs, likes, dislikes, wishes and preferences. At this stage they spoke to the person, their relatives and health care professionals involved in the person's care. Following this stage the senior care staff prepared care plans and reviewed them on a monthly basis or as and when needs changed. The care plans were comprehensive and gave detailed information on people's medical and health history, background and life story, cultural and religious needs, communication preference, nutrition and hydration and mobility needs. For example, one person's communication plan of care mentioned they were able to verbally express themselves, "dislikes being told what to do" and when they got upset "needs to be appreciated in a very calm manner." Care plans also reflected people's preference for the gender of their carer. For example, one person's care plan stated "does have a preference for female staff to assist her with personal care." We checked the daily care records which confirmed this person was being supported by female staff.

Six out of the eight care plans we reviewed reflected the person's hobbies, interests and social history. However, two did not have information about people's hobbies and interests. Although people's care plans were reviewed monthly and as when their needs changed, and care plans seen confirmed this, we found they did not always provide accurate information. We fed this back to the registered manager who told us they would review people's care plans to ensure they provided sufficient information.

Staff told us they read care plans and found them helpful. Staff understood the need to provide individualised care and were able to explain people's likes and dislikes. For example, one staff member said "[Name of the person] liked listening to music on his radio and played it loud." Another staff member said, "[Name of the person] like participating in 'stay fit' sessions."

The service had two activities coordinators who worked with people to provide a range of group and individual activities. They used a life history mapping exercise to engage with people to identify their likes, dislikes and aspirations. The service had a communal computer room with wireless internet access. Throughout the inspection we saw people using the facility. People told us they liked the activities on offer and chose to join-in those they enjoyed. They told us staff respected their choices and did not force them to participate in activities. For example, one person said, "I go to coffee mornings. I do not play games. I use the computer until 5pm." The registered manager told us there was a small group of people using the service who were interested in gardening, and helped with gardening chores. One person commented, "I sometimes play games. I weed the grass at the back. I can always find something to do. I used to garden at home." During the inspection we saw an activities coordinator facilitate a game of dominos and play a game

of chess with one person whilst two people watched with interest. One person told us, "On Mondays and Fridays we have Bingo downstairs. I do word games."

People were supported to access community venues and go on outings. People recently had visited the seaside for a day trip and the activities coordinator was in the process of organising a trip to Colchester zoo as per peoples wishes. People's comments included, "I like outings – to go to the pub for a pub lunch", "staff take me to post office", "shopping and cinema at Wood Green", "I like to go to the zoo. We do lots of outings" and "for a coffee at the café." A person was supported by staff to go to the polling station to vote in the recent elections. The service organised cultural days where they prepared culturally specific food. One person said, "In about two weeks we are having a cultural day, as in different types of food, Chinese, Indian, and Caribbean I think."

We saw people's bedrooms were personalised with their belongings. Some people's bedrooms had paintings, photos and books.

The registered manager and staff encouraged people and their relatives to raise concerns and complaints. The service organised regular residents' and relatives' meetings to discuss matters related to care delivery, to seek their feedback and update them on matters concerning the service. We saw records of residents' and relatives' meetings to confirm this.

Most people and their relatives told us they had never had to make a formal complaint and that their concerns were listened to and acted on in timely manner. They further said they would speak to senior staff or the registered manager. One person said they had complained about a person and that their complaint was dealt with quickly. A relative commented "I have no complaints but if I did I could speak to any staff and know it would be addressed." The registered manager told us some people had the contact number for the regional manager and people would contact them if they were not happy with how their concerns were resolved. Since the registration there had been only two formal complaints. We looked at the complaint records and found they were clear, they detailed the actions taken and lessons learnt, and demonstrated the complaint had been addressed within the provider's stipulated timeline.



## Is the service well-led?

### Our findings

People said they liked living at the service and found the management approachable. People's comments included, "I am quite happy here", "It is very good. Of course there are ups and downs, but it is very good overall", "The manager is [name of the registered manager]. She is easy to talk to" and "No problems, if I had a problem would talk to the [name of the registered manager]...she always comes and asks if you are alright." A relative said, "[Name of the registered manager] is amazing, always available, easy to speak to and listens to issues." People, their relatives, health care professionals, and staff spoke highly of the registered manager and told us the service was well run.

