

# Care UK Community Partnerships Ltd

## Charlotte House

### Inspection report

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15 February 2016

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### Ratings

#### Overall rating for this service

Requires Improvement 

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

# Summary of findings

## Overall summary

The inspection took place on 15 February 2016 and was unannounced.

The last inspection took place on 3 November 2015, where we identified breaches of seven Regulations relating to safe care and treatment, person centred care, dignity and respect, consent to care and treatment, complaints, good governance and staffing. We issued warning notices against two Regulations, safe care and treatment and good governance, telling the provider that they must make the necessary improvements by 18 December 2015. We also issued five other requirements. The provider sent us an action plan telling us they would meet the warning notices by 16 December 2015 and make the other necessary improvements by the end of March 2016.

Charlotte House is a nursing home for up to 56 older people, some people are receiving support at the end of their lives and some people are living with the experience of dementia. At the time of our inspection 31 people were living at the home. The home was managed by Care UK, a national organisation who provided care and support.

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.

People had not always been asked to consent to their care and treatment and in some cases important decisions had been made by others without the person's consent or knowledge. However, the staff had improved the way in which they offered choices and took account of the decisions people made with regard to everyday care.

The environment did not always meet the needs of people who had dementia.

People's personal care, leisure and social needs were not always met in a way which reflected their individual preferences.

You can see what action we told the provider to take at the back of the full version of the report.

The provider had made improvements following the inspection of November 2015. They had introduced robust systems to audit and check the service and they had involved people living at the service and other stakeholders in planning improvements. However, the service had lower than normal occupancy and had benefitted from additional senior management support following the last inspection. In order to be considered well-led, the service would need an opportunity to demonstrate sustained improvements and compliance with the Health and Social Care Act 2008 and associated Regulations.

The provider had made improvements which meant that risks to people had been reduced and there were systems in place to help prevent harm and keep people safe.

The way in which people were supported with eating and drinking had improved and when people were at risk of choking the staff made sure they supported them in a safe way which met their individual needs.

The home was not fully occupied at the time of the inspection and therefore there were enough staff to meet people's needs. People living at the home depended on high levels of staff support and felt that these were met with the staffing levels at the time of the inspection.

There were a significant number of staff vacancies, however the provider was recruiting to these. The provider had employed agency (temporary) staff to cover vacancies. These temporary staff were employed to work on a semi-permanent basis over several weeks and months, in order to provide more continuity of care for people.

Call bells were answered promptly and were accessible. The staff made regular checks on people who had been assessed as unable to use call bells.

There had been improvements to the safety, appearance and cleanliness of the environment.

People received their medicines in a safe way.

There were procedures for safeguarding vulnerable people and the provider followed these.

The provider made appropriate checks on the suitability of staff when they were recruited. The staff received the training, support and guidance they needed to care for people and meet their needs.

People's health care needs were assessed and they were supported to stay healthy.

People's nutritional needs were met and they had a choice of freshly prepared and nutritious food.

People were treated with kindness and respect. They liked the staff who cared for them and they had positive relationships with them.

People's privacy was respected.

There had been improvements to care planning and the care provided to people.

The provider listened to and acted on people's complaints. People felt able to raise concerns and felt these would be listened to.

Following our last inspection, we placed the service in special measures. For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. As the provider has demonstrated improvements and the service is no longer rated as inadequate for any of the five questions, it is no longer in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

The provider had made improvements which meant that risks to people had been reduced and there were systems in place to help prevent harm and keep people safe.

People told us they felt safe.

The way in which people were supported with eating and drinking had improved and when people were at risk of choking the staff made sure they supported them in a safe way which met their individual needs.

The home was not fully occupied at the time of the inspection and therefore there were enough staff to meet people's needs. People living at the home depended on high levels of staff support and felt that these were met with the staffing levels at the time of the inspection.

There were a significant number of staff vacancies, however the provider was recruiting to these. The provider had employed agency (temporary) staff to cover vacancies. These temporary staff were employed to work on a semi-permanent basis over several weeks and months, in order to provide more continuity of care for people.

Call bells were answered promptly and were accessible. The staff made regular checks on people who had been assessed as unable to use call bells.

There had been improvements to the safety, appearance and cleanliness of the environment.

People received their medicines in a safe way.

There were procedures for safeguarding vulnerable people and the provider followed these.

The provider made appropriate checks on the suitability of staff when they were recruited.

### Is the service effective?

Requires Improvement 

Some aspects of the service were not effective.

People had not always been asked to consent to their care and treatment and in some cases important decisions had been made by others without the person's consent or knowledge. However, the staff had improved the way in which they offered choices and took account of the decisions people made with regard to everyday care.

The environment did not always meet the needs of people who had dementia.

The staff received the training, support and guidance they needed to care for people and meet their needs.

People's health care needs were assessed and they were supported to stay healthy.

People's nutritional needs were met and they had a choice of freshly prepared and nutritious food.

### Is the service caring?

Good 

The service was caring.

People were treated with kindness and respect. They liked the staff who cared for them and they had positive relationships with them.

