Meera Nursing Home Limited

Meera House Nursing Home

Inspection report

146-150 Stag Lane
Kingsbury
London
NW9 0QR

Tel: 02082049140
Website: www.meeranursing.com

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 22 and 23 May 2018. The inspection on 22 May 2018 was unannounced whilst the inspection on 23 May 2018 was announced. Meera House Nursing Home is a care home with nursing operated by Meera House Nursing Home Limited. It is registered to provide accommodation with personal and nursing care for 59 older people with dementia. This location is also registered to provide personal care for people living in their own homes. However, they did not have any people using this service at the time of this inspection. The care home provides care for people of Asian origin and most of the people living there are of the Hindu faith. At our last inspection on 22 August 2016 the service met the regulations inspected and was rated "Good".

There were two registered managers in post at the time of our inspection. One of the registered managers was initially employed to manage the domiciliary care service. As they currently had no service users, this manager co-manages the care home with the second registered manager. A Registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out this inspection following a safeguarding incident which was reported to us and the local safeguarding team. We looked at the arrangements for safeguarding people. We noted that the service had a safeguarding policy and a whistle blowing policy to ensure that people were protected from harm and abuse. Care workers we spoke with had been provided with training on safeguarding people. Following the safeguarding incident, the provider had taken action against care workers involved. The incident had also been reported to the police who were carrying out investigations into the matter.

This serious incident involving the abuse of a person who used the service indicated that safeguarding arrangements were not adequate. Following this the service had in place an action plan which included closer monitoring of care workers and further training for them.

Some relatives and care workers informed us that there were occasions when more care workers were needed so that people could receive better care. Although the registered managers informed us that there were sufficient care workers on duty, we noted that the staffing levels had not been reviewed with people, their representative and care workers.

There were suitable arrangements for the administration of medicines. Medicine administration record charts (MAR) and the controlled drugs register had been properly completed.

The premises were kept clean and tidy. The garden was attractive. We however, noted that no garden tables, chairs and umbrellas had been provided. Infection control measures were in place. There was a record of essential maintenance of inspections by specialist contractors. Fire safety arrangements were in pace. These

included weekly alarm checks, a fire risk assessment, drills and training. Personal emergency and evacuation plans (PEEP) were prepared for people to ensure their safety in an emergency. We however, noted that the hot water temperatures prior to people being provided with a shower had not been recorded. This is needed to prevent scalding. The registered managers stated that this would be carried out. They further explained that the shower heads of the home had been fitted with thermostats to prevent scalding and care workers checked the temperatures were within the safe limit and to the liking of people who used the service. We were informed soon after the inspection that records of shower temperatures had been logged prior to showers being given.

The service worked with healthcare professionals and ensured that people's healthcare needs were met. Our specialist advisor who looked at nursing practice noted that nursing staff were knowledgeable regarding the care of people.

The dietary needs of people had been assessed and arrangements were in place to ensure that people's dietary and cultural preferences were responded to. All people living in the home were of Asian origin and only Asian vegetarian meals were provided. People informed us that they were satisfied with the provision of meals.

The home had an activities organiser and there was a varied activities programme to ensure that people received social, religious, cultural and therapeutic stimulation. People were satisfied with the activities provided.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensures that an individual being deprived of their liberty is monitored and the reasons why they are being restricted are regularly reviewed to make sure it is still in the person's best interests. We noted that the home had suitable arrangements in place to comply with the Mental Capacity Act 2005 and DoLS.

The service followed safe recruitment practices and records contained the required documentation. Care workers told us they had received a comprehensive induction and training programme. We however, noted that regular supervision had not been provided for all care workers and appraisals had not been recorded for several care workers. Meetings had been organised for care workers. With one exception, the minutes of these meetings only recorded the views and feedback provided by management staff. It is important that the views of care workers are recorded so that action can be taken in response to any concerns expressed. We also noted that a care worker had expressed dissatisfaction and concern regarding their work. There was no record of action taken in response.

