

Hallmark Care Homes (Wimbledon) Limited

Kew House

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 9 and 19 June 2015 and was unannounced. At the last inspection on 16 July 2014 we found the provider was breaching regulations in relation to medicines management, staffing and supporting staff. After that inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. At this inspection we checked whether the provider was now meeting these legal requirements, as well as others as part of this comprehensive inspection.

Kew House is registered as a care home for up to 81 adults. It provides accommodation for people who require personal care and nursing. At the time of the inspection there were 61 people living at the home. The home was divided into three units across three floors, which were each called 'a community'. There was a dementia community on the middle floor which offered nursing support for people with dementia. The top floor was for older people who required nursing care and the ground floor was for people with a lower level of needs and who required personal care.

Summary of findings

There was no registered manager in post, although the manager had applied to be registered with Care Quality Commission (CQC) and was awaiting the outcome. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

At this inspection we found that the action taken by the service to improve medicines management was insufficient to keep people. They did not always receive their medicines as records indicated and were not always protected against the risks associated with the medicines.

We found the improvements required in relation to previous breaches of legal requirements in staffing and supporting workers had been made. There were sufficient staff deployed to meet people's needs and the provider regularly assessed and adjusted the required staffing levels. Staff received sufficient supervision to support them in carrying out their roles. In addition, we found staff received the training they required. Staff training needs were regularly monitored and a training programme was in place. Recruitment procedures were robust in checking staff were suitable to work with people who used the service.

The manager and senior managers monitored accidents and incidents in the home to look for patterns and check people received the right support. Risks in relation to individuals, such as moving and handling and bed rails were well documented and regularly reviewed to check risks were being managed appropriately. People were involved in planning their care and care was delivered as people wished.

Staff understood how to safeguard people from abuse and they received regular training in this subject. The home reported allegations of abuse to CQC and the local authority safeguarding team as required. They carried out investigations where relevant and shared information with the local authority as part of keeping people safe.

The premises and equipment were safe and well maintained with a range of regular health and safety checks carried out. A cooling system was being installed during our inspection to regulate the temperatures as the provider had identified sometimes they became too high.

Staff understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The service was meeting their requirements to keep people safe under DoLS.

People received the right support to eat and drink and they had choice in what they ate. Staff supported people to have their health needs met, arranging visits from a range of health professionals when needed.

Staff were caring and treated people with dignity and respect. People's needs in relation to dementia were met in a caring way with the input of the organisation's dementia specialist. Visitors were able to visit at any time as visits were unrestricted.

An activity programme was in place on each community and activities were provided based on people's interests. Activities were provided each day such as baking, musical performances, exercises, quizzes and flower arranging to meet people's social and recreational needs.

Systems were in place for effective communication within the service including regular meetings for staff, people using the service and relatives. People were encouraged to provide feedback on their experiences and to raise concerns. Complaints were investigated and responded to appropriately. Staff were encouraged to raise concerns not only within the home, but with senior managers. There were arrangements to facilitate and enable whistle-blowers through the use of an independent organisation which anonymised the person raising the concern.

A range of audits were carried out by managers, senior managers, consultants and specialists in different areas to monitor and assess the quality of the service. Action plans were put in place to improve where the audits identified concerns. However, the action plan put in place following our previous inspection was insufficient in relation to medicines. Records in relation to wound management were not always appropriately maintained which meant that people were not always protected against the risks of inappropriate care and treatment arising from this.

We have taken action against the provider for a breach of Regulation 12 of the Health and Social Care Act 2008

Summary of findings

(Regulated Activities) Regulations 2014 and we will report on it when our action is completed. Regarding the second

breach of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014, you can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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.

Medicines management was not always safe as we found people did not always receive medicines appropriately.

Staffing levels were assessed and adjusted to make sure there were enough staff to keep people safe. Recruitment procedures were adequate in checking only suitable staff worked with people.

Risks to people were appropriately assessed, managed and reviewed to ensure people were safe whilst using the service. The manager reviewed accidents and injuries to check for patterns to prevent their reoccurrence. Staff understood the signs people may be abused and how to report concerns so they were protected. The premises and equipment were safe with regular maintenance and health and safety checks.

Requires improvement



Is the service effective?

The service was effective.

Staff received suitable supervision and training to meet people's needs.

Staff understood the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and the service took the right action to support people who required DoLS as part of keeping them safe.

People received the right support with eating and drinking and had a choice of meals. People's health needs were met.

Good



Is the service caring?

