

MMCG (2) Limited

Blenheim Care Centre

Inspection report

Ickenham Road
Ruislip
Middlesex
HA4 7DP

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27 November 2018

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 27 November 2018 and was unannounced.

The last inspection of the service was on 22 May 2018, when we rated the service requires improvement. We asked the provider to complete an action plan to show us the improvements they were going to make.

Blenheim Care Centre is care home with nursing for up to 64 people. 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 provider offers a service to younger adults with disabilities and nursing needs and older people, some of whom were living with the experience of dementia. The home is divided into three units. The ground floor provides accommodation to the younger adults and some older people. The first floor is for people who do not have nursing needs but have dementia and the second floor is for people with dementia and nursing needs. At the time of our inspection 54 people were living at the service.

The service was owned and managed by MMCG (2) Limited, part of the Maria Mallaband Care Group, a private organisation providing care services in England. MMCG (2) Limited took over the management and ownership of the service on 4 August 2017.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At this inspection we found there had been improvements to all aspects of the service. However, further improvements were needed.

Care plans, risk assessments and medicines profiles did not always contain enough detail or information was contradictory. This meant that staff who were not familiar with people's needs may have provided inappropriate care.

The provider ensured people were asked to consent to care and treatment. However, records relating to their mental capacity were not always clear. Therefore, people were at risk of receiving care which was inappropriate or did not meet their needs.

The provider's systems for monitoring and improving the service had been effective in making improvements. However, further improvements were needed to ensure that the risks to people's wellbeing were always mitigated.

The provider did not have specific guidance, training or support for staff to promote an LGBT+ (Lesbian, Gay,

Bisexual and Transgender) inclusive environment. We discussed this with the registered manager and they agreed to look at how they could develop this area.

People living at the service had a variety of different cultural and religious needs. There were visitors from religious communities who supported people to celebrate their faith. Care plans included information about specific wishes or needs relating to faith and culture.

People living at the service and their relatives were happy there. They liked the staff and felt they treated them with kindness and respect. Although, we witnessed a few interactions which indicated some staff focussed on the tasks they were performing rather than the person they were caring for. We also witnessed positive interactions where the staff were kind, attentive and caring. The staff knew their individual needs and personalities and met these needs. People felt safe at the service. They said there were enough staff and that they felt secure and well looked after.

The staff were happy working at the service. There were procedures to ensure they were suitable to work there. They had effective inductions and training, so they knew how to provide care which met people's needs. There were good systems for the staff to communicate with one another and learn from incidents.

People had access to healthcare professionals when they needed them. The staff monitored their health and wellbeing and made sure they had enough to eat and drink. They received their medicines in a safe way and as prescribed.

People knew how to make a complaint and felt confident these would be responded to. The provider had systems for auditing the service and for involving people who used the service and other stakeholders, so they could incorporate their views when developing the service. People liked the registered manager and said that they were visible and responsive.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to Person Centre Care and Good Governance. You can see what action we have asked the provider to take within our table of actions.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

The way to support people with identified risks was not always consistently recorded meaning that there was a risk that they would receive inappropriate care.

Medicines were being managed safely at the home, except care plans were not always person specific and when required medicines protocols were not always up to date.

There were enough staff to meet people's needs and keep them safe.

There were systems designed to safeguard people from abuse.

People were protected by the prevention and control of infection.

Lessons were learnt, and improvements made when things went wrong.

Requires Improvement ●

Is the service effective?

Some aspects of the service were not effective.

The provider was acting within the principles of the Mental Capacity Act 2005, although information about people's mental capacity was not always clearly recorded.

People were supported by staff who were appropriately trained, supervised and supported. There were effective systems for the staff to communicate with one another.

People's needs and choices were assessed so that care could be planned to meet these needs.

People's nutritional and hydration needs were met.

People had access to healthcare services and the staff monitored changes in their health.

Requires Improvement ●

Is the service caring?

Some aspects of the service were not caring.