People's privacy was respected.

### Is the service responsive?

Requires Improvement 

Some aspects of the service were not responsive.

People's personal care, leisure and social needs were not always met in a way which reflected their individual preferences.

There had been improvements to care planning and the care provided to people.

The provider listened to and acted on people's complaints. People felt able to raise concerns and felt these would be listened to.

## Is the service well-led?

Requires Improvement 

Some aspects of the service were not well-led.

The provider had made improvements following the inspection of November 2015. They had introduced robust systems to audit and check the service and they had involved people living at the service and other stakeholders in planning improvements. However, the service had lower than normal occupancy and had benefitted from additional senior management support following the last inspection. In order to be considered well-led, the service would need an opportunity to demonstrate sustained improvements and compliance with the Health and Social Care Act 2008 and associated Regulations.

# Charlotte 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 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 inspection took place on 15 February 2016 and was unannounced.

The inspection team consisted of three inspectors, a pharmacy inspector, a nurse specialist advisor 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. The expert-by-experience at this inspection had personal and professional experience of caring for people who had dementia.

Before the inspection visit we looked at all the information we held about the service. This included the provider's action plans following our last inspection, notifications of significant events and safeguarding alerts. We asked the provider to complete a Provider Information Record (PIR). This is a document which the provider completes to state where they feel they are meeting the required Regulations and where improvements are needed.

During the inspection visit we spoke with seven people who used the service, six visiting friends and relatives and one visiting health care professionals. We also spoke with representatives from Hounslow Clinical Commissioning Group and the London Borough of Hounslow who were visiting the home to carry out their own audits and checks.

We met and spoke with the staff on duty, who included care assistants, nurses, the deputy manager, the clinical lead, the activities coordinator, the chef and other catering staff, domestic staff and maintenance staff. The registered manager was not at the home on the day of our visit. Since the last inspection the provider's regional clinical lead and operations support manager had been managing some aspects of the service. Both these managers were working at the home on the day of the inspection, and we were able to speak with them. We also met the provider's regional director.

We observed how people were being cared for and supported at the service. As some people were not able to contribute their views to this inspection, we carried out a Short Observational Framework Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us. We looked at the care records for nine people who used the service. We also looked at the provider's records of complaints, safeguarding, meetings, monitoring quality and audits. We looked at the recruitment records for five members of staff who had been recruited in the last 12 months and records of staff training. We looked at how medicines were stored, administered and recorded.



# Is the service safe?

## Our findings

At the inspection of 3 November 2015 we found that people were at risk because of practices which were not safe. For example, the staff supported people to eat and drink in way which put them at risk of choking.

At the inspection of 15 February 2016 we saw that improvements had been made. People were given the support they needed and were not placed at risk because the staff knew how to support them and followed guidance to meet individual needs. We observed people being supported in an appropriate way. For example, the staff supported people to eat and drink in a calm and patient way. We saw the staff thickening fluids where needed and offering these slowly, allowing the person to take their time and ensuring they had swallowed before they continued. Mealtimes were relaxed and people were able to eat at their preferred pace. We also saw the staff administering medicines to a person who was at risk of aspiration. The member of staff explained what they were doing to the person and that they had to reposition their bed so they could take their medicines safely. The medicines were thickened to the appropriate consistency.

The staff demonstrated a good knowledge of individual needs regarding the risk of choking. They were able to tell us how each person needed to be supported to minimise risks. We saw that the staff had reviewed and updated care plans with regards to safe eating and drinking. There were assessments of the risks to each individual associated with food, drink and medicines. The staff had read and understood these and we saw they followed the guidance for keeping people safe.

At the inspection of 3 November 2015 we found people living at the home were at risk because there were not enough staff deployed to keep them safe and meet their needs. There was also a reliance on temporary staff who did not know the service or know about people's individual needs.

At the inspection of 15 February 2016 we found that there were enough staff to meet people's needs and the staff employed, including temporary staff, were familiar with the people who they supported.

Some of the things people told us were, "Staffing levels have improved" and "half the time there are enough staff but sometimes there are not at weekends." Some people told us they were concerned about the high levels of staff turnover at the service. The staff told us that on regular occasions half of the staff on duty were temporary staff. The rotas for January 2016 confirmed that this was often the case. The provider's senior managers told us they were in the process of recruiting new permanent staff and some new staff had started working at the service since the last inspection. They acknowledged that there had been difficulties recruiting and retaining staff at the service.

At the time of this inspection the number of people living at the home had reduced. The provider had suspended admissions to the home whilst they made improvements to the service. The staffing levels had not been reduced. Therefore the staff had fewer people to attend to and more time to spend with each person. The staffing levels were adequate to meet people's needs. People told us that they generally did not have to wait a long time if they needed care. They said the staff were attentive. We observed that the staff

took more time caring for people than they had at the previous inspection. For example, when supporting people to eat, with personal care and when mobilising around the home, the staff allowed people to take their time. They did not rush people or stop the care they were giving. We saw that when a member of staff supported someone they stayed with the person until they had completed caring for them.

