

# Gateway Housing Association Limited

## Peter Shore Court

### Inspection report

Peter Shore Court  
Beaumont Square  
London  
E1 4NA

Date of inspection visit:  
18 November 2016  
23 November 2016  
24 November 2016

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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

We conducted an inspection of Peter Shore Court on 18, 23 and 24 November 2016. The first day of the inspection was unannounced. We told the provider we would be returning for the second and third days.

We undertook this inspection to check that the provider had followed their action plan in relation to breaches of regulations previously found at our inspection in 28, 30 July and 4 August 2015 regarding the provision of person-centred care, safe care and treatment and staffing. The provider sent a plan after this inspection setting out how they planned to address these issues. We conducted this inspection to check that improvements were being sustained in accordance with the provider's latest action plan and that issues had been addressed. We also followed up on concerns we received information about in relation to staff training and the management of falls.

Peter Shore Court provides care and accommodation for up to 42 older people, most of whom are living with dementia. There were 38 people using the service at the time of our inspection.

A registered manager was not 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. A new manager had been appointed and was working at the service. They had sent their application to the CQC and this was in the course of being processed.

At our previous inspection we found the service was in a state of transition. We found the provider had plans for improving the service, but the high turnover of staff and managers had prevented these from becoming fully embedded in daily working practices. At this inspection we found that whilst considerable improvements had been made, there were still some areas for improvement which needed to be addressed. The manager and deputy manager for the service were clear about what these were and had plans in place for achieving these. They had only been at the service for a few months and had achieved substantial improvements in a short period of time.

Staff responsible for medicines administration had completed medicines administration training within the last year. We received a complaint about the adequacy of staff training in relation to medicines administration. At our inspection we found the training to be thorough and staff were clear about their responsibilities.

At our previous inspection we found there were some gaps and contradictions in care plans. At this inspection we found care plans still contained gaps and contradictions because they were not updated regularly. However, we did not see any examples of this culminating in the wrong or unsafe care being provided for people because healthcare records from multi-disciplinary teams were up to date and care staff were aware of the changes to people's needs.

We also looked into a complaint received about the management of falls at the service. We found that falls were managed appropriately and preventative measures were put in place where appropriate.

At our previous inspection we found care staff did not always know who was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation and how this affected their care. At this inspection care staff demonstrated knowledge of their responsibilities under the Mental Capacity Act 2005 and knew who was subject to a DoLS authorisation and what this meant.

At our previous inspection we found some examples where there was a lack of staff engagement with people using the service. At this inspection we found care staff demonstrated an understanding of people's life histories and current circumstances and supported people to meet their individual needs in a caring way.

People using the service and their relatives told us they were involved in decisions about their care and how their needs were met. However, people's care plans did not always reflect their needs and wishes.

At our previous inspection we found there were insufficient staff to meet people's individual needs and there was an over reliance on agency staff. At this inspection we found there were enough staff working to meet people's needs. Whilst there were still numerous agency staff in place, we found the agency staff working at the service had been working there for a period of at least three months and when questioned, they demonstrated that they knew people well.

Recruitment procedures ensured that only staff who were suitable, worked within the service. There was an induction programme for new staff, which prepared them for their role and agency staff attended the same induction training as permanent staff before starting work. Staff were provided with appropriate training to help them carry out their duties.

At our previous inspection we found care staff did not attend regular supervision sessions with their line manager. At this inspection we found care staff received regular supervision and they told us they found this useful to their role.

People who used the service gave us good feedback about the care workers. Staff respected people's privacy and dignity and people's cultural and religious needs were met.

At our previous inspection we found there were concerns relating to the maintenance of people's nutritional and hydration needs. At this inspection we found that whilst there were no issues in ensuring that people's nutritional and hydration needs were met, care plans did not include enough consistent detail about what people's needs were in the form of advice and examples about the type of food they should be eating.

People were supported effectively with their health needs and were supported to access a range of healthcare professionals. Healthcare records contained an up to date record of what people's current healthcare needs were, but these were not incorporated into people's care plans.

People using the service and staff felt able to speak with the manager and deputy manager and provided feedback on the service. They knew how to make complaints and there was a complaints policy and procedure in place. Records indicated that complaints were dealt with in line with the complaints policy to people's satisfaction.