People were generally cared for by kind, supportive and considerate staff. However, there were a number of staff who focussed on the tasks they were performing rather than the people they were caring for.

People were able to make choices about their care.

People's privacy, dignity and independence were respected.

Requires Improvement ●

Is the service responsive?

Some aspects of the service were not responsive.

Care plans did not always give enough detail about people's individual needs. Whilst the regular care staff knew people well, there was a risk that unfamiliar staff may not provide the right care and treatment.

There had been improvements in the provision of social and leisure activities. Further improvements to make these personalised would ensure people had opportunities to pursue their own interests and hobbies.

People felt confident that complaints and concerns were listened to and acted on.

People were given the right support at the end of their lives to make sure they were comfortable and pain-free.

Requires Improvement ●

Is the service well-led?

Some aspects of the service were not well-led.

The systems for mitigating risk and improving quality were not always effective enough.

Records were not always accurate so there was a risk of inappropriate care.

People felt the service was well managed and found the registered manager open and approachable.

Requires Improvement ●

Blenheim Care Centre

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 27 November 2018 and was unannounced.

The inspection team consisted of two inspectors, a nurse specialist advisor, a member of the CQC medicines team and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019. The findings of the dental inspector are not included in this report.

Before the inspection visit we looked at all the information we held about the service. This included information from members of the public and the local authority, as well as notifications from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. The registered manager had completed a Provider Information Return (PIR) and submitted this to CQC on 6 October 2018. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the last inspection report and the provider's action plan in respect of this.

We also gathered information which was publicly available about the provider, such as internet searches and the provider's own website. We received feedback from representatives of the local authority quality monitoring team.

During the inspection we spoke with eight people who used the service and eight visiting relatives and

friends. We observed how people were being cared for and supported. Our observations included using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not speak with us. We met and spoke with the staff on duty, who included the registered manager, deputy manager, nurses, care assistants and the activities coordinators.

We looked at the care records for 11 people who used the service, the recruitment records for six members of staff, records regarding staff training, supervision and meetings, records of complaints and safeguarding alerts and other records used by the provider for monitoring the quality of the service. These included audits and quality monitoring reports.

At the end of the visit we gave feedback to the registered manager, senior staff and the provider's quality and compliance inspector and clinical standards inspector.

Is the service safe?

Our findings

At the inspection of 22 May 2018, we found that the risks to people's safety and well-being had not always been assessed, planned for or mitigated.

At the inspection of 27 November 2018, we found improvements had been made, however further improvements around records needed to be made because some of the information in people's risk assessments was inconsistently recorded. For example, one person had a 'safe swallowing' plan. This included contradictory information about the consistency of food and drink which was safe for this person. Furthermore, the guidance posted in the person's bedroom did not reflect the most recent entries in the risk assessment. This meant there was a potential for people to receive inappropriate care. The nurse in charge of this person's care agreed to update the plan to make information clearer when we discussed this with them.

We observed the staff supporting people, who were at risk of choking, to eat and drink. They ensured people were correctly positioned and that food and drinks were offered in small amounts at a suitable pace for the person. The staff also demonstrated a good knowledge of choking risks and how to minimise these.

Individual risk assessments had been created for each person. These linked with people's care plans. Where there was an identified need or risk, the staff had created guidance about how to manage these. For example, falling, assisted moving, eating and drinking and risks associated with people's mental and physical health. In most cases, the information was clear and consistent.

We observed people being supported to move around the house and transfer from chairs to wheelchairs. The staff had been trained to support people in a safe way and they did this appropriately, treating people with respect and allowing them to take their times.

At the inspection of 22 May 2018, we found that medicines were not always managed safely at the home.

At the inspection of 27 November 2018, we found the provider was managing medicines safely but needed to make care plans more person specific. We also found that there were protocols in place for when required medicines however these were not always relevant or up to date for the person.

