

Purelake (Greenford) Limited

Greenford Care Home

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Greenford Care Home is a residential care home providing personal care to 14 people aged 65 and over at the time of the inspection. The service can support up to 18 people in one adapted building. People had varying care needs, including, living with dementia, epilepsy and diabetes. Some people could walk around independently, and other people needed the assistance of staff or staff and equipment to help them to move around.

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

A number of improvements had been made since the last inspection, which had improved the environment and the experience people had of living in the service. More improvement needed to be made, the provider needed to show how they would sustain the improvements made and make sure improvements continued, to be able provide a good service.

The manager had improved the assessment and management of risk, however, risk management plans were not always complete and staff did not always record the care given to keep people safe. The management of people's prescribed medicines were not always accurately recorded, some areas needed to be more closely monitored.

Improvements had been made in many areas of the service since the last inspection, which benefitted people and the quality and safety of their care. However, systems had not been developed and embedded effectively to make sure these improvements could be carried on. Improvements had not always been made in a timely manner.

Although people were asked their views of the service on a regular basis, the provider did not monitor these to make sure they could make improvements based on feedback given. Relatives told us they had noticed improvements made since the last inspection.

Recruitment procedures were more robustly managed to make sure only suitable staff were employed to support people. However, some areas within the recruitment process needed to be improved further. The provider now assessed people's needs to support decisions about how many staff were needed to provide safe care. There were enough staff and people said they did not have to wait when they needed the attention of a staff member.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, records kept did not always reflect this practice. We have made a recommendation about this.

Improvements had been made to the environment, people now had a shower room, so they had the choice

of a bath or shower. The outside patio area was in the process of being improved. Some improvements were still a work in progress and waiting to be addressed. The environment was not fully suitable for people living with dementia. We have made a recommendation about this.

Staff training had improved since the last inspection. Staff confirmed they were given better opportunities for training. However, this work had not yet been completed and some training courses still needed to be provided to make sure people were supported by suitably skilled staff.

Although improvements had been made to planning people's care, their care was not always individual, taking into account their personal needs and preferences. We have made a recommendation about this. Opportunities were still not always available for people to maintain and develop their interests and preferences. People appeared bored and spent periods of time sleeping in the communal areas. We identified this as an area that needs further improvement.

Planning people's care in preparation for the end of their life had not always been completed. An explanation was not given, for example, that people did not wish to discuss the subject and when this would be reviewed. We have made a recommendation about this. Important information was not available in different formats, so people who may find reading long text difficult, could understand.

The concerns around infection control at the last inspection had been addressed and this area had improved, helping to keep people safe from infection. People were protected from the risks of abuse by a staff team who understood their responsibilities in reporting any concerns they had about people's welfare.

People were happy with the food provided and people who needed assistance with their meals were not rushed. People were offered a variety of drinks and snacks. People were referred to health care professionals when they needed advice and treatment, care plans were now updated to make sure the advice and guidance was followed.

People were involved in their care and were supported to make day to day choices. People's loved ones told us they had been involved in care planning and were kept updated. All staff knew people well and there was a relaxed and happy atmosphere in the service. Maintaining people's independence was a key aspect of people's support and staff made sure they gave people plenty time to do as much as they could for themselves.

Staff felt supported and regular staff meetings were held as well as one to one supervision meetings, which had a positive impact on the care they provided. The manager had started to attend local forums to find out what was going on in the local area to bring back their learning to the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Inadequate (report published 18 May 2019) and there were multiple breaches of regulation.

This service has been in Special Measures since December 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Enforcement

We have identified one breach in relation to, good governance and the process of quality monitoring ; recording of the management of risk and medicines management; accurate record keeping, at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our safe findings below.

Requires Improvement ●

Greenford Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience on the first day and one inspector on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Due to the serious concerns found at the last two inspections, we used a larger team to make sure we captured people's views and spent time checking the quality and safety of the care received.

Service and service type

Greenford Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A manager was employed but had not yet registered. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they had not been to the service since we last inspected and had not received any information about the service. We received feedback from local authority commissioners. We used all of this information to plan our inspection.