The provider's senior managers told us that they would review staffing levels when the number of people living at the service increased. Many of the people living at the home depended on high levels of staff support. For example, the majority of people were unable to walk unaided throughout the home and required the assistance of one of two members of staff to move safely. Therefore there was a risk that people's needs may not be met if staffing levels did not increase when occupancy of the home increased.

People told us that the agency (temporary) staff employed to work at the service worked there regularly. We spoke with some of these staff on duty. They had a good knowledge of people's needs and confirmed that they regularly worked there. We observed the way they cared for people. They demonstrated they knew and understood people's individual care needs and preferences. They also knew where to locate records relating to the care of each person.

One member of staff told us that staffing levels had improved since the last inspection. They also said that agency (temporary) staff were booked to work for several months at a time rather than individual shifts, therefore there was more consistency of care. They told us that the people who lived at the home had commented to them that they liked the staff continuity there was.

The majority of staff, including temporary staff, were wearing name badges so they could be identified by people who lived at the home. The agency staff told us that they had received training, including how to move people safely, at the home. They took part in the daily handover of information between the staff and were given written information about people's needs. Therefore they were able to care for people in the same way as the permanent staff.

At the inspection of 3 November 2015 we found that people were at risk because the provider had failed to mitigate the risks of unsuitable and unsafe premises. The staff did not always follow infection control procedures and people were exposed to the risk of cross infection and contamination.

At the inspection visit on 15 February 2016 we found that improvements had been made to the environment. However, when we arrived at the service we found the door to one of the sluice rooms was open. We also found a cupboard containing an electricity fuse box was unlocked. The staff on duty shut the doors to these rooms and secured them. We also told the provider's senior managers about these incidents and they told us they would remind the staff to be more vigilant to avoid reoccurrence. The locks on three of the communal toilets did not work. The provider told us this had been reported to the maintenance department and they were due to fix these locks. However, there were no signs on the toilet doors to warn people about this problem. Everyone had their own en-suite toilet and there were a number of other toilets where the locks were working. Some paint, woodwork and tiles throughout communal areas were worn, marked or damaged.

Improvements to the environment included improved cleanliness. At the previous inspection there had been a malodour in some communal areas. At this inspection the home smelt fresh and clean throughout. The staff told us that some carpets and furniture had been replaced and other areas had been deep cleaned. The shower rooms throughout the home had been refurbished with new equipment and flooring. Previously bathrooms and shower rooms had been used to store hoists and other equipment, this was no longer the case.

The provider employed a full time maintenance worker and housekeeping staff. They undertook regular checks on the environment and equipment. These identified areas for improvement. There was clear information where action was needed and had been taken. There was evidence of external agencies' checks on equipment, electrical appliances, electricity, water and gas. The provider had a fire procedure and clear information about what to do in event of an emergency was displayed. The staff had carried out individual risk assessments for people's safety in event of a fire. These included how many staff would be required to evacuate each person safely. There were regular fire drills and fire safety equipment was tested. The staff had received training in fire safety and infection control procedures.

At the inspection of 3 November 2015 we found that some call bells used for people to contact staff were not working and others were not accessible. The provider had not assessed how they would ensure people who were unable to use these call bells would be kept safe.

At the inspection of 15 February 2016 we found improvements had been made. People who were able to use them had access to their calls bells and the staff attended to people who called for help promptly.

People told us that call bells were generally answered quickly. We saw that call bells within communal areas, including toilets and bathrooms, were easily accessible and emergency cords reached the floor.

The staff had carried out risk assessments for each person to record their understanding and ability to use call bells. Where people were able to use these, we saw that call bells were placed within easy reach next to the person's bed or chair. When the staff supported someone to move to a new chair, they told and showed the person where their call bell was. Some people were unable to use call bells because of their physical needs or because they could not understand why and how to use them. There was a plan of action for each of these people to make sure they were regularly checked and kept safe. For example, some people who remained in their bedrooms were checked at regular intervals by the staff. We saw the staff regularly visiting people in their rooms or looking in on them to check they were safe.

At the inspection of 3 November 2015 we found that although people received their medicines as prescribed, some practices around the handling of medicines were not as safe as they could be and this presented a risk. For example, we found that medicines were not always stored or disposed of in a safe way.

At the inspection of 15 February 2016 we found improvements had been made and people received their medicines in a safe way. However, we found oxygen was stored behind appropriate signage but in one clinic room the cylinders were not secured and could present a safety risk. Other improvements had been made. For example, medicines, including controlled drugs, medicated creams and medicines which required cold temperatures, were stored safely and appropriately. Some medicated creams were stored in people's bedrooms and there were appropriate records for these.

Medicines were disposed of appropriately, including controlled drugs, and records signed by two nurses.

We observed medicines being given by nurses in a safe and caring manner, taking people's individual preferences into account. We particularly noticed a nurse spending time re-assuring a person who was using a nebuliser. One person told us they looked after and administered one of their own medicines. This was supported by the nurses and the doctor who had assessed their ability to manage, the person told us they felt safer having it with them.