At our previous inspection we found there were some issues in relation to the provision of a consistent timetable of activities. At this inspection we found people were encouraged to participate in activities they

enjoyed throughout the day. These were both organised, scheduled activities and impromptu activities. A daily activities programme was in place and this included a mixture of one to one sessions and group activities.

The organisation had systems in place to monitor the quality of the service, but these were not always used to full effect. As a consequence issues regarding inconsistencies in the care plans were not addressed. Feedback was obtained from people through monthly residents meetings and a feedback survey was in the process of being disseminated at the time of our inspection. There was evidence of auditing in many areas of care provided as well as monitoring from the local authority contracts monitoring team.

We found one breach of the regulations in relation to good governance. You can see what action we asked the provider to take at the back of the full version of this 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. The risks to people's health was not clearly identified and explored within risk assessments. Care records were also not regularly updated. This created a potential risk that people's needs were not being met.

The service analysed and responded to falls appropriately. Measures were put in place to mitigate the risk of falls occurring.

The service had adequate systems for recording, storing and administering medicines safely and all previous concerns had been rectified.

Previous issues in relation to fire safety had been addressed. All staff were aware of the procedures to follow in the event of a fire.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred.

There were enough staff available to meet people's needs and we found that recruitment processes helped to ensure that staff were suitable to work at the service.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective. People were supported to maintain a healthy diet and were supported to access healthcare services when required. However, care records did not contain up to date details about what people's nutritional and health needs were.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff demonstrated a good knowledge of their responsibilities under the MCA. They knew who was the subject of a DoLS authorisation and what this meant in relation to the provision of their care.

People were supported by staff who had the appropriate skills and knowledge to meet their needs. Staff received an induction and regular supervision and training to carry out their role. Agency staff also received the same level of support.

**Requires Improvement** ●

### Is the service caring?

Good ●

The service was caring. People using the service and relatives were satisfied with the level of care given by staff.

People and their relatives told us that care workers spoke to them and got to know them well.

People's privacy and dignity was respected and care staff provided examples of how they did this. People's cultural diversity was respected and celebrated.

### Is the service responsive?

Good ●

Aspects of the service were not responsive. People's needs were assessed before they began using the service and care was planned in response to these. However, care plans did not always reflect people's current individual needs as they were not updated when people's needs changed.

People were encouraged to be active and participate in activities they enjoyed. Care staff ran a daily activities programme that included group activities, one to one sessions and outdoor visits.

People told us they knew who to complain to and felt they would be listened to.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Staff gave good feedback about the manager and deputy manager.

Quality assurance systems were in place, but these were not used to full effect. As a result, issues with care plans and risk assessments were not identified and rectified. Feedback was obtained from people using the service in monthly 'residents meetings' and a feedback survey was in the process of being disseminated. The manager and deputy manager completed various audits and further auditing of the quality of the service was completed by the contracts monitoring team at the local authority.

# Peter Shore Court

## **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 and sustaining improvements previously made to the service, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 18, 23 and 24 November 2016. The inspection team consisted of one inspector. The first day of our inspection was unannounced, but we told the provider we would be returning for the second and third days.

Prior to the inspection we reviewed the information we held about the service including the previous inspection report, the service improvement plan as well notifications that had been sent to us telling us about significant events or changes at the service.

During the inspection we spoke with six people using the service and three relatives. Some people could not let us know what they thought about the home because they could not always communicate with us verbally. We therefore used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help us to understand the experience of people who could not talk with us.

We spoke with three care assistants, two team leaders, the chef, the in-house community involvement officer who helped organise activities involving volunteers to the service, the manager and deputy manager of the service as well as the regional director. We looked at a sample of four people's care records, four staff records and records related to the management of the service. We also spoke with two healthcare professionals to obtain their views of the service.

# Is the service safe?

## Our findings

People told us they felt safe using the service. Comments included, "I feel safe here" and "It's very secure here. There's no problem."

At our previous inspection we found not all care staff were clear about the whistle blowing procedure in the service. Whistleblowing is when a care worker reports suspected wrongdoing at work. A care worker can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger. At this inspection we found care staff were clear about the whistle blowing procedure and care staff were passionate about the importance of using this to report wrongdoing. One care worker said, "I would report someone if they did something wrong and I hope someone would report me if I did something wrong. At the end of the day we are here for the people and need to make sure they are OK."