During the inspection

Not everyone who lived at Greenford Care Home were able to give views of their care. Although we spoke with nine people who used the service, only five people gave us feedback. We also spoke with two relatives about their experience of the care provided. We spoke with seven members of staff including the provider, the manager, head of care, the activities coordinator, two care workers and the cook.

We reviewed a range of records. This included five people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We served a warning notice on the provider, requiring them to be compliant with Regulation 12 by 31 July 2019. At this inspection, improvements had been made and the provider was now compliant with Regulation 12. However, action needed to be taken to improve the accuracy of record keeping, and management of risks.

- Improvements had been made to the assessment of risk. However, the accurate recording of how identified risks were managed continued to be a work in progress. Not all individual risk assessments were fully completed. Although risks had been identified, some did not have a management plan in place to provide staff with the guidance to keep people safe.
- Risks had been identified in relation to the support one person needed through the night. These included, requiring continence care; repositioning; and being unable to use a call bell. No management plans were recorded to advise staff what steps to take when providing care to prevent harm.
- Daily records did not always evidence that people were given the care as described in their risk assessment. One person who had been assessed as being at high risk of pressure sores had a risk assessment in place, detailing the plan to prevent pressure sores. This included helping the person to change their position every 2 hours, whether in bed or when sitting in their chair through the day. Daily records did not evidence staff had followed the risk management plan. Records over six consecutive days in October showed the person's position had not been changed every two hours as their care plan and risk assessment advised.
- A cupboard door, on the main corridor, had a notice saying, 'Door must be locked at all times'. The door was unlocked. An open toolbox was in the cupboard with screwdrivers and nails inside, within easy reach of any person walking into the cupboard. This posed a hazard to people as many people living with dementia who may not be able to assess risk to themselves, walked around independently.

The failure to ensure good governance and that records accurately supported the management of risk is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Fire evacuation drills had not been carried out, to check if staff knew how to carry out the fire evacuation

procedure in a timely way, to keep people safe in the event of a fire.

We recommend the provider seeks advice and guidance from a reputable source to follow best practice guidance to make sure staff are competent to support an evacuation of the building in the event of an emergency.

- Other individual risk assessments were fully completed with measures to keep people safe. Nationally recognised tools to assess if people were at risk of, for example, pressure sores, were in use and used to develop individual risk assessments.
- Although we found some areas of concern in relation to records supporting the management of risk, as reported above, people and their relatives told us they felt safe. One person said, "Yes, I definitely feel safe. Well let's put it this way, the staff are there if you want them."
- Some people needed equipment to help them move around, for example a hoist to move from their bed to a chair and vice versa. Staff were competent and provided safe care when supporting people to use a hoist. They described to people what they were doing and what to expect throughout the move, providing reassurance and encouragement. People were calm and relaxed during the process.
- After the last inspection, we asked the fire and rescue service to visit and check the premises were safe. Their visit resulted in identifying areas that needed to be actioned and a date was given to the provider to comply by. When the fire service visited again to check compliance, two of the three actions had been completed and the other action was in progress. This had since been completed.
- Fire alarm testing had been carried out regularly, as well as checking fire extinguishers and emergency lighting. People had a personal emergency evacuation plan, setting out the individual support they would need to leave the building quickly in an emergency.
- The provider had carried out all required servicing and routine maintenance of systems, equipment and utilities. Such as, fire alarm and emergency lighting, hoists and slings, gas safety and electrical installation.

Using medicines safely

At our last inspection, the provider had failed to manage medicines safely. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We served a warning notice on the provider, requiring them to be compliant with Regulation 12 by 31 July 2019. At this inspection, improvements had been made and the provider was now compliant with Regulation 12. However, action needed to be taken to improve the accuracy of records, to make sure medicines were managed safely.

- District nurses visited the service to administer an injection for one person. The injections were kept in the service's locked medicines cupboard and recorded in a record book as being in stock. However, the number in stock did not tally with the number recorded in the record book. Records could not establish when injections had been given and how many injections should be in stock. Staff said the person had been given their injections but visiting nurses did not always sign the book when they had given the injection. However, it is the responsibility of the provider to make sure any medicines on the premises are kept safely and accurate records maintained.
- Some people were prescribed medicines to take 'as and when necessary' (PRN) by the GP, for example, painkillers. Guidance was not in place for many PRN medicines, to advise staff when people should take the medicines and how often they can safely take the medicine over a 24-hour period.
- Some medicines that had been discontinued by the GP continued to show on the medicines

administration record (MAR). Although the member of staff giving medicines during the inspection knew about the change, this could have led to confusion amongst staff administering medicines.