There were opportunities for people and their representatives to express their views and experiences regarding the care and management of the home. We however, noted that only two relative and residents' meetings had been held in the past twelve months. The registered managers stated that more would be held. This would enable people and their representatives more opportunity to discuss the care provided. Complaints made had been recorded and promptly responded to.

Checks and audits of the service had been carried out by the registered managers. Audits had been carried out weekly and these were discussed in weekly management meetings. We however, noted that these audits were not sufficiently effective as they did not identify and promptly rectify the deficiencies noted by us. A satisfaction survey carried out in the past year indicated that people and their representatives were mostly satisfied with the care and behaviour of care workers.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of the report

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

The had been a serious safeguarding incident. This indicated that safeguarding arrangements had not been adequate. An action plan had been implemented to improve safeguarding arrangement.

Concerns were expressed by relatives regarding staffing levels.

The temperature of hot water prior to people being provided with a shower had not been documented.

Risk assessments had been carried out to ensure that people were protected. We however, noted that there was no risk assessment regarding the risk of food stored in some people's bedrooms.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective. Care workers had not received all necessary support, supervision and appraisals needed.

People's care needs and choices had been assessed so that they can be responded to. Care workers supported people in accessing healthcare services when needed. The nutritional needs of people were attended to.

There were arrangements for meeting The Mental Capacity Act and DoLS

Is the service caring?

Good

The service was caring.

People and their relatives told us that care workers treated people with respect and dignity. People's privacy was protected. Care workers communicated well with people and were able to form positive relationships with them.

There were some arrangements for encouraging people to

express their views. However, more meetings for people and their representatives were needed so that the service can obtain regular feedback.

Is the service responsive?

Good

The service was responsive.

Care plans had been prepared which addressed people's needs. The nursing needs of people had been attended to.
Care plans had been subject to reviews with people or their representatives.

There was a varied activities programme and people's cultural and religious needs were met.

People and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

Checks and audits of the service had been carried out. We however, noted that these were not sufficiently comprehensive to ensure that deficiencies were identified and promptly responded to.

There were meetings where care workers were updated regarding the care of people and the management of the home.

A satisfaction survey had been carried out and the results indicated that people and their relatives were mostly satisfied with the care workers and activities provided.

Meera House Nursing Home

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.

The inspection took place on 22 and 23 May 2018. The inspection on 22 May 2018 was unannounced whilst the inspection on 23 May 2018 was announced. The inspection team consisted of one inspector, a specialist nurse advisor, a Gujarati interpreter 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

Before we visited the home we checked the information that we held about the service and the service provider including notifications about significant incidents affecting the safety and wellbeing of people who used the service.

The provider did not complete a recent Provider Information Return (PIR) as this inspection was arranged at short notice. 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. The PIR also provides data about the organisation and service.

A few people could not let us know what they thought about the home because they could not always communicate with us verbally. We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke and interacted with people had a positive effect on their wellbeing

There were 49 people living in the home. We spoke with 11 people who used the service and five relatives. We also received feedback from three care professionals. We spoke with the two registered managers, the chef and ten care workers, the clinical lead and two directors of the company.

We looked at the kitchen, medicines room, communal areas, garden and people's bedrooms. We reviewed a range of records about people's care and how the home was managed. These included the care records for

eleven people, twelve recruitment records, training records, supervision and appraisal records. We checked the audits, policies and procedures and maintenance records of the home.
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Requires Improvement

Is the service safe?

Our findings

We carried out this inspection following a safeguarding incident which was reported to us and the local safeguarding team. We discussed the safeguarding incident with the registered managers and examined the arrangements for safeguarding people and ensuring that all staff were aware of their responsibilities to protect people from harm. The service had a safeguarding policy and a whistle blowing policy to ensure that people were protected from harm and abuse. Care workers were aware of these policies and they had been provided with training on safeguarding people. Care workers were able to describe the process for reporting concerns and were able to give examples of types of abuse that may occur. They told us that if they knew that abuse was taking place, they would report it to the registered managers. They informed us that they could also report it directly to the local authority safeguarding team and the CQC if needed.