All medicines were clearly recorded on medicine administration sheets (MAR). These sheets had a photograph of the person, records of their allergies, medical conditions and preferences for taking

medicines. Changes and additions to the pharmacy instructions had been signed by two nurses or the prescribing doctor. The charts recorded administration or a code to denote why the medicine had been omitted. Reasons for omissions were recorded on the MAR and any frequent refusals were discussed with the GP. Changes to doses, blood tests and changes to medicines on discharge from hospital were clearly recorded and acted on. We saw that where oxygen was prescribed it was written clearly in the MAR and nurses had clear instructions to follow. Individual MAR sheets for people who had medicated creams there was a note to state 'see separate cream record' and care workers signed a record in the person's room to show that the cream had been used. We saw body maps and clear instructions to tell the care staff how to apply the cream.

Some people had been prescribed medicines to be used in case of need for end of life care. Nurses told us that they had good support and specialist nurses would visit to administer medicines via syringe drivers if necessary.

The nurses told us they undertook computer based medicines training. They had their competency assessed as they were observed administering medicines following the training and annually. We saw evidence that staff had been reminded about additional computer based training which was available from their pharmacy.

The provider undertook regular audits of medicines management. We saw that an audit had been completed at the end of December 2015 and the beginning of February 2016. They were thorough and action plans were produced. We saw evidence that some of these actions had been taken, for example ensuring all dietary supplements were labelled. Daily checks of MAR were recorded and controlled drug stock checks were completed monthly.

People told us that they felt safe at the service. One person said, "Yes I feel safe here, the staff look after me." One relative told us, "I feel (my relative) is safe now, the staff seem very attentive, I do not have any concerns."

People were kept safe, because the staff assessed the risks to their wellbeing and followed guidance to reduce the risk of harm. We observed the staff supporting people in a safe way. For example, some people used a hoist to move from a wheelchair to an arm chair. We observed the staff supporting one person. They explained what they were doing to the person, checked the equipment was safe to use and made sure the person was safe and comfortable throughout. We also observed the staff supporting people to walk along the corridor. They made sure the environment was hazard free, spoke with the person throughout to reassure them and allowed the person to take their time.

The staff had completed risk assessments for each person. These covered a range of needs, including how they moved safely, the use of equipment and any specific need associated with their physical or mental health. The risk assessments were clear and had been regularly reviewed.

People were protected by the provider's procedures for safeguarding adults. These included information on the local authority safeguarding procedures. There had been a number of incidents since the last inspection where people had been at risk of abuse, for example when they had developed pressure sores. The provider had acted appropriately, recording all the necessary information, reporting the incident to the local safeguarding authority, Care Quality Commission, next of kin and other relevant persons. They had worked with the local safeguarding authority to investigate any allegations of abuse and had taken action to keep the person safe and minimise the risks of the abuse occurring again. The staff told us they were aware of the safeguarding procedure. They had received training in this and knew what to do if they suspected someone was being abused or at risk of abuse.

People were supported by staff who were suitable. The provider had appropriate procedures for recruiting new staff. These included requesting references from previous employers and criminal record checks. The provider told us their recruitment team had received training on how to make checks on records relating to the staff eligibility to work in the United Kingdom and the identification. We saw that all necessary checks had been completed before the staff started work at the service. Copies of checks were kept in individual staff files. The manager or senior staff conducted an interview and these were recorded. The staff we spoke with confirmed they had undergone various checks on their suitability before they started work at the service.

## Is the service effective?

### Our findings

At the inspection of 3 November 2015 we found that people had not always been asked to consent to their care and treatment. The provider had not always acted in accordance with the Mental Capacity Act 2005. People's consent had not been recorded and also the staff did not always offer people choices or obtain their consent before delivering care.

At the inspection of 15 February 2016 we found that improvements had been made but these were not enough. People's written consent to their care plans had not always been obtained. In some cases there was evidence that the care plan had been discussed with relatives but not with the person themselves. Some people had capacity to make decisions about their care. There was no evidence they had been consulted about these or their care plan. People told us the staff had not discussed these with them. Where recorded consent had been obtained this only related to some aspects of people's care, in particular the use of photographs.

In addition some of the decisions about their care or future care and treatment had been made without people's consent. For example, through our discussions with two people who had capacity to make decisions about their own care, we found that decisions had been made without consulting them and without their agreement. One person told us they wished to be resuscitated if their heart stopped, however the provider's records stated the person should not be resuscitated and this decision had been made by the person's relative and GP. There was no evidence they had been consulted and they told us they that this had not been discussed with them. The relative and GP of the second person had also made this decision. However, the person had capacity to make their own decisions and had not been consulted either.