The provider had a safeguarding adults policy and procedure in place. Staff told us they received training in safeguarding adults as part of their mandatory training and demonstrated a good understanding of how to recognise abuse. Care staff knew how to report safeguarding concerns and explained the various signs of abuse and different types of abuse. We checked safeguarding records and these indicated that that concerns were being investigated and reported in line with their policy.

At our previous inspection we found there were some concerns that care staff were not aware of the fire safety procedures within the building. At this inspection we found that all staff had completed fire safety training and were clear about the correct procedure to follow to reduce the risk to people in the event of a fire. We found that a fire safety risk assessment had recently been conducted by an external agency and all recommendations had been implemented. We also saw signs displayed within the building reminding staff of the procedure to follow and fire exits were clearly signposted and clear of obstruction.

Staff received emergency training as part of their mandatory training which involved what to do in the event of an accident, incident or medical emergency. Staff told us what they considered to be the biggest risks to individual people they cared for and they demonstrated an understanding of how to respond to these risks. For example, at our previous inspection we found there were some concerns in relation to the number of falls that people were having and we received a complaint about the management of falls at the service prior to this inspection. At this inspection, care staff told us they considered the risk of people falling was the greatest risk to people they cared for. Care staff demonstrated a good understanding of who was at risk of falling and what they should do to prevent this from happening. We also found that senior staff closely monitored the number of falls that people were having and as a result the number of falls that occurred had significantly reduced.

One care worker told us about one person they considered to be at risk of falling. They told us, "I observe [the person] very closely and I make sure other staff do this too. [The person] is very active and that's a good thing. We don't want to stop [the person] from being active, but we just want to encourage them to be careful." They explained the importance of maintaining a clutter free environment and ensuring that the



person was wearing the correct footwear as two examples of how they could reduce the level of risk.

There was an emergency call bell in place to alert all staff in case of an emergency and this could be heard by staff throughout the entire building. We saw call bells were in place in people's rooms and that these were usually within reach and working. We observed one person's call bell was out of their reach when we spoke with them. We reported this to the manager who rectified this.

At our previous inspection we found there were inadequate staffing levels. We found the service to be understaffed and there was an over reliance on agency staff. Prior to this inspection we were also forwarded concerns in relation to staff working long hours, low staffing levels and there being a continued over reliance on agency staff.

During this inspection we found that whilst there was still a reliance on agency staff, these care staff had worked at the service for a minimum of three months. When we spoke with agency care workers we found their knowledge of people to be good and upon observation, they demonstrated a good rapport with the people they were caring for. We spoke with the manager and deputy manager and they confirmed that they were working with only two agencies to provide agency cover. We spoke with representatives from both agencies and both confirmed that they provided the same care workers to the service and only after they had completed the same induction that the provider's permanent staff were required to complete.

We found that staffing levels were at a safe level. The numbers of care staff on shift was in excess of the numbers found at our previous inspection for fewer people using the service. The ratio of care workers to staff was therefore approximately one care worker for every four people during the day time and one care worker for every seven people in the evening. From our observations of the care provided during the daytime this appeared to be enough care staff to respond to people's basic care needs, to meaningfully engage with people and to provide activities as well as responding to people's requests. The manager had also assessed people's dependency levels and on the basis of these, staffing levels had been deemed to be sufficient.

Care staff also agreed that there were enough of them on shift to do their jobs properly. Their comments included, "Yes, I think there are enough staff now" and "Things are much better now."

We looked at four people's support plans and risk assessments. Initial information about the risks to people was included in an initial needs assessment. This information was used to prepare care plans and risk assessments in areas including manual handling, skin integrity, falls and continence. The information in these documents included some guidance for care workers in how to manage risks to people. However, we found there were some examples of incomplete information within care plans and risk assessments. For example, we saw a written note about one person's admission to hospital and were told that this person had now returned. However, there was very limited detail in their care record about how their needs should be managed upon their return. We spoke with the deputy manager about this potential risk. The deputy manager agreed that there was a potential risk as a result of the care plan not being updated, but they assured us that staff were aware of the person's needs because they had been updated about how to care for the person through daily handovers and a communication book which contained written details for staff. When we spoke to staff they were aware of the person's needs and we found the person's health had improved. However, care staff were only required to read the previous entry in the communication book and the deputy manager agreed that this was not a replacement for a comprehensive care plan.