We looked at medicine administration records (MAR) and care plans for 15 people. The provider had recorded important information such as the name, photograph and medicine sensitivities to help staff give people their medicines safely. We found that there was always an up to date list of medicines in the MARs for people. Care plans were not always person specific and lacked details about people's medical conditions which related to the medicines they were administered. For example, staff measured blood sugar levels regularly however some care plans did not include sufficient detail to allow them to act on the results. We saw people with epilepsy did not always have details in their care plans about their seizures or what staff needed to do in the event of a seizure.

Some people were prescribed medicines on a when required basis. There was guidance in place to advise staff when and how to give these medicines and these were kept with the MARs. However, we found when people's 'when required' medicines were discontinued or changed, protocols did not always reflect this. Some people were prescribed creams and ointments to be applied to their body. These were securely stored in people's own rooms and recorded when applied by staff on separate charts.

Some people were given their medicines disguised in food or drink (covert administration). This was carried out in their best interest following assessment under the Mental Capacity Act and a documented best interest review, which included an advocate for the person, pharmacist and GP. We saw staff members were caring and they tried to gain permission from the person to give the medicines, when this would fail the staff member would follow the agreed covert protocol. They signed for each medicine on the MAR after giving it.

Medicines including controlled drugs were appropriately stored in accordance with legal requirements. Controlled drugs (CDs) had daily checks of quantities by two members of nursing staff. We found staff checked and recorded room and refrigerator temperatures daily and these were within the required range. Staff recorded and disposed of unwanted medicines using medicine waste bins and destroyed CDs appropriately.

We saw evidence that people's medicines had been periodically reviewed by their GP. This meant people were being prescribed medicines appropriate for their health condition. We saw people with mental health conditions had their medicines reviewed more frequently with the GP.

The home had a medicine policy about systems to manage medicines safely. Staff received annual medicines training and the provider assessed the competency of staff to ensure they handled medicines safely. There was a process in place to report and investigate medicine errors. We saw medicines systems were regularly audited for service improvement.

At the inspection of 22 May 2018, we found that there were not enough staff deployed at the service to provide consistent care and support because a high proportion of the staff were not permanent. As a result, people were not always being cared for in a way which reflected their preferences or met their needs.

At this inspection we found improvements had been made. People using the service told us they thought there was enough staff and they did not have to wait for care. They said that call bells were answered promptly. We observed that there were staff available in communal rooms. They took time to speak with people and make sure they were safe and comfortable. They were also attentive to their needs and prompt at responding to requests for help. People in their bedrooms were regularly visited by staff, who checked on their wellbeing.

The provider had improved staffing numbers by recruiting more permanent staff. However, there were still a high number of vacancies which were being covered by agency (temporary) staff. We found that the provider had tried to use the same regular agency staff to work at the service. This meant that they were familiar with people's needs and could provide consistent care. There had also been improvements to the structure of staffing each day to make sure the staff had clear direction from nurses and senior staff working in each unit. The provider had implemented reflective practice sessions for the nurses so that they discussed their work and how the staff were supporting people. There were daily managers meetings, where all the senior staff at the service discussed people living there and any changes to their health. This meant that staff working in each unit had information about people's needs and clear direction, so their work was better organised and more personalised to the needs of people living there.

People using the service and their relatives told us they felt safe with the service. Some of their comments included, "We always see enough carers around", "The doors are safe, there are enough staff", "I feel safer in here, I am quite happy" and "[Person] is safe here and we are happy with the service."

At the inspection of 22 May 2018, we found that some parts of the environment were not safely maintained. For example, sluice rooms containing chemical cleaning products had not been locked.

At the inspection of 27 November 2018, we found improvements had been made. Cleaning products were safely stored. The building was secured by coded doors and staff checked visitors' identification on arrival. There were posters on display to show the names and photographs of contractors who were carrying out maintenance at the service, so that people using the service, visitors and staff could recognise who they were. The provider undertook checks on the health and safety of the building, including equipment. These were recorded and there was evidence that action had been taken to rectify concerns. There were appropriate procedures for fire safety, including individual evacuation plans for each person and regular staff training and fire drills.