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 homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

None of the records we looked at included recent assessment of people's capacity. Some did not contain any assessments of capacity and some were no longer relevant. For example, we saw an assessment which had been made two years previously before the person moved to the service in relation to their ability to make a decision about leaving their home. In some cases, the provider had applied for a DoLS application for people who had capacity to make decisions themselves, this was not in accordance with the MCA which states that people who have capacity cannot be prevented from making decisions about their own care and treatment and should not be deprived of their liberties.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

The provider's senior managers acknowledged they needed to reassess people's capacity and make sure their consent was recorded. They told us they were in the process of reviewing and completing this piece of work. They also acknowledged the need to review the DoLS applications they had submitted to make sure they had only been requested when people lacked capacity. The provider's action plan which they had submitted to the Care Quality Commission after the inspection of November 2015 stated that they would make the necessary improvements by March 2016.

Some improvements had been made in this area. Where people lacked capacity, the staff had consulted with the person's next of kin and healthcare professionals to make decisions in their best interest. For example, the use of restrictive equipment, such as bedrails, to keep them safe when in bed. The staff had also improved the way they offered people choices and obtained their consent. We observed the staff making sure people understood their choices when they were caring for them. They took their time to explain what they were doing and they allowed people to refuse care or treatment. For example, we saw the staff offering people the choice to walk to the dining room for lunch. When people refused to do this, they offered them the opportunity to eat lunch where they were or have this later. One person refused staff support and food at lunchtime. The staff respected this, taking their meal away, making sure the person was comfortable and offering them the opportunity to eat later on in the day.

The provider's senior managers told us they had offered additional guidance and support for the staff to understand and respond to non-verbal communication. We saw that there had been an improvement in this area. The staff spent time observing people's body language and other communication when offering them care, so that people who were unable to verbally communicate were still able to be understood when they did not want support or if they needed something. The staff supporting people to take their medicines explained what they were doing, what the medicines were for and allowed people to refuse these if they wanted.

At the inspection of 3 November 2015 we found that the staff did not always receive the support and supervision they needed.

At the inspection of 15 February 2016 we found the provider had made improvements. People were being cared for by staff who were appropriately supported, trained and supervised. The staff told us they had regular individual and group meetings. They said they felt supported and they had the guidance they needed. For example, all the staff, including temporary staff, were involved in daily meetings to discuss the needs of people living at the service. They were given written information about people's needs. They told us senior staff were available to speak with if they had any concerns or needed additional support. The provider's senior managers and the registered manager spent time each day observing how people were cared for and provided additional guidance for staff if they felt needs were not being met.

The staff told us they had taken part in individual meetings with a manager or senior member of staff in the last two months. They said that they had opportunities to discuss their own work and development. The provider kept a record of individual meetings to make sure these took place regularly.

New staff told us they had received an induction into the home. They told us this included a general guide to safety and procedures at the service, information about people's needs, training in key areas such as moving people safely, fire safety and shadowing experienced staff. They told us they felt well supported and they had the information they needed. The provider supplied a range of training for staff, including some computer and some classroom based training. They carried out tests and competency assessments to make



sure the staff had understood training and had the skills to care for people. The training and assessments were recorded and the staff were required to undertake refresher training regularly.

The nurses told us they had opportunities for clinical supervision and additional training. They said the provider had arranged for additional training in some areas, such as wound care. The provider's regional clinical lead had worked at the service full time since the last inspection, providing additional guidance and support for the nurses.

There had been a number of team meetings for all the staff since the last inspection. These included opportunities to discuss practice and look at ways the service could improve. The heads of department, including the maintenance manager, chef, activities coordinator, manager and clinical lead met regularly to discuss the service, discuss changes in people's needs and plan improvements.

At the inspection of 3 November 2015 we made a recommendation because we found the environment was not always designed and used in a way which reflected people's preferences and took account of their needs. The provider had made some changes by 15 February 2016 but there was insufficient signage and way finding clues for people who had dementia. For example, the lighting, colour schemes and textures of the environment did not reflect good practice guidance for environments for people who are living with dementia. Bedrooms doors were distinguished by numbers and small name plates. Information on notice boards was not always clear, and was sometimes located high on the wall. For example, a photographic board of staff was small, positioned high on the wall and did not include photographs of the majority of the staff.

The National Institute of Care Excellence (NICE) guidance about environments for people with dementia states, " Good practice regarding the design of environments for people with dementia includes incorporating features that support special orientation and minimise confusion, frustration and anxiety." The guidance also refers to the use of "tactile way finding cues." The government guidance on creating "Dementia friendly health and social care environments" recommends providers "enhance positive stimulation to enable people living with dementia to see, touch, hear and smell things (such as sensory and tactile surfaces and walls, attractive artwork, soothing music, and planting) that give them cues about where they are and what they can do."

There were a number of small communal rooms designed for people to spend time relaxing in. These were equipped with games and books. However, we did not see people using these rooms and the majority of people needed support to access them.

People's health care needs were met. People living at the home and their relatives told us they had the support they needed to stay healthy. Nursing staff were employed throughout the day and night. They had a good knowledge of people's individual health needs and the care and support they required. We observed the nurses checking on people's wellbeing and offering them the support they needed. The provider had improved systems for the nurses and care staff to communicate with each other to make sure changes in health were identified and acted upon swiftly.