We also found another care record detailing that a person had behaviour that was challenging. When questioned, we found care staff were aware of the person's needs in relation to their behaviour and knew

how to manage these well. We were told that this person's needs had been the subject of discussions within handovers. However, the person's care plan contained very limited detail for staff about how they were expected to manage the person's behavioural needs. Therefore people's individual records were not always complete and may have potentially placed people at risk of unsafe care.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the recruitment records for four staff members and saw they contained the necessary information and documentation which was required to recruit staff safely. Files contained photographic identification, evidence of criminal record checks, references including one from previous employers and application forms.

Medicines were administered safely within the home. Medicines were delivered on a monthly basis for named individuals by the same pharmacy. Controlled medicines were stored safely for each person in a locked cupboard within a medicines storage room. These medicines were recorded in a separate book and the amounts were checked twice and recorded on a daily basis. At our previous inspection we found that one of the medicines storage cupboards was too warm. At this inspection we saw the temperature in the medicines storage cupboards was controlled, monitored and recorded on a daily basis. The temperature was at a safe level on the day of our inspection.

We looked through completed medicine administration record (MAR) charts for four people for the month of our inspection and saw that staff had completed these appropriately.

We saw copies of monthly checks that were conducted of medicines which included controlled drugs. This included a physical count of medicines as well as other matters including the amount in stock and expiry dates of medicines. The checks we saw did not identify any issues. We conducted our own count of the medicines for four people and found that the amount in stock tallied with records kept.

We received a complaint about the quality of training received by staff responsible for medicines administration. Senior care staff, known as team leaders were responsible for medicines administration and records indicated that they had received medicines administration training twice within the last year both from the provider and from the pharmacy. They had also completed and passed an assessment prior to being allowed to administer medicines to people. When we spoke with the responsible staff, they were knowledgeable about how to correctly store and administer medicines. We observed one team leader administering medicines on the first day of our inspection. The staff member was clear about the correct process to follow to ensure people received their medicines safely and explained this to us clearly.

## Is the service effective?

### Our findings

At our previous inspection we found that people's rights may not have been protected as staff were not always aware of the Deprivation of Liberty Safeguards authorisations that were in place and the implications for that person's care. The 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 the 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.

At this inspection we found care staff had a good knowledge of the principles of the MCA and knew who was having their liberty deprived, why and what this meant in terms of the care they received. Comments from care staff included, "You should always assume that people have capacity. Never assume that they don't and if you need to deprive them of their liberty, make sure you are using the least restrictive option" and "Although most people here are subject to DoLS, I always encourage them to make their own decisions if they can. I never assume that they can't."

We checked whether the service was working within the principles of the MCA, and found that the provider was meeting the requirements of the MCA. Staff had received MCA training and where people were subject to having their liberty deprived for their own safety, applications had either been authorised or were pending with the local authority. Where people lacked the capacity to consent to a decision and had nobody to speak on their behalf, Independent Mental Capacity Advocates (IMCAs) were consulted and their views were documented. The IMCA is a role created by the MCA. Organisations have a duty to involve an IMCA when a vulnerable person who lacks mental capacity needs to make a decision about their health or care. The IMCA will help support the person to make the decision, will represent their views and should act in the person's best interests.

At our previous inspection we found that staff were not receiving regular supervisions of their performance at work. At this inspection records indicated and care staff confirmed that they received regular supervision of their competence to carry out their work. Records showed that staff supervisions took place every two months. The manager told us and care workers confirmed that they used supervisions to discuss people's needs as well as their training and development needs. Care staff told us they felt well supported by their managers. Their comments included, "I get training and supervisions. If I need anything all I have to do is ask" and "The senior staff really support you here. I get supervision sessions, but I can go to my manager at any time. I don't have to wait for a supervision."

At our previous inspection we found there were some concerns about whether people received adequate food and hydration. We found inconsistencies in the recording of people's weight and fluid intake and also found that there was no system in place to ensure that people received or consumed drinks and snacks at regular intervals. At this inspection we found that people were assessed on a monthly basis to determine whether they were at risk of malnutrition. If a risk was identified, care staff monitored people's fluid and food

intake on a daily basis and this was recorded. People's weight was also checked every month where required and these records were up to date. Where necessary, people were referred either to a speech and language therapist or a dietitian for further monitoring and advice. Healthcare records indicated that their advice was followed. This ensured that people's nutrition and hydration needs were identified and met.