The provider carried out checks on staff suitability before they started working at the service. These included staff completing an application form detailing their employment history, checks on their identity and eligibility to work in the United Kingdom, references from previous employers, an interview and checks on any criminal records from the Disclosure and Barring Service.

The provider had systems designed to safeguard people from abuse. The staff received training about recognising and reporting abuse. There was information about this on display. The provider had responded appropriately to allegations of abuse and had worked with the local safeguarding authorities to investigate these.

People were protected by the prevention and control of infection. The building was clean and there were deep cleaning schedules for the environment and equipment. There were regular infection control audits. Staff undertook training in infection control and wore protective gloves and aprons, which they disposed of appropriately. The provider had supplied information about flu vaccinations for staff so they could apply for these free of charge. All of the people living at the service had been offered vaccinations.

The provider had systems for learning when things went wrong so improvements could be made. Accidents and incidents were recorded and there was evidence that these were discussed so that the staff could reflect on their practice and learn from these. Following any accident, the staff recorded regular observations about their wellbeing and whether medical interventions were needed.

The registered manager had a good oversight of the service. They attended daily meetings with other senior staff to discuss any changes in people's needs or potential concerns. They also analysed all accidents, incidents, information about wounds, infections and changes in people's weight. They shared this information with the provider so they could discuss ways to reduce adverse incidents.

Is the service effective?

Our findings

At the inspection of 22 May 2018, we found that people's nutritional and hydration needs were not always planned for or met.

At the inspection of 27 November 2018, we found improvements had been made.

People's nutritional and hydration needs had been assessed and care plans were in place to ensure people received the support they needed. People were weighed regularly and the staff recorded and responded to changes in people's weight. People had been referred to dietitians when needed so that they could be assessed for additional support. Some people used a PEG (percutaneous endoscopic gastrostomy) system, which enabled them to receive nutrition, hydration and medicines directly to their stomachs. There were appropriate plans for these and the staff demonstrated a good understanding of how to support people to use these safely.

There had been improvements in the way fluids were offered, and fluid intake was monitored. We saw that people had access to drinks and these were offered regularly, with the staff encouraging people to drink. Fluid intake charts were completed and totalled each day to see if people met their hydration targets. The registered manager and staff discussed any people who had failed to meet hydration targets at daily handovers so that action could be taken.

People told us they liked the food. They had a choice of meals and felt these reflected their preferences, tastes and cultural needs. Minutes of 'resident and relative' meetings indicated that people had raised concerns about the choice and quality of the food in the past. The registered manager had introduced more audits to look at how this could be improved.

People were given choices at lunchtime on the day of our inspection. They were encouraged to eat what they wanted and offered alternatives if they were not happy with the choice.

At the inspection of 22 May 2018, we found that the staff did not always receive the supervision, support and guidance they needed to care for people in an effective way.

At the inspection of 27 November 2018, we found that improvements had been made. The staff told us they felt well supported. The registered manager was visible and spent time talking to people using the service and staff throughout the day of our inspection. The staff said that they regularly saw the registered manager and provider's representatives and could ask them for advice or talk to them whenever they needed. They said they had opportunities for formal supervision meetings. We saw records of these and how staff practice was discussed as well as allowing the staff to speak about issues they wanted.

The provider's clinical lead managers visited the service each week, or more often, they provided guidance, training and support for the nursing staff as well as observing their practice. The nurses were given opportunities to update their skills in specific nursing interventions and to reflect on their work and how

they could improve.

There were regular team meetings and daily management meetings, where all the heads of departments and senior staff discussed the service and any changes in people's needs.

The staff had access to a wide range of training. They were able to undertake training in line with the Care Certificate when they started work at the service. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. This training was regularly updated. The registered manager and provider's representatives could view the staff compliance with training via their on line recording system. The provider had a programme of different training events and all staff were supported to access training which they needed or where they had a particular interest.

At the inspection of 22 May 2018, we noted that the environment did not meet the best practice guidance for people living with dementia. This was still the case. However, the provider had just completed an extensive refurbishment programme where flooring had been replaced and rooms redecorated. The registered manager told us that they had plans to provide more interactive features, signage and information for better orientation and information boards for people.