The service was caring.

Staff were caring and respected people's privacy, treating them with dignity and respect. People were encouraged to be involved in planning their own care. People's needs in relation to dementia were met in a caring way. Relatives were able to visit at any time.

Good



Is the service responsive?

The service was responsive.

People were provided a range of activities they were interested in. People had choice and control in their daily lives and were involved in processes to assess and plan their care. People's religious needs were met.

The complaints policy was effective with complaints investigated and responded to appropriately.

Good



Summary of findings

Is the service well-led?

The service was not always well-led.

The action plan the service put into place to improve medicines management was not fully effective. Systems in place had not identified the issues we found relating to medicines. People and relatives told us the service suffered instability due to turnover of managers of different departments and staff.

Systems were in place for effective communication with people using the service, staff, relative and professionals and all were encouraged to express their views about the service which were taken seriously. Systems were in place to protect whistle-blowers.

Processes were in place to assess and monitor the quality of the service provision and for the provider to take action where necessary to make improvements.

The service was meeting their legal requirements in submitting statutory notifications, including those of abuse to the CQC.

Requires improvement



Kew House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was undertaken to check that the provider had made improvements to meet legal requirements after our 16 July 2014 inspection, as well as to inspect other aspects of the service as part of this comprehensive inspection.

This inspection took place on 9 and 19 June 2015 and was unannounced. It was undertaken by an inspector, a pharmacist inspector, a specialist advisor, who was a nurse 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 service.

Before our inspection we reviewed information we held about the service and the provider. We also contacted the local authority safeguarding team and a commissioner to ask them about their views of the service provided to people.

During the inspection we observed how staff interacted with the people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the manager, the regional operations manager, a consultant who was contracted to advise the provider on issues relating to running a care service, the dementia specialist, the lifestyles officer, a visiting religious minister, the chef and assistant chef, a receptionist, a hostess, ten members of care staff, seven people using the service and three relatives. We looked at eight people's care records, five staff recruitment files and records relating to the management of the service, including quality audits.

Is the service safe?

Our findings

At the last inspection we found a breach of the regulation in relation to medicines management. After the inspection the provider wrote to us with an action plan. They told us they become compliant by 28 February 2015. They said they would provide further medicines training to staff, introduce daily checks of medicines administration records by management, put in place guidelines for the administration of warfarin and protocols for 'as required' medicines to guide staff as to when to administer them.

At this inspection we found, although the service had made some improvements, there remained a breach in relation to this. People were not protected against the risk associated with medicines because the provider's arrangements to manage medicines were not effective. The manager had set up systems for staff to count boxed medicines at each administration to account for medicines usage. However, in some cases the records of the counts did not reconcile with the expected amounts of medicines and there were unexplained gaps in records of administration. This indicated people had not always received their medicines as prescribed. On the second day of the inspection we found the manager had investigated and found most of our findings to be substantiated. They had put in place an action plan to manage risks where these had been identified. These actions included supervising staff to reinforce safe medicines practices. In addition we evidenced the provider had purchased individual medicine cabinets for all people in the home to reduce the risks of errors in staff administering medicines to the wrong people.

A person had not been supported to have a blood test used to decide the quantity of a medicine they should be prescribed, for around a week after it was due. Although a nurse from an external practice performed this blood test the home could not evidence they had identified or taken action to address this lapse. Staff dealt with this as soon as we raised our concerns but this meant the person may not have been taking the right dose of medicine.

Systems for daily checks of medicines administration had been put in place since our last inspection, but records showed they were not always completed daily. Two members of staff told us they had not seen records relating to these daily checks being used recently. This meant the provider did not have effective arrangements to protect

people against the risks associated with medicines. On the second day of inspection the manager showed us a revised daily audit they had implemented to check medicines across the home themselves as a result of our findings.

Other systems for auditing medicines were in place. The pharmacy had recently carried out an audit and we saw the action plan the service had implemented to make the improvements they had suggested. Senior managers carried out audits of medicines during their quality inspections. However, these audits had not identified the issues we found which meant they were not effective.

The provider had put in place guidance for 'as required' medicines. On the first day of inspection we found these did not contain sufficient detail to guide staff as when they should administer these, particularly the signs people who were unable to communicate verbally, may display when they needed these. On the second day of inspection we found the provider had put these in place for people in the home with the required level of detail. However, systems in place, including the provider's action plan, had not identified and resolved this issue before our inspection.