However, care records did not consistently contain up to date information in relation to people's nutrition and hydration needs and this created a risk that care staff who did not know people well could potentially fail to provide the necessary care that people needed in this area. For example, we saw one record of a person who had been admitted to hospital due to specific problems with their nutrition. Records indicated that they had made a significant improvement on their return and care staff knew the person's needs well, however, their nutrition care plan did not contain up to date details of what their needs were.

Nutrition care plans also lacked advice for care staff where people had specific dietary needs. For example we saw three care records where people suffered from diabetes and care staff were reminded to ensure that people followed a 'diabetic diet' within these. However, there were no explanations of what this meant and there were no examples of the types of food that people should have been encouraged to eat. When we spoke to the chef and to care staff, they were clear about the type of food diabetic people should be eating and they told us they encouraged people to make appropriate food choices. However, the lack of written detail within care records created a risk that care staff without sufficient knowledge of people's dietary needs could fail to provide the right advice to people around this area of their care.

Care records contained information about people's health needs. The service had up to date information from healthcare practitioners involved in people's care, and we saw people's care records contained notes and instructions from healthcare experts. When questioned, care workers demonstrated they understood people's health needs. For example, all care workers were able to tell us how people were feeling during our inspection and if they had any specific health conditions. The service had regular visits from the GP and district nurse and records confirmed this. The district nurse told us, "They know their clients well and they are quick to respond to the needs of their clients". However, we found the information in people's care plans was often out of date because they were not routinely updated following a change in people's needs. This created a risk that people could be provided with the inappropriate or unsafe care by staff who were less familiar with people.

We spoke to the manager about this potential risk. They told us and we saw that senior staff kept up to date healthcare records which documented changes to people's care. These changes were disseminated to care staff in a daily communication book which staff were required to sign to evidence they were aware of updates. Daily handover meetings also ensured that care staff were updated about matters. However, the manager agreed that these measures did not fully mitigate the risk of incorrect or potentially unsafe care being provided if care plans did not accurately reflect people's individual needs.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us staff had the appropriate skills and knowledge to meet their needs. One person told us, "I've never had any problems, I think they know what they're doing" and "They work hard and do things properly." The manager told us, and care workers confirmed, that they completed training as part of their induction as well as ongoing training. Records confirmed that all staff had completed mandatory training in various topics as part of their induction. These topics included safeguarding adults, moving and handling and emergency first aid. There was also more specialist training available where required, for example training in diabetes care. We reviewed the training matrix and found that staff had completed training in the mandatory topics within the last year.

Care workers confirmed they could request extra training where required and they felt that they received enough training to do their jobs well. One care worker told us, "The team leader always asks me if I would like more training in my supervision sessions. I requested dementia training once and this was arranged."

People told us they liked the food available at the service. Comments included, "The food is good" and "I like the meals. If I don't like anything, the chef will fix me something else." We spoke with the chef about the food available. They explained that they obtained feedback about the food from the care workers and from people using the service directly. The chef altered the menu each month depending on the feedback received and we saw a copy of the menu for the month of our inspection. The food on the menu accurately reflected the food that was available. We sampled the lunch on the first day of our inspection. The food was appetising, of a good portion and served at the correct temperature.

# Is the service caring?

## Our findings

At our previous inspection we found that people were not always supported by care staff who were consistently caring. We found that whilst some staff were exceptionally caring, others did not engage with people whilst assisting them. At this inspection we found care staff were consistently caring in their approach to people. We observed a high level of interaction between care staff and people using the service and this indicated that care workers knew people well.

We observed the lunchtime period and saw staff helping people with their food, having conversations with people as they were doing so. We observed care staff joking with people and making them laugh and we observed people joking with staff in return. These interactions demonstrated that people were comfortable with staff. One healthcare professional also commented "Staff and people laugh together. They have a very level relationship. Everyone is equal."

People who used the service gave us good feedback about the care workers. Comments included, "They're a good bunch" and "They help me out when I ask them to."