People had their own bedrooms which had been personalised. Equipment was available to meet their needs in bedrooms and communal rooms, such as adjustable beds, hand rails, hoists and safety mats.

The staff had started to decorate the service for Christmas and we heard people using the service commenting that they liked this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The staff had assessed people's mental capacity to consent to their care. Where people lacked capacity, there was evidence the provider had acted in their best interests and discussed their care with relatives and other representatives. The provider had made applications for DoLS when needed. When people did have the mental capacity to make decisions their consent was evidenced.

However, some of the records regarding people's mental capacity assessments and decisions were not clearly recorded. For example, one person's care plan had multiple records regarding assessments and decision making but the records did not state what specific decision was being considered. In some cases, relatives and friends had signed on behalf of people, when there was no evidence of their legal authority to do so. In other records, the staff had recorded that the friend/relative was signing with the agreement of the person who did not wish to sign the documents themselves. We discussed this with the registered manager who agreed to review the records and make sure legal authority, best interest decisions and when people were signing with the agreement of a person were all clearly recorded to avoid confusion.

People told us they were given opportunities to consent. We saw the staff offering people choices and

respecting their decisions whilst delivering care. People told us that this was always the case.

People's needs and choices were assessed so that care could be planned to meet these. We saw assessments made before and during people's move to the home. These included details about their health and wellbeing, as well as some information about their social history, likes and dislikes. Assessments identified where there was a risk, such as a risk of falling or nutritional risk. Care plans and risk management plans were then developed in respect of these areas.

People's healthcare needs were assessed, monitored and met. There was evidence of multidisciplinary input into people's care. Care records included evidence of appointments with different professionals, and guidance from these professionals had been incorporated into care plans. The staff had made timely referrals to healthcare professionals when they noticed changes in people's needs. There were care plans for pain and pain management so that the staff knew how people expressed when they were in pain.

Nursing staff worked at the service throughout the day and night to attend to people's general nursing and healthcare needs. The GP visited weekly and the staff had effective systems to communicate changes in people's healthcare needs with the GP.

Is the service caring?

Our findings

At the inspection of 22 May 2018, we found the staff did not always respect people's dignity, independence or human rights. Not everyone was given choices about their care, and the staff did not always respect the choices people made.

At the inspection of 27 November 2018, we found that improvements had been made.

We observed a small number of incidents where individual staff interacted with people in a way which indicated they were focusing on the task they were performing rather than the person they were caring for. For example, one member of staff spoke loudly about a person needing the toilet and another member of staff did not communicate with a person whilst they were supporting them at lunch time. In another incident, a member of staff asked a person if they wanted to have their hair cut. The person had just been given a cup of tea and had not yet drunk it. The staff member did not offer the opportunity to go to the hairdresser later or wait for the person to finish their cup of tea. So the person missed out on the opportunity, which they may have wanted to do later.

People eating lunch were supplied with paper aprons to cover their clothes. People were not always given a choice about whether they wanted to wear these and were not offered alternatives. We discussed these examples with the registered manager who agreed to discuss these with the staff.

We also observed some kind and caring interactions. And we also saw some staff correcting others when they had not focussed on the person they were caring for.

People using the service and their relatives were happy with the care and support they received. They said that they liked the staff and they were kind, caring and supportive. Their comments included, "The staff are very nice", "I am happy here", "[Person] gets on very well with the carers and they talk with each other", "The staff make us all feel welcome", "[Person is well looked after]", "If we ask for something, the staff get it straight away", "The staff are kind, even if they are not well, or whenever you ask for something, they do it with a smile" and "I am very happy with the home. The staff are so kind and marvellous, they look after [Person] well and they are good at staying in contact with us."

There was a friendly atmosphere at the service, where people sat and talked with each other in small groups. People greeted each other when they entered a room. Domestic, management and maintenance staff all spoke with people, knowing their names and having a conversation, as well as the care staff and nurses. Visitors were made welcome and sat with friends and relatives throughout the day.