- People's MAR did not always record the full details as recorded on the GP prescription. One person's MAR did not record the dose of their medicine and how many tablets they should take each time. The staff member administering medicines during the inspection, knew the dose and the amount the person took. When we counted the numbers of medicines that should be left, based on the information given by the staff member, they tallied. However, this was not safe practice and staff may not administer the correct dosage, placing the person's health at risk.
- Bottles of liquid medicines did not always have the date they were opened recorded on the label by staff. These included painkiller liquids that were used PRN, so the bottle may not be used quickly. Six bottles of liquid medicines in use did not have this information recorded. This placed people at risk of being given medicines that had lost their effectiveness if they had been open too long.

The failure to ensure good governance and that records were accurately kept so people's medicines could be managed safely is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff signatures on people's MAR's were neat, legible and well recorded, helping to prevent errors.
- Apart from the confusion with the injections administered by nurses as reported above, the numbers of medicines in stock tallied with the numbers recorded. We checked a random sample of medicines and found no further mistakes.

Staffing and recruitment

At our last inspection, the provider had failed to ensure the processes to recruit new staff were robust to make sure only suitable staff were employed. This was a continued breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We served a warning notice on the provider, requiring them to be compliant with Regulation 19 by 30 June 2019. At this inspection, improvements had been made and the provider was now compliant with Regulation 19, although some parts of the recruitment process needed to be more robust.

- One new staff member did not have a second reference on their file as required within the provider's recruitment policy. Keeping complete and robust recruitment records for all new staff is an area that needs improvement.
- New staff had completed an application form with full employment history and their identity had been checked. Disclosure and Barring Service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

At the last inspection we made a recommendation to the provider regarding suitable assessment tools to calculate the numbers of staff needed to meet people's needs and to aid the deployment of staff.

- At this inspection, the provider had now introduced a tool to measure each person's dependency level, based on their current needs. This was used to calculate the numbers of care staff hours needed to provide safe staffing levels.
- Suitable numbers of staff were available on shift and on the staff rotas we looked at, to meet the needs of people living in the service.
- People told us staff were always available when they needed them, and they never had to wait for

attention. One person said, "I never have to wait. They are there on the dot."

Preventing and controlling infection

At our last inspection, the provider had failed to have robust infection control systems in place. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We served a warning notice on the provider, requiring them to be compliant with Regulation 12 by 31 July 2019. At this inspection, improvements had been made and the provider was now compliant with Regulation 12.

- The service was generally clean. Domestic staff were employed to provide cleaning services. They had a schedule of cleaning and recorded the tasks carried out on a daily basis. Domestic staff knew people well and chatted with people, helping them with tasks when cleaning their rooms.
- Staff had access to personal protective equipment such as disposable gloves and aprons to prevent the spread of infection. Staff were using protective equipment appropriately.

Learning lessons when things go wrong

- Accidents and incidents had been recorded by staff when they had happened. The manager had carried out an investigation when this was needed and recorded the outcome. For instance, if people's care plans and risk assessments had been updated as a result of the incident, or if they had been referred to a health care professional for advice and guidance.
- The manager monitored all incidents at the end of each month, checking for themes that may lead to improvements being made. The manager shared lessons learnt from incidents in staff meetings or individual staff supervision meetings.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they felt their loved ones were safe at Greenford Care Home. One relative said, "I wouldn't have any hesitation about safety for (loved one), it is great."
- Staff understood their responsibilities to protect people from abuse. Staff described what abuse meant and how they would respond and report if they witnessed anything untoward.
- Staff told us the manager was approachable and always listened, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away, however, they knew where they could go outside of the organisation to raise their concerns if necessary.
- The provider and manager knew their responsibilities to report any concerns to the appropriate authorities. They had reported concerns and sought advice when necessary.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection, the provider had failed to ensure people's rights were upheld within the principles of the Mental Capacity Act 2005. This was a continued breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of Regulation 11. However, how people were supported to maintain their rights under the MCA needed to be improved - further.