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

At the last inspection we also found there were a breach of the regulation in relation to staffing as there were not enough staff to safeguard the health, safety and welfare of people. After the provider wrote to us with an action plan as to how they would meet legal requirements. They told us they would become compliant by 31 March 2015. They described how they would ensure there was one staff member to every four people during the day and one to every eight at night, varying this if people required more or less staff support.

We received mixed feedback from people about whether there were enough staff on duty to care for them. Two people and a relative told us there were not enough staff while another person said, "There are a lot of staff changes, but it does not worry me." During our inspection we observed staffing levels to be adequate, for example there were enough staff to support people with mealtimes. Staff were not rushed and spent time interacting with people, supporting them to do activities of their choice. Staff also told us there were enough staff deployed in the home.

Is the service safe?

During the inspection we found staffing levels were higher than the provider set out in their action plan in some communities. The provider explained staffing numbers were regularly reviewed as people's needs changed in each community and this had identified where higher staffing levels were required. The dementia specialist explained to us how they used a dependency tool to check people's staffing needs. The dementia specialist also worked shifts within the home to monitor whether staffing levels were appropriate. As a result of their work they identified increased staffing was required on the nursing unit and staffing had been increased accordingly. They had also identified a need for a new team leader role on the dementia community to lead on dementia initiatives and spend time liaising with people's relatives when they visited. The manager told us this role had proved successful and funding had been agreed for a similar role to be introduced on the other two communities in the home.

Recruitment systems were thorough in checking staff were safe to work with people. The provider carried out a range of checks including criminal records, identification, nurses' registration status, right to work in the UK, health conditions, previous work history with gaps being explored and relevant qualifications. Systems to check agency staff were also in place to make sure they were safe to work with people. The service obtained a profile of each agency worker prior to their shift showing the same range of checks as for permanent staff had been carried out. The provider also made sure agency nurse's PINs and all agency staff's identity were checked prior to them working in the home.

Risk assessments had been completed for areas such as falls, nutrition and moving and handling and people told us they were involved in the process. The information in these documents was up to date and reviewed each month. This meant that staff had access to current information about the people they supported and how to keep them safe.

Systems to record, analyse and respond to accidents and incidents were sufficient to reduce risks to people. The manager read each accident and incident report and completed an electronic spreadsheet. They explained how they checked people received the right support from staff and also used this data to look for patterns. They gave us various examples of how they had identified risks to individuals and provided increased support to reduce the number of accidents, particularly falls. Senior managers also analysed accidents and incidents to have oversight of the home.

People told us they felt safe and three people said, "I have felt safe [here]" while another person said, "There is no problem with abuse." Our discussions with staff showed they had a good understanding of signs which may indicate people were being abused and how to report their concerns appropriately. They received regular training in this topic to refresh their knowledge. The local authority safeguarding team told us the service reported safeguarding concerns to them appropriately, took action to keep people safe and carried out thorough investigations, liaising well with them. The service notified the CQC of allegations of abuse as required by law.

Our observations and records showed the premises and equipment were well maintained with a team overseeing this. Regular health and safety checks carried out included the environment, water, electrical and fire systems, hoists and slings, bed rails, window restrictors. Water temperatures were regularly checked to reduce the risk of people being scalded. Control measures identified in a recent Legionella risk assessment were in place to reduce the risk of people contracting Legionella infections. Legionella is a bacterium which can accumulate rapidly in hot water systems if control mechanisms are not in place. Records showed the provider had identified an air-conditioning system was required to control the temperature in parts of the building and work was ongoing to install this during our inspection to rectify this.

Is the service effective?

Our findings

People's needs in relation to dementia were met effectively. Staff at all levels received training in dementia awareness to help them appreciate people's dementia-related needs better. Our discussion showed they had a good understanding of how dementia can affect people. The dementia community environment had been created in a way to take into account people's dementia-related needs. For example the colour scheme of doors and corridors was designed to help orientate people, with some people having pictures of themselves when they were younger outside their doors in order to help orientate them. Pictures of famous people from the last century were on display in communal areas. A room contained items to encourage people to reminisce and people had free access to this room. Several drawers were positioned in corridors with various items inside for people to rummage through. We saw an accessible display of various locks, light switches and plugs, as well as tool boxes positioned around the home for interested people to interact with.

People were cared for by appropriately trained staff who were supported in their roles. At the last inspection we found the provider did not always provide staff with regular supervision. The provider wrote to us to tell us how they would address this breach of regulation. They told us they had put in place a plan to supervise all staff in line with their policy to meet the legal requirement by 31 March 2015.