The serious safeguarding incident indicated that safeguarding arrangements had not been adequate. Following this the service had in place an action plan to safeguard people. This included meetings with care workers to remind them of their responsibilities, closer scrutiny of care workers and further training in safeguarding people and in the care of people with behaviour which challenged the service. The service had voluntarily suspended admissions while the investigations were going on. The local authority had also suspended contracts with the service. The care of all people in the home had also been reviewed with the funding authorities. No further allegations of abuse were received. All people we spoke with informed us that they had been well treated. This was reiterated by relatives we spoke with.

Four relatives and two care workers informed us that there were occasions when more care workers were needed so that people could receive better care. One person said, "Presently there is staff, however, more can be done to improve staff numbers." One relative stated that more staff was needed at peak times in the morning and at lunchtime and that this would improve the quality of care provided. A second relative stated, "I feel they can do with more staff."

Our specialist nurse advisor observed that staffing levels throughout the day of this inspection were mostly adequate but there was one occasion when care workers may not have been deployed properly. She noted that sometimes people were on their own; for example, in the afternoon the care workers in the lower floor went upstairs to provide care and people were left with only a kitchen staff. The registered managers stated that there was normally two care workers supervising the common lounge area and this observation was very unusual.

Although the registered managers informed us that there were sufficient care workers on duty, we noted that the staffing levels had not been reviewed with people, their representative and care workers. We further noted that no feedback was asked for in the most recent satisfaction survey carried out in May 2017.

On the day of inspection there were a total of 49 people who used the service. The staffing levels during the day shifts normally consisted of the two registered managers together with teams of staff for each unit. Each of the two units had one nurse and six care workers in the morning. There was an additional care worker assisting with breakfast till 11 am. In the afternoon and evening shifts there was one nurse and four carers.

During the night shifts there were two nurses and four care workers for the whole home. In addition, the home had a team of household staff including three kitchen staff, two cleaners, a maintenance person and an activities organiser.

The registered managers informed us that dependency levels of people were monitored to ensure that there was adequate staffing. They stated that they had a ratio of one care worker to four people who used the service. This ratio may not always ensure there were adequate care workers available as dependency levels may fluctuate. We discussed this with the registered managers. They agreed to review their staffing levels.

Risk assessments had been prepared for people. These contained guidance for minimising potential risks such as risks associated with falls, medical conditions such as diabetes and pressure sores. These assessments had been reviewed regularly by care workers. Personal emergency and evacuation plans (PEEP) were prepared for people to ensure their safety in an emergency. We however, noted that some people had stored food in their bedrooms. This posed a health and safety risk as they may attract vermins. There was no risk assessment regarding this although a relative had previously complained of seeing vermins and the registered managers stated that some people kept food in their bedrooms. The registered managers stated that risk assessments would be carried out and extra checks would be done to ensure that this does not pose a health risk.

There were arrangements for the recording, storage, administration and disposal of medicines. The home had a medicines policy. We examined ten medicine administration record (MAR) charts. There were no unexplained gaps. This indicated that people had been given their prescribed medicines. The controlled drugs register had been properly completed and the amount of remaining drugs were found to be accurate. Audit arrangements were in place. The temperature of the fridge and room where medicines were stored had been checked daily to ensure they were within the required temperature range.

There were arrangements for ensuring fire safety. The home had an updated fire risk assessment for providing guidance on managing potential risks. The emergency lighting had been checked by specialist contractors. The fire alarm was tested weekly to ensure it was in working condition. A minimum of four fire drills had been carried out in the past 12 months. Fire procedures were on display in the home. Care workers had received fire training. The registered managers informed us that the London Fire Service had visited the home in October 2017 and were satisfied with the fire safety arrangements. They had however, not provided a report of their findings to confirm this. Evidence that they had visited was recorded in the visitors' book.