- Improvements had been made and the manager now completed mental capacity assessments with people when they needed to make particular decisions. However, this continued to be a work in progress. The information in the assessments did not always evidence how decisions were made in people's best interests.
- One person's assessment recorded the manager had met with the person's loved one and others, such as the GP, speech and language therapist (SaLT) and a social worker. No record was made about what had been discussed with the relative and others and how they agreed decisions in the person's best interest.
- Another person had been assessed as not being able to understand what a call bell was and how to use it. Their care plan said the risks of using a call bell had been discussed with the person on admission. This contradicted the other information provided around the person's capacity to understand and had not been

updated to record if there had been changes in capacity since admission.

- There was not always a clear thread running through care plans regarding which decisions and choices people were able to make and which they were assessed as not having capacity to make. One person had been assessed as not having capacity to make decisions about their daily care needs. However, their care plan stated, 'two staff to assist with bed bath regularly when (they) would like them'. Elsewhere in their care plan it suggested the person would not be able to independently make this choice.

We recommend the provider seeks advice and guidance from a reputable source to improve the recording of best interest decision making within the principles of the MCA.

- DoL's applications had been made appropriately. When an authorisation had been granted, conditions of the authorisation had been complied with by the manager and staff.
- People told us they were given choices and staff always asked them first before they carried out any tasks with them. One person said, "Oh yes, they always ask my permission." Another person told us, "They do anything you want. I get dressed myself in the morning and come down for breakfast. I always wake up on my own."
- Staff helped people to make choices throughout the day, such as their choice of meals, where they would like to sit, or what music they would like to play. Staff had a good understanding of the principles of the MCA and clearly understood people's individual levels of understanding.

Adapting service, design, decoration to meet people's needs

At our last inspection, the provider had failed to ensure the premises were suitable for the purposes they were being used. This was a continued breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We served a warning notice on the provider, requiring them to be compliant with Regulation 15 by 31 July 2019. At this inspection, improvements had been made and the provider was now compliant with Regulation 15, although work to improve the premises was still in progress.

- At our last inspection, people had access to only one bathroom as the second bathroom was unsuitable to use. This had been highlighted at the previous inspection also. Since the last inspection, the provider had installed a new shower wet room which had recently been completed. This meant people were able to choose to have a bath or a shower and gave fuller access to people. Staff were pleased that they were now able to give people choice, and everyone could access bathing and showering facilities. Staff told us the people who had been able to have a shower since completion of the new facilities had enjoyed the opportunity.
- At our last inspection, we raised concerns around the opportunities for non-smokers to access suitable outside space. This was because the small outside area was dominated by a smoking 'tent', which was not suitable for use. Since the last inspection, the provider had dismantled the tent and erected a more suitable wooden structure with seating. An area had been cleared for this and the outside area had more space.
- People who used the area were happy with the result of the work completed so far and said they now had a more comfortable place to sit. Although more work needed to be completed to make sure smokers and non-smokers who lived in the service were able to access an outside space that suited them, this was ongoing.
- Some areas were still in need of refurbishment and flooring needed to be replaced. The provider had a plan in place. Some flooring had already been purchased and was awaiting fitting.
- Some areas of the home continued to need investment to provide comfortable and pleasant surroundings

for people to live in. This was a work in progress and the provider had prioritised the areas that needed attention immediately after the last inspection. The accommodation was an area that needed further improvement.

- Bedroom doors had people's photographs on them, so people could recognise their room. However, these were print outs rather than photographs and were poor copies, so some people were not recognisable from the photo. The premises had not been designed to support people living with dementia to easily find their way around, although we did not see people struggling to find their way to where they wanted to go. Signs used in the service were not developed using best practice guidance in relation to supporting people living with dementia to find their way around the building.

We recommend the provider seeks advice and guidance from reputable sources to create an environment that meets the needs of people living with dementia.

Staff support: induction, training, skills and experience

At our last inspection, the provider had failed to provide appropriate training and professional development. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We served a warning notice on the provider, requiring them to be compliant with Regulation 18 by 31 July 2019. At this inspection, improvements had been made and the provider was now compliant with Regulation 18, although further staff training was continuing to be planned and sourced.