At this inspection we found that staff received adequate supervision. Staff told us they received supervision regularly. The manager also showed us various records to confirm that staff received supervision as planned.

Effective systems were in place to monitor and provide the training staff required. One relative told us, "The staff seem to be well trained and the carers respond to training." A training co-ordinator for the organisation monitored staff training needs and regularly communicated with the service to book required training and a training schedule was in place. We saw the home's training record to monitor training. This showed that most training was in date. Staff told us the training was of good quality and helped them to understand their roles better. They were also supported to

complete more in-depth training including diploma's in health and social care. Staff also told us there was an emphasis on keeping training up to date as far as possible so that their knowledge was current.

Staff completed an induction before they started working alone with people. This included completing a range of training such as safeguarding and moving and handling, shadowing more experienced staff and being monitored by senior staff who assessed whether they were ready to carry out their role alone. The service was involved in piloting the new care certificate (a national induction programme designed to give all new care workers the same knowledge, skills and behaviours when they begin their roles) to and had plans to implement this across the service to provide new staff the recommended standard of induction.

The manager and staff had a good understanding of their responsibilities under the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and the service provided staff with annual training to keep their knowledge up to date. The manager and staff carried out assessments of people's capacity to make decisions and made sure decisions were taken in people's best interests, involving their family and relevant professionals, where they lacked capacity. The local authority confirmed the provider regularly communicated with them in relation to DoLS and was making applications to deprive people of their liberty as expected. They had also notified CQC of the applications and the outcomes as required by law.

The service supported people with their health needs. One person told us, "I can see the doctor if I need to." Another person said, "The home does organise visits from the medical agencies." People's known health needs were clearly documented with care plans setting out the support people needed, and staff regularly reviewed people were getting the right support. A GP regularly visited the service and people told us they had access to other health services, including dentists and optician when they needed these.

People received the right support to meet their nutritional needs and made positive comments about the food. One person told us, "I like the meals" another said, "The food's very good" while a third said, "In general the food's ok." Meal portions were sufficient and staff supported people to make food choices from menus displayed on each table. One person said, "If you don't fancy something, they will try and do something else for you. They make soup without

Is the service effective?

cream in it for me.” When a person who was unable to communicate verbally did not readily eat their meal staff promptly obtained a different meal for them to try. Our discussion with staff showed they had a good knowledge of people’s food preferences and they told us they would ask relatives what people liked when people were unable to express this themselves. Food was served at the correct temperature in the dining areas, being kept warm on hot trolleys and mealtimes were flexible.

We checked the care plans of three people who had specific dietary requirements and observed how staff supported them to eat and drink. Our discussions with staff showed they had a good understanding of their dietary needs and preferences. We observed staff supported people by following guidelines in their care plans closely.

Staff monitored people’s food and fluid intake and their weight appropriately and where there were concerns they took action, such as referring them for specialist support including dietitians, speech and language therapists, promptly.

The assistant chef told us daily meetings were held where managers updated them on any changes to people’s dietary needs, including the needs of any people newly admitted to the home. We saw people’s needs, such as how people required food to be prepared to make it easier to swallow and who required their food to be high in calories, was on display in the kitchen for their reference while preparing food. This meant chefs had the right information to prepare food according to people’s dietary needs.

Is the service caring?

Our findings

People told us staff were kind and caring. One person told us, “The staff are good, kind and caring. In general, I’m happy.” Another person said, “They are all very nice” and another, “[The staff] are always there for me.” However, one person told us, “Most carers are nice, others are not. Some carers are rough.”

Our findings during the inspection confirmed what most people said about the service. We observed interactions on all floors which showed staff treating people with kindness and compassion. For example, when staff supported people to eat they sat at the same level with them talking to them throughout. They offered food of an appropriate quantity on the spoon, waiting until the person was ready before offering the next spoonful. Staff we spoke with had a good understanding of people’s likes and dislikes and backgrounds which meant they had knowledge to help initiate conversations with them and to provide care according to people’s preferences.

People told us staff respected their privacy and treated them with dignity and respect. One person told us, “They are quite good at respecting my privacy.” Another said,

“They are good when I need privacy” and a third, “They do exercise dignity.” Staff we spoke with understood the importance of treating people with dignity and respect and we observed several interactions where staff demonstrated this. For example, we observed staff knocking on people’s bedroom doors before entering and greeting people. Staff spoke to people in a respectful way and referred to people in care documentation respectfully. Staff supported people to maintain their appearance ensuring they were groomed with their clothes clean and pressed. Information about people was kept locked away to maintain confidentiality.