The hot water temperature to the bedrooms and bathrooms had been checked monthly by the maintenance person to ensure that it did not exceed 43 degrees Celsius. However, the hot water temperatures prior to people being provided with a shower had not been recorded and evidence was not provided at the inspection. This is needed to prevent scalding. The registered managers stated that this would be carried out. They further explained that the shower heads of the home had been fitted with thermostats to prevent scalding and care workers checked the temperatures were within the safe limit and to the liking of people who used the service. We were informed soon after the inspection that records of shower temperatures had been logged prior to showers being given.

The service had a record of essential maintenance carried out. These included safety inspections of the passenger lift and gas boiler. The electrical installations inspection certificate indicated that the home's wiring was satisfactory. Bedrooms we visited had window restrictors. The portable appliances had been checked in the past 12 months.

The service had a recruitment procedure to ensure that care workers recruited were suitable and had the

appropriate checks prior to being employed. We examined a sample of four records of care workers. We noted that the records had the necessary documentation such as a Disclosure and Barring Service check (DBS), references, evidence of identity and permission to work in the United Kingdom. The current registration details of nursing staff were available to ensure they were properly registered.

People informed us that their bedrooms had been kept clean. One person said, "The place is clean now, in my opinion." With one minor exception no unpleasant odours were noted. The home had an infection control policy together with guidance regarding infectious diseases. Hand gel, gloves and aprons were available for use by care workers. We noted that the home had a contract with a pest control contractor and baits had been left around the home. The registered managers stated that they had not seen any vermin and this was a precautionary measure.

We reviewed the accident records. Accidents forms had been completed with the date and name of people involved. Guidance for care workers on how to prevent a re-occurrence was in the care records. We however, noted that two of the six accident reports were not written legibly. The registered managers stated that care workers would be instructed to write them legibly.

The service had a current certificate of insurance and employer's liability.

Requires Improvement

Is the service effective?

Our findings

We looked at the support provided for care workers to enable them to perform their duties effectively. We found that improvements were needed in this area particularly in the supervision arrangements for care workers.

We saw three records of supervision provided for care workers. During the inspection, we asked for supervision records of other care workers but were only provided with group supervision records on two occasions in the past twelve months. From the 2017-2018 supervision matrix (Unit 1) provided during the inspection, we noted that four care workers had only two recorded supervision sessions and eight had only one supervision session recorded. In the 2017-2018 supervision matrix (Unit 2) provided we noted that nine care workers had two recorded supervision sessions and three had only one supervision session recorded. Only one care worker had three recorded sessions. This indicated that the supervision arrangements were infrequent. The registered managers stated that they had been busy and they were aware that supervision arrangements were an area for improvement. The registered managers sent us a revised supervision matrix after the inspection. However, this also indicated that the supervision of care workers was infrequent with some care workers having only one supervision session for 2017 & 2018 and others had long gaps of several months.

We only saw evidence of one staff appraisal in the staff files. The matrix sent to us after the inspection indicated that eight care workers who should have had an appraisal had not received an appraisal. The registered managers stated that the remaining appraisals would be carried out soon. We were informed soon after that all appraisals had been carried out on care workers who were due an appraisal.

We also noted that a care worker had expressed dissatisfaction and concern regarding their work and this was recorded in the records of this care worker. There was no record of action taken in response. We asked the registered managers about this but no evidence was provided that the matter had been followed up.

In view of our findings, we concluded that the registered persons had failed to provide appropriate support, supervision and appraisals to enable staff to carry out their duties. This is a breach of Regulation 18.