- The provider had improved training opportunities for staff and all staff had attended a number of training courses since the last inspection. However, further improvement was needed to make sure staff had the training they needed to support people with all their assessed needs.
- No staff had received mental health awareness training, when some people living in the service had a diagnosed mental health need. No staff had received epilepsy training when two people living in the service had been diagnosed with epilepsy and took prescribed medicines to control this. Only 11 out of 20 staff had completed safeguarding vulnerable adults training and only 12 out of 17 who were required to undertake it, had completed food hygiene training. Some people living in the service had diabetes and only nine out of 15 staff who required the training had received training on the subject.
- Staff knew people well and we observed good practice in the communal areas, such as moving and handling techniques and medicines administration. When we spoke with staff they understood and responded well to our questions. Further training was booked in the months ahead, including epilepsy training. However, the provider could not be sure that staff had the knowledge they needed to meet people's needs with confidence and competence. Staff training is an area that needs further improvement.
- Staff said training opportunities had improved. One member of staff told us they were happy with the training provided and said they were encouraged to attend training. They told us about a first aid course they had recently attended externally and said, "It was really good, I really enjoyed it and learned such a lot."
- People and their relatives thought staff were well trained and knew how to support them. One relative told us, "I have never had any concern with staff. They are very understanding and helpful in helping (loved one) to address living here."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection, the provider had failed to maintain complete and keep accurate records. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated

At this inspection, the provider had made improvements in this area of this key question.

- No new people had moved in to the service since the last inspection. Previously, an assessment had been carried out with people to assess their needs before a decision was made whether the service was suitable, and staff had the skills and experience to provide their care. This was then used to inform the initial care plan. The manager told us they would continue to carry out full assessments when new people did move in.
- The manager had re assessed people's care needs to be able to develop new care plans with each person. This had improved how people's care was recorded.

Supporting people to eat and drink enough to maintain a balanced diet

- People were happy with the food, there were no negative comments. One person commented, "They wouldn't dish us up anything we wouldn't like."
- The cook had a good understanding of people's nutrition needs. They knew people's likes and dislikes and made sure people had access to the foods they liked. The cook told us staff kept them informed of any changes to people's dietary needs. For example, if a dietician or a speech and language therapist (SaLT) had made recommendations.
- People were not kept waiting for their meal if they needed staff to assist them. Staff spent time with people to make sure they did not feel rushed and chatted to help to make mealtimes a sociable occasion.
- Food and fluid charts were completed well by staff when they needed to monitor how much a person was eating and drinking. People were encouraged and supported to drink plenty fluids each day to maintain their health. A range of drinks were available, and staff were making people cups of tea and coffee whenever they wanted one, as well as during scheduled tea and coffee breaks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- At the last inspection we identified an area for improvement. People's care records were not always updated with the advice given by health care professionals. This had improved. People continued to be supported to access advice from healthcare professionals to maintain their health and well-being. When advice had been given by a healthcare professional, a record of this was kept. The advice was now incorporated into people's care plans to make sure staff had access to up to date information and could follow the advice given. One person told us, "Whenever I ask to see a doctor I am shown a doctor."
- One person was at an increased risk of choking due to swallowing difficulties. A referral had been made to SaLT. The advice given, which included providing a moist, minced diet and taking small mouthfuls, had been written into the care plan.
- Apart from GP's and specialist healthcare, people had been supported to access, dentists, opticians, chiropodists, dieticians and district nurses. The optician was visiting during the inspection, with people's new glasses, adjusting them and making sure people were happy with them. One person was very happy, and said, "Oh that's great, everything is so clear."
- People had been supported to visit a local dentist. Arrangements had been made for a dentist to visit so people who were not able to leave the service, or not able to sit in the dentist chair, could have their mouth and teeth checked.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At our last inspection, we identified an area that needed to improve around gaining people's consent to share a bedroom.