People had been involved in developing their care plans. They, and their families, had contributed information about people's likes and interests. They also told us that they were able to make decisions about daily lives, such as when they woke up and went to bed, where they spent their time and what they wanted to do.

The staff respected people's privacy and dignity. They used people's preferred names, knocked on bedroom doors and made sure care was provided behind closed doors. We heard a member of staff singing, "you are my sunshine" to one person, which the person said had cheered them up. The staff were patient when providing care and allowed people to take their time.

People were encouraged to do things for themselves if they wanted and could. We saw the staff asking one person if they wanted help to cut up their food at lunch time. They told the staff that they wanted to do it themselves even though they knew they were slow. The staff encouraged the person to do this and explained they were there if the person changed their mind or needed a bit of help later.

There was some information about people's cultural and religious needs in their care plans. The registered manager told us that visiting ministers and religious groups attended the service to help people worship and celebrate.

There was no specific training or guidance for the staff to encourage them to provide an environment which was LGBT+ (Lesbian, Gay, Bisexual and Transgender) inclusive. We discussed this with the registered manager who agreed to look at how they could support people who identified as LGBT+ to feel included and welcome at the service.

Is the service responsive?

Our findings

At the inspection of 22 May 2018, we found that people were not always supported in a way which met their needs and preferences.

At the inspection of 27 November 2018, improvements had been made. People told us they received personalised care and support. The staff had a good understanding of people's needs. Care records showed that people had been offered choices about their care. People were nicely presented, in clean clothes and with clean hair. They were engaged in a range of activities and staff were available to respond when they needed support.

People's care plans did not always give enough information about their needs and how these should be met. For example, one person was not able to communicate verbally. The care plan stated that the person made sounds and the staff were to observe facial expressions and body language. However, there was no other details about the person's communication or ways the staff could support the person to enhance communication through the use of different objects of reference, picture or word boards or by gaining information from the person's family or other professionals.

We identified that one person whose care plan we viewed was diagnosed with epilepsy (a condition which can cause seizures). There was a referral for the GP to review this person's needs and there was a chart for recording seizures. However, there was no care plan with regards to seizure management or warning signs in order for the staff to identify when the person may be having, or about to have, a seizure.

One person whose care plan we viewed used a catheter, (a device to help with urinary elimination). The person's care notes showed that once in September and twice in October 2018 the person's catheter had become blocked. There was no catheter management plan, for example, ensuring high intake of fluids, emptying the drainage bag regularly and ensuring drainage bag was positioned below the person's bladder.

One person, whose care plan we viewed, was diagnosed with diabetes, a condition which affects the body's ability to process food. When people with diabetes have low blood sugar levels this can cause hypoglaecemia, which can affect their wellbeing and cause serious illness. The person had a previous hospital admission when this had happened. There was no specific guidance in their care plan about how the staff would identified the signs and symptoms of this happening. Therefore, the person was at risk of not receiving the care they needed should this happen in the future.

This was a continuing breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, the nursing and care staff demonstrated a good understanding of people's care needs. The nurses had a good clinical insight and were able to describe how they delivered care to meet people's nursing needs.

Where people were at risk of developing pressure sores, there were care plans in place which outlined how

often they should be repositioned. There was evidence this was happening. The staff had made appropriate referrals to the tissue viability nurse who had provided recommendations and guidance. The nurses were able to describe how they managed people's wounds. Wounds were being treated appropriately and there was evidence they were healing.

There had been improvements in the way social activities were organised and provided. Two new activity coordinators had been recruited and they were responsible for planning activities. They told us they were due to attend specialist training regarding activity provision. They demonstrated an understanding that people enjoyed activities which reflected individual needs, such as knitting, as well as group activities and entertainment. However, people did not always get personalised social and leisure opportunities and the staff providing the activities did not always recognise when people were not engaged with something or would rather do a different activity. We discussed this with the registered manager and they told us they were aware improvements were needed and were supporting the staff to improve their understanding of individual leisure needs.