Care workers confirmed that they had received the appropriate training for their role. When interviewed, they were aware of their roles and responsibilities. Our specialist nurse advisor stated that care workers she spoke with said they had received relevant training to do the job and she had found them to be knowledgeable regarding nursing procedures such the care of people with pressure sores and diabetes.

The home provided us with details of training that had been arranged for staff. We also saw copies of their training certificates which set out areas of training. Topics included infection control, safeguarding adults, moving and handling, health and safety, equality and diversity, infection control, Mental Capacity Act and safeguarding people. New care workers had been provided with an induction programme. This was comprehensive and lasted five days during which they shadowed a more experienced care worker.

People and their relatives informed us that people had access to healthcare services and could see the GP if needed. People's healthcare needs were closely monitored by care workers and healthcare professionals who visited the home. Care records of people contained important information regarding their background, medical conditions and guidance on assisting people who may require special attention because of their medical conditions and mental state. Appointments with healthcare professionals had been recorded. We saw evidence of recent appointments with healthcare professionals such as people's GP, medical consultant, physiotherapist and chiropodist.

Arrangements were in place to ensure that the nutritional needs of people were met. People's needs had been assessed. Our specialist nurse advisor noted that there was guidance within people's care plans about the support needed by people at meal times. Some people had been identified as being at risk of choking and there was guidance for staff to follow about how to keep them safe.

Care workers and kitchen staff were aware of the special dietary needs of people such as diabetic diets and soft pureed diets. All people living in the home were of Asian origin and only Asian vegetarian meals were provided. We observed people having their lunch and spoke with them. The meals were presented attractively. People told us they were satisfied with their meals. One person said, "Very happy with the food. We have choice. If we don't want what is provided, something else will be given to us." A relative said, "My relative said the food is very good and they enjoy the food." We saw that jugs of water had been provided in people's bedrooms. People's weight had been monitored monthly to ensure that they had been provided with adequate nutrition and any significant weight fluctuations were noted so that appropriate action can be taken.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Mental capacity assessments had been carried out for people. Where people lacked capacity, details of their next of kin or people to be consulted were documented in the care records. Staff could explain how they applied the MCA. They were aware of the need to record best interest decisions where needed. They stated that they had received MCA training.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We saw evidence of DoLS applications and authorisation approved for people who needed them.

Good

Is the service caring?

Our findings

People made positive comments regarding care workers and informed us that they were caring. One person said, "Everything here is good. Staff are good." Another person said, "Yes, they do close the door when they attend to me." A relative said, "Yes, my relative is respected and treated with dignity." A second relative said, "I can come here at any time. I am not restricted. They treat my relative well." A visitor said, "Staff here are kind." A care professional informed us that care workers and management had always been very pleasant and caring towards residents in their care. This professional noted that they appeared to take a great interest in people who used the service.

Our specialist nurse advisor stated that care workers she spoke with seemed to be aware of the need to be gentle when doing personal care and one care worker said, "We try and are very careful. We monitor every time we give personal care."

We spent time observing the interaction between care workers and people. The home had a relaxed atmosphere. We noted that care workers and managers greeted people when they saw people. They smiled and talked with people in a warm and friendly manner. People appeared comfortable with care workers and they responded well to care workers who came to talk with them. People could also walked about freely in the home and some of them went into the garden.

The service had a policy on promoting equality and valuing diversity (E & D) and respecting people's individual beliefs, culture, sexuality and background. Care workers were aware that all people should be treated with respect and dignity. This was confirmed by people and relatives we spoke with.

The registered managers stated that they celebrated various cultural events. These included Christmas, Easter, Diwali and Navratri (Hindu Festival prior to Diwali). The home had a room which was organised as a Hindu shrine for people. Incense was burnt in this room to facilitate religious observances of people.

Care plans included information regarding people's individual needs including any special preferences and interests. We noted that arrangements had been made to meet the religious needs of people. On each day of the inspection we saw people joining in "Puja" (religious prayers) and singing "Bhajans" (religious songs'. One person said, "I love singing prayers. Every morning we do it." Some care workers came from the same ethnic background as people who used the service and they could communicate in their common language. People and their relatives also informed us that the meals provided reflected their ethnic preferences.