Care staff demonstrated a good understanding of people's life histories. Senior staff and care workers told us they asked questions about people's life histories and people important to them when they first joined the service, however, we saw varying levels of detail recorded in people's care records. Some care records included a high level of detail about people important to them and significant events that had occurred in their lives. Care staff told us details about people's lives and the circumstances which had led them to using the service. They were well acquainted with people's habits and daily routines. For example, care staff were able to tell us about people's likes and dislikes in relation to activities, who they were friends with and who were the people important to them as well as things that could affect people's moods. One care worker told us "Sometimes [the person] gets agitated and I will offer [them] a cup of tea. This seems to cheer [them] up and we can have a chat" and another care worker told us "I know [one person] really doesn't like it when it gets too noisy. So I'll ask [them] if [they] want to go somewhere else."

People we spoke with told us their privacy was respected. One person told us, "They respect us." Care workers explained how they promoted people's privacy and dignity. Their comments included, "I make sure the door is shut and the curtains are drawn when giving personal care" and "I always knock before I go into someone's room. None of us would ever barge in." We observed staff speaking to people with respect and knocking on doors before entering their rooms.

Care records demonstrated that people's cultural and religious requirements were considered when people first started using the service. We saw initial assessments included details of people's cultural and religious requirements. When we spoke with care staff they were aware of people's religious needs and whether people needed any assistance in practising their faith.

## Is the service responsive?

### Our findings

People told us they were involved in decisions about their care. Comments included, "I do my own thing and get the care I want" and "I live my life how I like."

At our previous inspection we found there were concerns in relation to care staff offering people choices. We found some staff routinely asked people what they wanted, but this was not consistent. At this inspection we found people were routinely offered choices in relation to their daily care needs.

Care workers gave us numerous examples of how they respected people's choices in their daily lives. They told us people's food preferences, their preferred routines and their preferred activities. One care worker also added, "I know what people want, because I've got to know them well, but that doesn't mean that I don't offer them choices. Nobody wants to eat the same thing or do the same thing all the time."

People were encouraged to express their views and be involved in decisions regarding their care. People were given information when they first joined the service in the form of a brochure which included details about the service provided and policies and procedures, including the complaints procedure. Residents meetings were held every month. We saw minutes relating to these meetings and saw various topics were discussed and action had been taken to rectify any issues raised. However, care records included limited information about people's views.

People's needs were assessed before they began using the service and care was planned in response to these. Assessments were completed in various aspects of people's medical, physical and social needs. The care records we looked at included care plans in areas including nutrition, continence and moving and handling which had been developed from the assessment of people's individual needs. However, care records were not regularly updated and included limited details about people's likes and dislikes in relation to a number of different areas including nutrition and activities.

At our previous inspection we had some concerns about accident and incident records not being used to update the information in care plans. At this inspection we found that whilst care plans were not regularly updated, we found that people's progress was usually reviewed at meetings with their key worker every month. We found that key changes to people's care was recorded in the monthly evaluation notes within the care records, although these were not incorporated into the body of the care plans. These included notes about changes to people's healthcare needs. We also found examples where details of accidents and incidents had been incorporated into care plans. We found examples of people's mobility care plans being updated in response to incidents to ensure that risks were mitigated.

At our previous inspection we had some concerns in relation to people's participation in activities. Whilst there was a part-time activities coordinator employed to devise a timetable of activities, we found they relied on care staff to carry these out. Due to previous under-staffing, we found care staff struggled to meet the requirements of the programme.

At this inspection we found care staff were still required to deliver the activities programme. A team leader was tasked with devising the programme and care staff were required to carry these activities out. However, from our observations we found care staff took the time to deliver the planned sessions on the programme and also had a high level of engagement with people using the service and offered impromptu activities throughout the day. For example, one person told us, "I don't do activities", however, within 30 minutes of them making this statement, we found them engaged in an activity with a care worker, colouring in and enjoying a cup of tea. We saw care workers asking people if they wanted to play games and we observed numerous people within the lounge playing impromptu games such as quizzes and listening to music. People appeared to be stimulated and seemed to be enjoying themselves.

We spoke with one care worker who demonstrated passion for the activities programme. They told us, "I use activities to motivate and stimulate people. I don't want people to get bored." They showed us the efforts they had made to devise games for people and showed us age appropriate musical play lists they had put together in their free time for people. They played this music to people in the lounge area and we found people clapping, singing and dancing to this music.

People's involvement in activities was monitored and recorded within activities care plans which contained a log detailing people's involvement and included goals for them to meet. Whilst we saw that activities logs were regularly updated, this information was not used to regularly update people's care plans and was not used to update or monitor people's progress against their goals.