- At this inspection, no people were sharing a bedroom. The provider told us if in the future a double bedroom was used for people to share, the appropriate processes to gain consent would be followed first.
- Some people needed the support of staff to use the bathroom through the day. Staff were respectful of people's privacy and dignity when asking people if they wished to use the facilities, speaking quietly and bending down so they could speak closely to them.
- People were supported and encouraged to maintain their independence. Many people walked unaided around the service. Those who needed some assistance were given time to get to where they needed to go. One person said, "Nothing is ever too much trouble. I like to be independent." A relative commented, "They are very good at gently encouraging (loved one)."

Ensuring people are well treated and supported; respecting equality and diversity

- Staff clearly knew people well and had a good rapport. There was a relaxed atmosphere where people were chatting with staff and laughing together. One person commented, "I feel wanted here. I feel needed here."
- Through the day, people were asked what music they would like to play in the lounge area. People were given the opportunity to make choices and various styles of music were played, according to people's individual choices.
- Relatives were very happy with the care and support given to their loved ones. One relative said, "Staff are friendly and kind and caring. They always call (loved one) by their preferred name."

Supporting people to express their views and be involved in making decisions about their care

- All staff knew people well. The domestic staff and cook chatted with people and it was clear people knew them. One person became concerned about their trousers as they felt they were not their style – even though they belonged to them, they had forgotten this. They spoke to the domestic staff about their concerns, and were clearly becoming anxious. The domestics took the person to their bedroom. They came back into the lounge with different trousers on, very pleased and much more at ease.
- Staff spent time with people and did not rush them when they were speaking to them or asking a question. One member of staff asked people in the lounge area what they would like for their tea. The staff

member told people what the choices were and took the time to explain, or remind them what they usually liked, if they had trouble remembering or making a decision.

- People and their relatives told us they were involved in how their care was planned and the decisions they made on a day to day basis. One person said, "We can do what we want when we want to. We can go off to our rooms, or whatever." A relative commented, "(Loved one) saw the dentist last week and staff have been updating and involving me in care plan updates."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection, the provider had failed to maintain complete and accurate records. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made. However, further improvements were needed and in progress, to make sure people received individual care that met their needs and preferences.,

- The manager had developed people's individual care plans since the last inspection. This meant that more information was available for staff to describe how best to support people. However, care plans continued to need improvement to make sure they were individual, fully putting people at the centre of their care.
- Two people were diagnosed with epilepsy. More information was now included in care plans to describe to staff how epilepsy may affect people. However, this was general information, providing detail about epilepsy and not how the person was affected when they have a seizure.
- Some staff had been present during one person's seizures. Staff had acted appropriately and quickly to make sure the person received suitable advice and care. One staff member had attended an appointment with a health care specialist and described the person's seizures. This enabled the specialist to make a diagnosis, based on the information provided by the staff member. However, this important information detailing how the person's seizures presented, so they could be identified quickly was not included in the care plan. Staff may not have the guidance they needed to identify individual signs and triggers, so they could make an informed decision about when to seek help for the individual.
- Many people living at the service were living with dementia. Many people did not have a specific care plan in relation to how living with dementia affected them individually, using recognised best practice guidance to develop a personal care plan.
- Some people's care plans recorded important personal information for staff, so they could provide some individual support. For instance, one person became more anxious in the late afternoon/early evening. Their care plan gave clear advice for staff, so they could help to reduce the person's anxieties. For example, to sit and spend time reassuring and diverting their attention from their worries.

We recommend the provider seeks appropriate advice and information, based on nationally recognised best practice guidance to develop person centred care planning.

- Staff knew people well and were aware of their needs, how they liked to be communicated with and the support they needed to make choices. However, people may not always receive consistent care and support without an individual care plan to make sure their needs were met.

At our last inspection, we recommended the provider seek current guidance around developing opportunities for people to be engaged in more meaningful activity. At this inspection, improvements had not yet been made in this area.