Meetings had been held where people could express their views and be informed of any changes affecting the running of the home such as accessing care records, activities and concerns people may have. We however, noted that only two meetings for relative and residents had been held in the past twelve months. The registered managers stated that more would be held. This would enable people and their representatives more opportunity to discuss the care provided.

People were supported to maintain relationships with family and friends. People told us that they had been

visited by their relatives. We noted that there were several relatives present in the home during this inspection. Care workers were pleasant and respectful towards them.

The bedrooms we visited were comfortable. They had been personalised with people's own ornaments and memorabilia. Pictures of people were displayed on their bedroom doors.

A visitor informed us that people were often referred to by their bedroom numbers rather than by their names. The registered managers informed us that they referred to people by both their names and bedroom numbers. They explained that this was because some people had the same names.

We discussed the steps taken by the service to comply with the Accessible Information Standard. All organisations that provide NHS or adult social care must follow this standard by law. This standard tells organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. We noted that notices around the home were in Gujarati and English. Pictorials to assist people with communication difficulties were in both English and Gujarati for residents who have difficulty in speaking. In addition, we noted that the lift had verbal instructions in Gujarati and we saw care workers communicated in Gujarati with people.

Good

Is the service responsive?

Our findings

People informed us that they were satisfied with the care provided and care workers were responsive to their needs. One person said, "I am happy with everything. My family are involved in my care." A second person said, "We have full support from the staff and the manager." A third person said, "They attend to any query in regards to our concern and are very good." A relative said, "My relative is treated very well. He is always clean and looked after." A second relative said, "I am satisfied with the care provided for my relative. I can talk with them and they listen to me." A professional informed us that several of their clients had made improvements following the compassionate care provided by care workers. This professional also stated that the care records could be improved by being made more comprehensive.

The service provided care which was individualised and person-centred. Care plans were specific to people's needs and detailed the support people needed in various areas of their care. The care plans contained information regarding the person concerned, what was important to them and guidance for meeting their care needs. They provided a good insight of each person. To further improve care, the registered managers informed us that they had started checks which were carried out two hourly during the day and night to ensure that people were well cared for and their needs were met. A nurse had recently been contracted to carry out spot checks to ensure that nursing tasks were carried out appropriately. This nurse also updated care workers and advised on nursing issues.

Care workers were able to tell us about people's personal and individual needs. Care plans contained guidance on how people should be cared. We however, noted that one person with behaviour which challenged the service did not have a specific care plan to address this. We also noted that the policy and procedure for dealing with people with such behaviour was not sufficiently comprehensive. The guidance did not mention the importance of ensuring assessments identified these issues. There was no mention of when close supervision was needed or how to support care workers and review progress. The registered managers informed us that the guidance would be made comprehensive.

Our specialist nurse advisor discussed the care of a person with diabetes and looked at the person's care records. A diabetes care plan was in place and there was specific guidance for care workers on the care of this person. Reviews had been carried out by healthcare professionals. Care workers were aware of the dietary needs of people with diabetes. The care of people with pressure ulcers was also discussed with care workers. Our specialist nurse advisor saw evidence of good skin integrity care. Appropriate care plans had been prepared. Care workers were knowledgeable regarding the care to be provided. The condition of two people with grade two pressure sores were improving.

We also examined the care records of a person who had experienced falls. This person's care record had an appropriate risk assessment and a care plan for preventing falls. This included ensuring that care workers carefully observe this person.

Care plans examined had been reviewed regularly by care workers. Formal reviews of care had been arranged with people, their relatives and professionals involved to discuss people's progress. Care plan

reviews had been signed by either people or their representatives.