However, despite the shortcomings within the activities care plans, we found efforts were made to ensure that people were stimulated and they participated in activities. The provider employed a community involvement officer who helped organise activities involving volunteers. They ensured the service worked with numerous outside organisations to offer services such as befriending, gardening and pet therapy.

The provider had a complaints policy which outlined how formal complaints were to be dealt with. People using the service told us they would speak with a staff member if they had reason to complain. We saw records of complaints and saw these were dealt with in line with the provider's policy to people's satisfaction. Care workers we spoke with confirmed they discussed people's care needs in their supervision sessions and their team meetings. They told us if there were any issues or complaints they would discuss them with senior staff immediately.



## Is the service well-led?

### Our findings

At our previous inspection there were concerns relating to the lack of stable management which had exacerbated issues. At this inspection, although the service still did not have a registered manager, we found that the management team that was in place had inspired confidence in staff and had provided leadership and guidance within a short period of time. Comments from care staff included, "I think [the Deputy Manager] is fantastic. She is the reason I want to work here", "[The management team] are really nice. You feel comfortable talking to them" and "[The management team] follow proper procedures. They listen and take action. They are a safety net for continuity, support and action."

The manager told us staff meetings were held monthly and daily handover meetings also took place twice a day. Staff told us they felt able to contribute to these meetings and found the topics discussed were useful to their role. We read the minutes from the most recent staff meeting. These showed that numerous discussions were held. However, we found that there was no mechanism for ensuring that identified concerns were actioned at later meetings. For example, we saw a record of comments in one set of staff meeting minutes which highlighted the concerns we found with the care plans. However, at the following staff meeting, these concerns were not mentioned and it was not clear if any action had been taken to rectify the issues identified. We spoke with the manager about this and they agreed that there was no mechanism at the time of our inspection, to ensure that identified issues were followed up.

At our previous inspection we found that there was a culture of passing on information at the handover or in other records instead of amending documents such as care plans and risk assessments. We found that care staff were overwhelmed with trying to complete records on each shift, often staying past their allocated hours in order to do so. At this inspection we found the culture of passing on information through handover without amending care plans was continuing. Despite this, we found considerable action had been taken to lessen the burden of paperwork on care staff. The team leader's job description had been amended in order to allow them to spend more time providing care instead of completing documentation. Care staff told us this had improved their ability to carry out their work because they felt they had more support. Their comments included, "The team leader doesn't spend all their time in the office now. I feel like I have the support when I need it" and "Team leaders are more available than they used to be which has made things easier for all of us."

We saw evidence that feedback was obtained from people using the service, their relatives and staff. Feedback was received during monthly residents meetings. People told us they found these meetings helpful and felt comfortable speaking in them. The manager told us that if issues were identified, these would be dealt with individually and we were given an example of when this had happened. The management team also conducted an annual survey that was carried out by an external organisation. We saw the results of the previous survey had identified some issues. The management team had implemented plans to address these issues and a further survey was in the process of being conducted at the time of our inspection.

We saw records of complaints and accident and incidents. There was a clear process for reporting and

managing these. The manager told us they reviewed complaints, accidents and incidents to monitor trends or identify further action required and we saw evidence of this. This data was also reported every month to the local authority's contract monitoring team along with other data and they also performed a similar function by assessing the data and monitoring for any concerns or trends.

Information was reported to the Care Quality Commission (CQC) as required.

Staff demonstrated that they were aware of their roles and responsibilities in relation to people using the service and their position within the organisation in general. They explained that their responsibilities were made clear to them when they were first employed. Staff provided us with explanations of what their roles involved and what they were expected to achieve as a result. We saw copies of staff job descriptions which were contained within staff files and the details within these tallied with what staff had told us.

The provider had systems to monitor the quality of the care and support people received. We saw evidence of numerous audits covering a range of issues such as medicines, falls, the use of agency staff and infection control. The manager told us they assessed each of these audits and put plans in place to make changes where necessary. However, we did not see any audit of care plans or risk assessments. There was therefore no mechanism in place to rectify the issues we found.

The provider worked with other organisations to ensure the service followed best practice. We saw evidence in care records that showed close working with local multi-disciplinary teams, which included the GP, occupational therapy team and local social services teams among others. We spoke with two healthcare professionals and they commented positively on their working relationship with staff at Peter Shore Court.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always maintain an accurate and complete record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. 17(2)(c).</p>