Care plans relating to health needs were clear and appropriately detailed. Changes were recorded and there was a plan of action for the staff to follow to support people and meet their needs. All staff were given a summary sheet containing information about people's healthcare needs. Care plans and the information given to all staff were regularly reviewed and updated.

There was evidence that people had regular consultations with healthcare professionals as required. Where



staff had identified a need or changes in someone's need they had made appropriate referrals, for example, to the dietitian and physiotherapists. We saw the staff had followed these up if there were delays in receiving the support they needed.

The staff told us that they had good contact with other healthcare professionals. They told us an external tissue viability nurse visited to monitor how they cared for wounds. They also said that the palliative care nurses visited weekly. The staff knew how to contact external professional and told us they did this if there were changes in health need.

People's nutritional needs were met and they were able to make choices about what they ate. They told us they liked the food and they were able to make choices about what they ate. Some of the comments included, "The chef is very good. I recommend his lamb casserole. He changes it to fish, fruit and vegetables. If someone has special needs they can get what they want", "The food is very nice", "If I do not want something on the menu (the chef) offers me something I do like" and "I like the food, no complaints."

Nutritional needs were assessed when people moved to the home and each month. People were regularly weighed. Changes in weight or appetite were recorded and we saw that action had been taken if people were seen to be at risk. Special dietary needs and related healthcare conditions were recorded. The chef told us they met with people when they moved to the service. They had a record of their needs, allergies, likes and preferences. The staff monitored how people ate and drank when they had been assessed as at risk of malnutrition or dehydration. We saw records of these checks which were made contemporaneously and included the amounts people ate and drank.

The menu was varied. There were two main choices at each mealtime and other options available if people did not want these. People were offered a choice of breakfast when it was served and a choice of lunch time options shortly before service. The menus were displayed on dining room tables and included pictures. The staff offered people a choice of condiments and drinks. The chef and catering staff spent time in the dining rooms and visiting people who ate in other rooms to ask about their enjoyment. They helped support people who were refusing to eat and those with low appetite and offered alternatives.

The kitchen was clean and well stocked. The chef and manager made regular checks on the cleanliness, storage temperatures, equipment and the stock of food.

We Recommend the provider consult recognised good practice guidance for improving the environment to help orientate and support people living with the experience of dementia.

# Is the service caring?

## Our findings

At the inspection of 3 November 2015 we found that people did not always receive support from staff who were kind, caring and polite. We observed and people told us about instances where the staff did not show respect towards people and did not offer them care which reflected their needs and preferences.

At the inspection of 15 February 2016 we found improvements had been made. People were cared for by staff who were kind, caring and supportive. There were a small number of interactions we observed where the staff did not always communicate with people they were supporting or did not respond to people's requests in a friendly or caring way. However, the majority of care we saw provided throughout the day was kind and the staff considered people's needs and wishes.

However, we noted that the staff did not always use appropriate language when recording care needs. For example, in one person's care plan the notes referred to "feeding time." The staff frequently referred to "feeding people" rather than supporting them. The use of inappropriate language and terms might affect people's self-esteem and the way they feel about the support they receive.

Some of the things people told us were, "The staff are quite friendly and helpful", "the staff are very caring", "the staff are perfect, I ask them for anything and they will get it", "I love it here and that is saying a lot" and "the staff are marvellous." Some people mentioned certain members of staff by name, telling us how much they liked them and how kind they were.

We observed care and interactions throughout the day which showed respect and kindness. There was a relaxed and pleasant atmosphere at mealtimes. Visitors joined some people and supported them to eat their meals. The staff supported people in a kind and caring way, offering them choices and allowing people to take their time. The staff supporting people gave them their full attention and asked other staff to get them things they needed (for example a napkin and cutlery) rather than leaving the person whilst they got these. One member of staff told us that mealtime experiences had improved for people since the last inspection. They said that people were offered more choices and that staff had been encouraged to talk with people living at the home more.

We saw and heard staff entering people's bedrooms. They greeted people in a friendly and kind way, asking the person how they felt and checking if they needed anything. The staff told people what they were doing before they offered support. People told us the staff did not always have time to stop and "chat" with them, although we saw that the staff did sit with people and have conversations. When they did so they did not rush and appeared focussed on the person and their needs.

The staff told us they cared about the people they were supporting. They shared jokes with them. They knew people's needs and preferences and this was demonstrated in the way they cared for them.

The provider had offered additional support and guidance for the staff about how they supported people and treated them with respect. They had also worked with the staff to improve the lunchtime experience.

The activities coordinators had organised a "dignity day" which included training and a workshop for the staff about how to respect people's dignity.

At the inspection of 3 November 2015 we found that people's privacy was not always respected. The staff carried out and allowed visiting healthcare professionals to carry out personal interventions in front of others and in communal places.

At the inspection of February 2016 we found improvements had been made and people's privacy was respected. The staff knocked on people's bedroom doors and asked permission to enter. They made sure interventions and support were given in private. Where people required support in a communal area, for example using the hoist, the staff were discrete, checking people's clothing was adjusted appropriately, carrying out the task as quickly as was safe and speaking quietly with people about the care they were providing.