Records showed people were involved in making decisions about and planning their own care as much as they wanted and were able to. The service reviewed people’s care in consultation with them or their representatives where appropriate. In addition we observed several instances of staff offering people choices for how they would like to spend their day and be supported.

People’s relatives and friends could visit without being unnecessarily restricted and a recent independent survey showed 93% of people agreed with this. One person told us, “I can have visitors and they can come at any time” another said, “I have visitors and there are no restrictions.”

Is the service responsive?

Our findings

People were supported to do a range of activities they enjoyed. One person told us, “They do have some activities, painting, flower arranging, gym exercises and films in the afternoon.” We observed a baking session taking place in the dementia community, a quiz in the reception area and a sing-along session elsewhere. In the afternoon a film was played in the home’s own cinema. A therapy room was available for people to receive beauty treatments including massages. People were supported to spend time in the reception area which was designed to replicate a café with a range of drinks and cakes accessible. Activities in the local community such as theatre trips were also provided. An activity programme was in place on each community with a ‘lifestyle assistant’ in place to lead the activities based on feedback they received from people and their relatives about people’s areas of interest. A recent independent ‘resident’s’ survey found 83% of people strongly agreed they could take part in activities if they wanted to and 17% tended to agree.

Staff told us they supported people to read the weekly newsletter produced by the organisation and to play the quiz within this to encourage people to reminisce about the past. Cards to help visitors engage in conversations with people with dementia were also accessible on tables in communal areas on the dementia community.

Staff ensured people had choice and control in their daily lives. One person told us, “We get choice about getting up and going to bed” while another person said, “I have freedom to go into the garden, I can do as I wish”.

People were supported to meet their religious needs. A religious minister told us their team visited the home each week to provide people with religious services and council. The dementia specialist told us how people of other religions were also supported to attend religious services.

People and their relatives where appropriate contributed to the assessment and planning of their care as much as they were able to, to make sure people’s received care according to their preferences and choices. A senior staff met with the person and their relatives during the pre-admission assessment and asked a range of questions to find out how they would like to receive their care. They also found out about their personal history, individual preferences, interests and aspirations and their views about their strengths and levels of independence, health and what their quality of life should be. The service then incorporated this information into an ‘about me’ booklet to guide staff on providing care in the most suitable way for each person. Key information about people was summarised for some people and put on display in their rooms to help staff understand them better. In the recent independent survey of people using the service 69% of people agreed they had a real say in how staff provided them care and support, an increase of over 20% on the previous year. The provider was aware that there was still room for some improvement.

A ‘resident of the day’ system was in place whereby the staff checked and updated information in a different person’s care plan daily as a way of keeping information in these care plans up to date.

Records showed the service responded to complaints in line with their complaints policy, investigating and responding to them appropriately. People and their relatives had confidence that the provider would take any complaints they raised seriously. One person told us, “There is no need for formal complaints. There are meetings for residents and relatives”

The provider, where appropriate, used the consultant they contracted work with to investigate complaints or concerns when these were raised. This helped to make this process independent and transparent.

Is the service well-led?

Our findings

There were risks that people would not receive appropriate care and treatment because the provider did not have effective quality assurance processes. Although the provider sent us an action plan stating they would meet the legal requirement in relation to medicines by 28 February 2015, during our inspection we found this was not the case. This meant processes the manager had put in place to meet legal requirements were not always effective and systems in place to monitor and assess the quality of this aspect of the service had not identified the second breach of the relevant regulation. However, the action the provider had taken in relation to breaches of legal requirements in relation to staffing and supporting workers had been effective.

People's care plans, staff knowledge and care delivery in relation to wounds such as pressure ulcers was generally good. However, the provider did not maintain appropriate records to demonstrate that people were receiving appropriate care in relation to wounds management. People's wound care plans did not always state how often wounds should be assessed. In addition, staff did not always evaluate and document people's wounds each time they were dressed using tracings or photographs as recommended by the National Institute of Clinical and Healthcare Excellence (NICE, 2014) to monitor whether the wounds were healing. Records were also not updated to show when wounds had healed, although when we checked with staff we found that the wounds had healed. This meant that people were not protected against the risks of inappropriate care and treatment that can arise if appropriate records are not maintained about their care and treatment.