The registered manager carried out unannounced checks at night or in the early hours of the morning to monitor if staff were awake, whether people's call bells were answered on time and if people were supported with their needs. Records seen confirmed this. There were records of health and safety checks and building maintenance checks. The registered manager regularly walked around the building, to identify any areas for improvement. However, we found these checks were not effective because of the maintenance and repairs issues we found at this inspection.

The registered manager carried out weekly internal audits and maintained service improvement plans. However, the audits were not always effective in identifying gaps in the records relating to people using the service and to ensure they were accurate and up to date. We found some people's care plans had incomplete sections and some care plans did not have updated information. The daily care logs did not include information on people's food and fluid intake where people had a loss of appetite. People's care records were not always updated in a timely manner following health care professionals meetings. People's accidents and incidents forms were not always fully completed and information passed on to the registered manager promptly. We found the safeguarding records were incomplete. This put people at risk of receiving care and treatment that was inappropriate or unsafe.

We looked at the service improvement plan dated 7 September 2017. This had identified areas of improvement and whilst most of the areas had a deadline for completion, some crucial points did not have any target dates. For example, the senior staff were working with the community matron in updating care plans; however, there was no set date as to when the service would like this to be completed. We saw window frames and glass seals that needed to be replaced but there was no target date for this work to be carried out to ensure that people were safe and warm during the winter months. The service lacked effective audit and monitoring systems and processes to ensure the safety and quality of the care delivery.

The service had two senior staff handover meetings each day but did not keep records of the meetings. This meant staff would be unable to refer to minutes to reflect back on discussions and learning. We also found that the registered manager was not always aware of or informed by staff of the minor accidents or incidents that had occurred. Some staff complained about the lack of efficient communication within the service and told us that it needed to improve "not all pull their weight" and "do not always help out." For example, one staff member told us when they arrived at the service for their shift they were not informed a person had been taken to hospital.

The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some staff told us they felt supported by the registered manager and felt comfortable to speak to her about any concerns. One staff member said, "[Name of the registered manager] is very nice. If I have any problem she is happy to listen to me and yes, she acts on it. I feel comfortable talking to her." We fed back to the registered manager that some staff feeling team work was not effective. The registered manager told us they were training staff in better time management and would address the feedback by speaking to staff at the next staff meeting.

The registered manager involved staff in matters affecting people's care and in improvement of the service and discussed this during staff meetings. We saw staff team meeting minutes from July 2017. They included discussions on matters such as infection control, safeguarding, the staff rota, training and phone usage. In response to our feedback on lack of staff handover notes and the lack of effective communication the registered manager told us they had implemented a handover book. Senior staff had started to use it to record any significant incident or event or conversation they had either with people, relatives or staff during their shift. We looked at this book and saw staff had used it for two days prior to the second day of our inspection.

The registered manager attended the provider's management meetings where health and safety and care delivery issues were discussed and which enabled them to create their service improvement plans. The registered manager also conducted regular residents and relatives meetings where they encouraged residents and relatives to voice their issues. Records seen confirmed this.

The registered manager worked closely with the local authority's quality assurance team to improve their services by attending their quarterly care home forums and various care support groups. The feedback from the local authority team said they shared a "good working relationship with the home manager [name of the registered provider] who is engaging and acts on recommendations that we provide." The service was part of a pilot project with another local care home where the service engaged with the community matron to implement improved ways of providing effective care.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Care of people was not provided in a consistently safe way. This included failure to ensure premises were safe to use for their intended purposes, and preventing and controlling the spread of infections. Regulation 12(1)(2)(d)(h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider did not ensure the premises and equipment used was properly maintained. Regulation 15(1)(e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered persons failed to effectively operate systems to: assess, monitor and improve the quality and safety of the services provided; accurately and completely maintain records in respect of each service user. Regulation 17(1)(2)(c)(d)