The home employed an activities co-ordinator and we noted that there were activities and celebrations organised for people. These included Hindu cultural events such as Utran (festival of Kite), Shrawan month (prayer for Lord Shiva), Diwali over 5 days and Christmas. Other activities included Bhajans (Hindu religious songs everyday), Live Music Bollywood songs every alternate Thursdays, Sai Baba group every first Sunday of the month, Swami Narayan group (religious recitals on Tuesdays and Thursdays). We saw that people were engaged in various religious and cultural activities on both days. A visitor told us that the home provided insufficient activities and the activities were mainly religious and cultural activities. The registered managers informed us that other activities were provided and they sent us their programme. We noted that other activities provided included card games, colouring books and knitting. There was also an exercise group ran by a physiotherapist on a weekly basis.

The home had a complaints policy which was displayed at the entrance of the home. We examined the record of complaints and noted that complaints had been promptly dealt with. A complaints audit was carried out weekly. People and relatives we spoke with knew that they could complain to the registered manager if they had concerns. One of the registered managers was allocated responsibility for responding to complaints.

Requires Improvement

Is the service well-led?

Our findings

The company had carried out a satisfaction survey in May 2017. The results highlighted that people were mostly positive regarding the questions asked which related to meals provided, the behaviour of staff, their environment, privacy and dignity and activities provided. We however, noted that there were no questions related to staffing levels and whether people were satisfied with the care provided. The registered managers stated that these areas would be included in future surveys.

Checks and audits of the service had been carried out by the registered managers and directors of the company. We saw evidence of weekly audits carried out by the registered managers into areas such as the maintenance and cleanliness of the home, complaints received, medicines administered and accidents reported. We however, noted that checks and audits did not identify and promptly rectified deficiencies related to lack of supervision and appraisals for care workers, lack of staff feedback reported in staff meetings, no evidence of any recorded action following serious concerns expressed by a care worker during supervision, temperatures not recorded prior to showers being given. There was no risk assessment regarding food being kept in people's bedrooms. No garden tables, chairs and umbrellas had been provided. In addition, only two formal meetings were organised for people and their relatives in the past twelve months. We also noted that regular care monitoring spot checks had only been started recently.

The service did not have effective quality assurance systems for assessing, monitoring and promptly improving the quality of the quality of care provided for people. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.

The registered managers and directors acknowledged that improvements were needed in the support and monitoring of care workers. Following this incident of abuse, meetings had been held with care workers to remind them of their responsibilities. A nurse had been contracted to provide closer scrutiny of care workers via spot checks and clinical audits. Further training had been provided in areas such as safeguarding people and in the care of people with behaviour which challenged the service. The service had voluntarily suspended admissions while the investigations were going on.

We noted that the local safeguarding team had carried out monitoring visits prior to this inspection. Their report indicated that there were no further safeguarding allegations or serious concerns regarding the care of people.

We received positive feedback from people and their relatives regarding the management of the home. One person said, "The care manager and staff are very good." One relative said, "Management are very good, I have known the manager for a while, he is very good."
On relative wrote, "Words cannot express the huge gratitude we all have for the care and love you have shown towards our relative. I know she will miss you all." Another relative wrote, "Thanks for looking after my relative so well." One person wrote, "Wherever I go, I will always remember and cherish the moments we had together. Thanks for everything."

The service had a clear management structure. The two registered managers were supported by two directors of the company and a clinical lead. There were team leaders for each of the two units.

The home had a communication system. Hand-over meetings took place at the beginning and end of each shift. There was a day to day diary with info for care workers and a daily allocation book.

Care workers informed us that there were also team meetings where they were informed of issues related to the management of the home. They stated that they found their managers approachable.

There was a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety.

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 17 HSCA RA Regulations 2014 Good governance The service did not have effective quality assurance systems for assessing, monitoring and promptly improving the quality of care and the management of the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered persons had failed to provide appropriate support, supervision and appraisals to enable staff to carry out their duties.