Care records were stored appropriately and information about people was confidential. The staff showed an awareness of people's privacy and dignity. For example, one member of staff told us they should not discuss people's needs in communal areas.

## Is the service responsive?

### Our findings

At the inspection of 3 November 2015 we found people's needs were not always being met. For example, people did not have access to regular baths and showers.

At the inspection of 15 February 2016 we found that improvements had been made, however, some people's needs were not always being met. For example, the provider told us the staff would offer more showers and baths. They also told us they would monitor this area of care. We spoke to people about this. People told us they did not always have opportunities to have baths or showers. Some people told us they were happy with this. Others told us that when the staff offered them a shower, this did not happen and they gave them a strip wash instead. They told us the staff referred to this as a shower, but this was not the case. Another person told us that they would like a shower but found the hoist uncomfortable and this meant they refused when offered a shower. The staff had not explored how to resolve this problem with the person. Another person told us, "I would like a shower but the staff are always too busy." One relative told us, "On the whole the care is good, they shave (my relative) and give them a bed bath. I tell them if I think they have not done something."

The records of personal care indicated that people did not always have opportunities to have a shower or bath. One person's care plan stated they would like a bath or shower twice a week. Records of the care they had received in January and February 2016 indicated they had been given a shower on three occasions. Some care records indicated what people's personal preferences were, for example whether they wanted male or female carers and how often they wished to shower. One record did not contain this information and it was not clear what they could do for themselves and what care they needed from the staff.

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

People told us the staff were kind and attended to their personal care needs well when they were supported with washing or showers. They told us the staff respected their privacy and were gentle. The staff we spoke with had a good understanding about how to offer personal care in a sensitive and gentle way.

At the inspection of 3 November 2015 we found that people's social and emotional needs were not always met and they were not able to pursue social activities which reflected their preferences and interests.

At the inspection of 15 February 2016 we found that some improvements had been made, but people's emotional, social and leisure needs were not always met in a person centred way. The care and nursing staff did not initiate social activities or ask people what they wanted to do with their leisure time. One person received individual staff support. During the inspection two different members of staff offered this support at different times. Although one member of staff engaged with the person and offered them things to do, the other member of staff sat with them or followed them but did not engage much with them and did not offer activities. Some people remained in bed, or sat in their rooms. Other people spent their time between meals

seated in the lounges or dining rooms watching TV or sleeping. The staff did not offer leisure resources or activities.

The provider employed two members of staff to coordinate activities. One of these members of staff was not working on the day of the inspection. The other activity coordinator engaged with people, asking about their wellbeing and spent some time supporting them to take part in activities. However, their time with each person was limited as they were the only activity coordinator on duty and they were also required to help out with some of the other caring tasks.

The needs of the people who lived at the home meant that they often preferred small or individual activities and engagement. Without the support of care and nursing staff to facilitate this, the activities coordinator was unable to meet everyone's needs.

The provider told us they were in the process of creating life stories and plans which would enable the staff to understand more about people's individual social and leisure needs. At the time of the inspection this work was still in progress.

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

There had been some organised group activities and entertainment which people had enjoyed. These included a dignity day tea party, regular church services and visiting entertainers.

The provider told us they were developing a new programme of activities which they hoped would reflect the needs of people who used the service.

At the inspection of 3 November 2015 we found that people were at risk because the staff did not always recognise and respond to changes in the condition of their skin. People did not always receive the right care and treatment when they had developed wounds or pressure sores.

At the inspection of 15 February 2016 we found that improvements had been made. The provider had introduced systems for the care staff to check the condition of people's skin and report any changes in this condition. We saw records to show the staff had done this. The nurses checked skin conditions and planned care where people were at risk of developing pressure sores. There were detailed care plans in place. These were regularly reviewed. Where people had developed wounds and pressure sores the nurses referred the person to the GP and tissue viability nurse. They had detailed care plans for healing and managing the wound. They also took photographs and made notes to track the progress of wounds. The provider's clinical lead had offered additional training, support and guidance so that the staff had a better understanding of wound care management. Where people had developed wounds at the service the provider had notified the Care Quality Commission, local safeguarding authority, relevant healthcare professionals and the person's next of kin.

At the inspection of 3 November 2015 we found that the provider did not always respond to, investigate or act on complaints which they had received.

At the inspection of 15 February 2016 we found that improvements had been made. The provider had created a log of all complaints. Complaints which had been received since the last inspection had been responded to and investigated. The provider had also acknowledged people's complaint in writing and apologised where errors had happened.

People told us they felt able to raise concerns and that these would be listened to and acted upon. Some people told us about concerns they had raised. They told us the provider had listened to these. Relatives had also requested the service had a suggestion box and this had been set up in the main foyer. The provider told us they regularly reviewed comments in this.

The provider's action plan stated that they would analyse complaints and look for common themes so these could be addressed.

Although the way in which the provider logged and recorded complaints had improved, the records of complaints shared with the Care Quality Commission did not include details of the investigation into the complaint, or any actions taken as a result of the complaint.