People using the service and their visitors knew how to make a complaint. They had copies of the complaints procedure. They told us they were comfortable raising concerns and that these would be acted on. There was a record of complaints and we could see that these had been investigated. Some people were being cared for at the end of their lives. There were care plans describing their wishes and how they needed to be cared for. There was evidence that people's families had been involved in decisions about people's care at this time and were consulted about changes in people's condition. Information about people's cultural and religious needs were recorded where specific rituals or routines needed to be carried out at the time of their death or when they were dying. The staff worked closely with external palliative care teams to make sure people were prescribed anticipatory drugs to help with pain relief if needed.

Is the service well-led?

Our findings

At the inspection of 22 May 2018, the service we identified multiple breaches of Regulations. These showed us that the provider was not operating effective systems to assess, monitor and improve the quality of the service or mitigate risks.

At the inspection of 27 November 2018, we found improvements. In particular, around the way people's hydration needs were being met, improvements in safety and with risk assessments, improvements in staffing, provision of personalised care and activities. However, further improvements were needed to make sure care plans reflected individual needs and to ensure that decisions made around people's care and who had the authority to make these decisions were clearly recorded.

The provider had improved the way care plans were written and organised. At the previous visit, care files included both information written on templates from the previous provider and newer information and it was sometimes not clear what people's needs were. At this inspection we found that the provider had transferred all of the records to the new care planning format. However, some information was not clearly recorded or was missing from folders. The provider's representatives told us they would be transferring care plans to an electronic system in the future, in line with work that was taking place in some of their other services.

The provider had improved their systems for monitoring the quality of the service. However, further work was needed to improve quality, mitigate risks and maintain accurate, complete and contemporaneous records in respect of each person.

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

People using the service and their visitors told us they felt the service was well run. One visitor commented, "I have no complaints. It has got better over the last three years. There is much better communication with the manager." Another visitor told us, "[Person] has been here for five months, initially it was not quite there but it has improved so much."

The registered manager started work at the service in May 2018. They were a qualified nurse and had a management in care qualification. People using the service, visitors and staff told us they felt able to speak with the registered manager and discuss any concerns. They felt well supported. Some of the comments included, "[Registered manager] is very helpful, if you have a complaint she sorts it out", "[Registered manager] is very good" and "She is lovely, and I am quite content."

The staff told us they were happy working at the service and that they felt working conditions there and the atmosphere had improved. Some of their comments included, "The managers are all carers too, we work together", "We are here to make the resident's lives better, I like going home at the end of the day knowing I

have made a difference" and "We are very person centred here, we tailor our work to meet people's needs."

Since the last inspection of the service, the provider had organised for a senior clinical manager to regularly visit the service. They explained their role included quality audits, training and supporting the staff. They showed us examples of reflective practice sessions they had held with the nursing staff to discuss the clinical care at the service. They said that the nurses had become more confident in their work and they had seen a difference with the care at the service.

The provider's quality monitoring team also visited the service regularly to carry out audits and provide guidance and support to the registered manager to make improvements. Alongside their audits, the staff carried out their own checks and audits on the service. We saw that these identified areas for improvement and action plans stated how these improvements would be made.

The provider engaged with people, visitors and staff through regular meetings to discuss the service. The ideas and comments from these were used to help develop the plans for improvements. People were well informed about the service and planned changes through these meetings.

The registered manager met with other managers working for the provider, as well as those from other organisations working in the London Borough of Hillingdon, to discuss good practice and shared learning. The local authority quality team had carried out their own monitoring of the service and told us they felt improvements had taken place.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The registered person did not always ensure care and treatment was designed with a view to meeting service users' preferences and needs. Regulation 9(3)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered person did not always effectively operate systems and processes to mitigate risks and improve the quality of the service. The registered person did not always maintain complete records in respect of decisions taken in relation to the care and treatment of service users. Regulation 17(1) and (2)(a), (b) and (c)