- People had mixed opinions on the availability of things to do. One person said, "I can't do much. Sometimes I get out of here and go up to my bedroom, but then I get fed up there and come back down. I do enjoy the card game with guessing people's name." Another person commented, "I think they are good. I like most of them. I like games."
- However, although an activity coordinator was in post, a range of activities to suit people's needs and interests were not planned or taking place on a day to day basis.
- Some people were encouraged to complete a puzzle, or to look at a book. Some were given help, but others were left to complete it on their own and lost interest. Some puzzles and books given to people were recommended for very young children and not older people.
 - One person who was given one of these puzzles to complete at the table did not show any interest in it. One staff member later spent time with the person looking at a book about local involvement in World War 2, capturing their interest for a long period of time.
- The activity coordinator was often away from the lounge, where most people were spending their day. Many people were sitting in the lounge area looking bored or falling asleep. Staff helped people with some interests in the afternoon. One staff member spent time with one person with limited communication needs, using visual and sensory aids to identify objects.
- Each month, the activity coordinator recorded the activities people took part in. Opportunities for people to follow their interests and hobbies and to prevent boredom and social isolation were limited. Records kept showed people had one to one chat's some days, or word searches and occasional board games. People's interests or hobbies had not always been recorded so had not been used to tailor activity that may stimulate and encourage involvement.
- An annual survey had been undertaken with people and their relatives just before the last inspection, in February 2019. The main area where people had shown some dissatisfaction had been with the activities and entertainment provided. The provider told people they planned to speak with them and try new ideas. This had not yet happened.

Opportunities available to people to follow their individual interests and hobbies is an area that continues to need further improvement.

- External activity providers visited. Exercise sessions took place every two weeks and a music session once a month.
- Staff had supported one person to visit their previous local pub. The person's loved one told us, "When they are able, they take (loved one) around to the pub for a drink. Also, occasionally they take (loved one) to the pub (they) used to drink at." People sometimes went out to a local park for a walk with staff.

End of life care and support

- Some end of life care plans were in place to record people's wishes when they were nearing the end of their life. However, these were not always completed and some only partly completed, many areas were left blank with no explanation why. For example, if people and their family members were not ready to discuss the subject.

- One person was in the initial stage of the end of their life and health care professionals had been contacted to provide advice and guidance. The person did not have an end of life care plan in place, although staff did know what was in place for the initial stage.
- One person's end of life 'My wishes' care plan provided only brief information, that they wanted to remain at Greenford Care Home in their final days.

We recommend the provider seeks advice and guidance from a reputable source to improve the planning for the end stages of people's life.

- A compliment had been received from a health care professional in relation to how staff responded to one person who was receiving end of life care. This showed that even though plans were not always in place, staff responded naturally, in a caring and responsive way to people's needs. The compliment said, 'I am impressed with staff care of person receiving end of life care. Staff at Greenford residential home are providing good end of life care. They recognised the symptoms and made the necessary referrals so that the person experiences a dignified and pain free death – well done'.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Some people were living with dementia and other conditions leading to communication needs. Information was not available in accessible formats such as easy to read, pictures or large print. This is an area that needs improvement.

Improving care quality in response to complaints or concerns

- People told us they knew who to go to if they needed to make a complaint. One person said, "I have no complaints what so ever. You can ask the staff a question and they will sit there and listen. They will do anything for you."
- Complaints had been received since the last inspection. The manager had made sure they now recorded all concerns raised so they could check if lessons could be learnt. All complaints had been investigated and action taken in line with the provider's complaints procedure. The outcome of the complaint investigation was recorded, and the complainant was informed of action taken.
- The manager had met with staff, either individually or as a group, whichever was appropriate, to make sure lessons were learnt, to lessen the likelihood of similar concerns.
- People had access to the complaint's procedure, displayed in their room, which meant family members could also check it if they needed to make a complaint. The procedure was not in a format that was easy to read if people struggled to read long or small text.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection, the provider had failed to ensure a robust approach to quality monitoring and making service improvements. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We served a warning notice on the provider, requiring them to be compliant with Regulation 17 by 31 August 2019. At this inspection, although the provider was not yet compliant with Regulation 17, many improvements had been made and were continuing as a work in progress.