Since the last inspection the provider had promoted a more in-depth approach to the service's "resident of the day" system. This was designed to ensure each person had an assigned day once a month when their care plan was reviewed, their bedroom deep cleaned, families were consulted and the person met with the chef, activities coordinator and housekeeping staff to discuss their individual needs. The system had already been operating, but was recently made more thorough and the staff gave notice to the person's family so they could visit or call to be involved. The staff recorded action taken on these days. The provider told us they were still in the process of improving this system to give people the maximum benefit.

Each person had a detailed care plan which included information on their needs and how the staff should meet these. Care plans were reviewed and updated monthly. The staff monitored and recorded specific needs so they could identify if these needs changed. For example, people's weight, the condition of their skin and for some people their food and fluid intake were recorded. The staff completed daily records which detailed the care they had provided and the person's well-being.

At the inspection of November 2015 we found that some staff did not have access to care plans and information about meeting people's needs. Since this inspection, all staff were provided with a printed summary of people's needs each day, which they could carry around with them for a quick reference guidance of allergies, health conditions, mobility, eating and drinking guidelines and any other specific needs.

## Is the service well-led?

### Our findings

At the inspection of 3 November 2015 we found the provider had failed to identify, assess and mitigate the risks of unsafe care and treatment for people who lived at the home. People living at the home, their representatives and staff felt their opinions were not sought or acted upon. Records were not always easily accessible or well organised. The staff told us they did not feel there was a positive culture at the service.

Before the inspection of 15 February 2016 the provider shared an action plan with us telling us how they were going to improve the service and meet the breaches we had identified. They also liaised with the local authority and local clinical commissioning group who funded some of the places at the service. They kept us up to date with improvements they had made and changes at the service.

Shortly after the inspection in November 2015, the provider organised for additional senior management support at the service. These managers spent time working alongside the registered manager implementing changes. The provider also temporarily suspended new admissions to give themselves a better opportunity to recover and improve the service.

On 15 February 2016 we found there had been considerable improvements. The risks to people's safety had been better assessed and managed. The staff had a more caring approach. There had been improvements to the way in which people's healthcare needs were met. There were improvements to record keeping and systems for managing the service. The provider had involved families and other stakeholders in their plans for improvement and had informed them of the action they were taking. The provider had also introduced a range of audits and checks which were designed to ensure the staff monitored their own work and understood why certain procedures were important. There were some areas which the provider had not yet improved to the required standard, including how people's personal and social care needs were being met and obtaining their consent to care and treatment.

The provider's plan was to withdraw some of the additional management support once the home had made improvements. They told us that they were providing the service's staff with the skills and systems to be able to sustain improvements. At the time of the inspection the service had a low occupancy level. The provider must demonstrate that they can continue to improve and maintain compliance with the Regulations in order to achieve a well-led service.

People who used the service told us there had been improvements. Some people felt that the service had been good already. People and their relatives told us they had been given more opportunities to be involved in how the service was run. The provider had organised regular meetings with people who used the service and their representatives. They had discussed the findings of the November 2015 inspection and their action plans. Minutes of these meetings were shared with people and displayed on notice boards. The provider had introduced a suggestions box for people using the service and their visitors to share anonymous thoughts about the service.

The provider had also discussed the service with the staff and asked for their input through team and individual meetings. The senior managers told us that they had introduced changes at the service. They said that some staff had not been happy with these changes and others had welcomed them. We received mixed feedback from the staff. Some staff told us they did not feel valued and their comments were not listened to or acted upon. However, others told us there had been positive changes and they felt supported through these. One member of staff told us that they felt supported by the senior managers who had worked at the home since the last inspection. They said, "There has been constructive support in all areas and close monitoring of clinical areas." Another member of staff told us, "The training has increased and we have been supported to apply for additional training, it is all a learning process." Another member of staff said they found senior managers supportive and they had had more training which was useful and gave them direction.

The provider had a number of audits and checks, some of these had been newly introduced since the last inspection. The managers carried out daily audits of care and record keeping. They spent time observing how staff cared for people and had introduced checks for the staff to carry out themselves. For example, the staff carried out audits relating to people's needs and how they were cared for. The provider had carried out additional audits which included the mealtime experiences, infection control, health and safety, pressure ulcer care and accidents and incidents. There was clear information on the audits about areas which needed improvement and action plans to address these.

The provider used a computerised system of care planning. Since the last inspection they had ensured that paper copies of care plans and other records were available for the temporary staff who did not have access to the computer system. Records were clear, accurate and up to date. The provider carried out regular audits on record keeping.

The provider told us they had worked with other agencies to make improvements at the service. On the day of our inspection representatives of the London Borough of Hounslow and the Richmond and Hounslow Clinical Commissioning Group were visiting the service to carry out their own audit.



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 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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	<p>The registered person did not always provide care and treatment to service users which was appropriate, met their needs and reflected their preferences.</p> <p>Regulation 9(1)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	<p>The registered person did not always obtained the consent of service users to their care and treatment.</p> <p>Regulation 11(1)</p>