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

A manager had been in post for over six months and our systems showed they had made the necessary application to become registered with CQC. One relative told us, "The new manager is having an effect on the improvement of the service of the home." However, since the last registered manager had left their post there had been several managers who had not remained with the service, as well as clinical managers on the communities. Several people,

their relatives and the local authority safeguarding team, including staff told us they were concerned about the turnover of managers and stressed the home required more consistency.

People, their relatives and staff told us there was a high turnover of staff across the home. Some staff told us they did not always feel safe due to the staff turnover and because the management team was not stable. The provider said, and rotas confirmed, they filled shifts with agency workers to maintain staffing numbers. In addition the provider had an ongoing recruitment campaign to fill vacancies which arose. However, people and their relatives told us this had an effect on their care because staff who were relatively new did not always have a good understanding of people and their particular needs. One relative told us, "Agency staff are used, they don't know the residents." Recently a relative had written on a feedback form they had a concern about, "...the number of bank or agency staff and therefore their knowledge of individual residents, particularly their 'quirks'".

Despite the changes in managers across the home, leadership was visible at all levels with managers in each department and a hierarchy of staff. Staff knew who the managing director was and told us they often attended meetings and visited the home. The managing director had set up a system for staff to contact them directly with any concerns, feedback or suggestions. Staff told us they felt comfortable contacting them with any issues and knew staff who had done so and had been listened to.

Systems for effective communication within the home were in place. Regular meetings were held for people using the service to express their views and experiences. Similar meetings were also held each month for relatives and the manager usually chaired both. People were involved in the running of the home through contributing ideas at these meetings which were acted upon. In addition, people were involved in staff recruitment, often contributing to interview questions.

Staff told us they were invited to regular staff meetings where they were encouraged to speak freely. Regular meetings were held involving heads of departments to discuss key issues of quality. The manager also arranged meetings to address specific issues as they arose with particular teams. For example, records showed a meeting with the nurses had been held to emphasise the importance of safe medicines practices. The manager held

Is the service well-led?

a daily 'ten at ten' meeting with representatives from each team in departments. Records showed these meetings were used as a way to inform all departments about the days schedule including expected visitors and events they should be aware of and the needs of new people admitted to the home. Records also showed a number of conference calls took place between departments across the organisation. For example, representatives from the health and safety departments in each sister home spoke to share learning. The manager regularly sent out memo's to staff to share learning and best practice from other homes and to notify of changes to practices.

Similar communication systems were in place with external stakeholders. The local authority safeguarding team told us the service communicated particularly well providing weekly updates on ongoing safeguarding investigations. Weekly conference calls were held with the pharmacy to discuss any relevant issues and learning from them. A team leader had recently met with the main agency supplying staff to the scheme to discuss the best ways for agency staff to learn medicines systems particular to the home.

Systems were in place to protect whistle-blowers. The provider had links with independent organisation which staff could call to raise concerns. The organisation would anonymise the whistle-blower if they wished and inform the provider of their concerns.

Equality and diversity was supported in the staff team. Staff received training in equality and diversity awareness. The care quality consultant told us how the home was supporting staff during Ramadan by altering shift patterns and providing increased access to the prayer room.

A range of audits were in place for the provider to monitor the quality of the service as well as health and safety. The dementia specialist used a tool to audit the quality of dementia care in the home, identifying areas of good practice and areas for improvement which were actioned. Records showed care plan audits were carried out to check people's care documentation was comprehensive and up to date. Systems were in place to ensure staff files contained the necessary documentation and staff training was up to date. The manager tracked safeguarding issues and complaints to check investigations were on-track and people were being responded to appropriately. Records showed regional managers from all departments carried out regular audits. For example the regional estates manager checked the necessary range of health and safety and housekeeping audits were being carried out satisfactorily and at the right frequency and that where areas for improvement were identified then these were acted on.

The provider was aware of their regulatory responsibilities and submitted notifications, for example allegations of abuse, to CQC as required by law.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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
Diagnostic and screening procedures	The registered person did not have systems and processes operating effectively to enable the registered person to assess, monitor and improve the quality and safety of the services provide and to maintain securely an accurate, complete and contemporaneous record in respect of the management of the regulated activity.
Treatment of disease, disorder or injury	Regulation 17(1)(2)(a)(c)(d)(ii)

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The registered person did not ensure the proper and safe management of medicines in ensuring care and treatment was provided in a safe way for people.
Treatment of disease, disorder or injury	Regulation 12(1)(2)(g)