- Monthly audits were completed and included, care plans, medicines, the kitchen, cleaning and health and safety.
- Daily records, kept by staff, were audited each day by senior staff. However, their comments did not always accurately reflect what had been recorded in daily records. One person's food and fluid chart showed they often did not eat well, yet the audits were not effective in highlighting this. Daily records for one day showed the person had not had breakfast or a mid-morning snack. They ate only half their lunch and had no more food the rest of the day. The daily record the day before showed the person had not eaten since having only half their lunch. Staff confirmed the person had a poor appetite. The records suggested the person had not eaten for a 24-hour period. The audit of daily records completed by senior staff did not reflect this, recording the person had had a 'fair intake of food'.
- Weekly audits of people's care records, undertaken by senior staff members, were inconsistent in their approach. Where issues had been identified, weekly audits did not record what action must be taken by staff to make the necessary improvements. For example, over a three week period, the auditor recorded that one person had declined all personal care, according to their care records. No action was recorded as having been taken, or if a plan was in place, such as, speaking to staff about better recording if this was the issue, reviewing the care plan or considering a referral to a health care professional for advice.
- The manager checked the daily and weekly audits delegated to senior staff, during a monthly audit of care plans. Although they picked up some concerns, such as one person refusing personal care, they had not picked up any of the areas of concern we found. Including, the inconsistencies in the audit records, recording of risk management plans, medicines administration records and the opportunities available to

people to support their interests. Action taken, if any, to address the concerns with daily record keeping and the shortfalls in monitoring had not been recorded.

- The manager checked the management of medicines each month. Although the format had improved, further work was needed to make sure medicine audits were more robust to identify issues, so action could be taken swiftly to make improvements. Concerns we found with medicines management, such as guidance for PRN medicines and checking bottles of liquid had been signed when opened, were not picked up in the audit.
- The provider had employed a quality assurance officer to carry out quality audits across their services. A monthly audit tool was introduced in August 2019, covering many areas across the service. However, most of the audit tool had not been completed. The focus had been on maintenance and premises, with the quality of care, including people having access to opportunities to follow interests or their faith, were left blank. The opportunity had been missed to gauge the success of improvements already made, and to develop an action plan to prioritise further improvement.
- Some improvements had been made, in relation to, the assessment of risk, infection control, the premises, staff recruitment and staff training. However, the provider had not yet implemented effective monitoring systems to check the quality and safety of the service. This meant they could not yet demonstrate they had embedded a robust quality assurance system to make sure improvements continued and could be sustained.
- The activities coordinator asked people individually if they were happy with the service they received and recorded their response most months. However, these discussions were not used to make changes and were not collated to check if people were saying similar things. One person had visited the cinema in April 2019. They said they would like to go again in their monthly meetings in June and July 2019, however, this had not happened. Although the provider engaged with people to seek their views, they did not act on their responses to make improvements.
- Notices for staff were prominent in unsuitable places in the service. A number of staff notices were displayed in the lounge area, rather than the office. For example, staff sickness procedure and the process for staff to meet with their manager after being absent; requests for staff to read various updated care plans. Although people's names were not used, numbers of rooms were which could identify people.
- The manager had started their employment at the service in October 2018. However, they did not make an application to register with CQC until July 2019. The provider had not ensured a registered manager was in post as required by the condition of their registration

The failure to ensure good governance, improvements are made as a result of feedback and accurate and contemporaneous records are kept is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A relative told us they had noticed improvements made since the last inspection, "I think there has been a considerable improvement since your last visit. Everyone appears more aware of what they should be doing."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Surveys had not been carried out since the last inspection. The provider told us these were completed annually so were not yet due, until early 2020.
- People said they felt listened to. One person said, "It is comfortable, and it is easy to ask for something and you will get it." A relative commented, "I think they have very good personal relationships with everyone here. No one is brushed over; (loved one) and others are treated as individuals."
- The manager held regular staff meetings where they spoke about the areas that needed to improve and

shared guidance and advice. Staff had raised subjects they wanted to discuss, showing supportive and open discussions.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour when incidents occurred (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The manager kept families informed of any concerns and incidents within the service or with their loved one. Relatives confirmed this.
- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries and deaths. The provider understood their role and responsibilities, had notified CQC about all important events that had occurred and had met their regulatory requirements.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their ratings in the main entrance to the service.

Working in partnership with others

- The manager had started to attend local forums to keep up to date with information and changes relevant to their local area.
- The manager had engaged with local authority commissioners and staff as well as health care professionals such as GP's and district nurses.

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 failed to ensure good governance, accurate record keeping in relation to risk management and medicines management, acting on people's feedback and a robust approach to improving the quality and safety of the service.</p> <p>Regulation 17(1)(2)</p>