

London Borough of Haringey

# Osborne Grove Nursing Home

## Inspection report

16-18 Upper Tollington Park  
Finsbury Park  
London  
N4 3EL

Tel: 02072720118  
Website: [www.haringey.gov.uk](http://www.haringey.gov.uk)

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The last comprehensive inspection of this service was on 6 and 7 December 2016. At that time, we found breaches of seven legal requirements. We served four enforcement warning notices on the provider, London Borough of Haringey. These were in respect of safe care and treatment, meeting nutritional and hydration needs, person centred care and good governance. We gave three requirement notices for the other breaches which were regarding consent, staffing and making notifications to us. We then carried out a focused inspection on 22 and 30 March 2017 to check whether the provider was compliant with the four warning notices. We found not enough improvements had been made and none of the warning notices had been fully met. We served four more warning notices and placed the home in Special Measures.

This inspection was an unannounced comprehensive inspection and took place on 26 and 27 July 2017. Osborne Grove Nursing Home is registered to provide accommodation and personal and nursing care for up to 32 people. The home is run by the London Borough of Haringey. There were 17 people living at the home at the time of this inspection. No further admissions were planned at the time of the inspection.

There was a registered manager in place. 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 2008 and associated Regulations about how the service is run.

At this inspection, we found the provider had made significant improvements since our last inspection and had complied with three of the four warning notices we had served. There had been improvements in safe care and treatment, meeting nutritional and hydration needs, and good governance. A warning notice regarding person centred care was not met due to a lack of activities on offer for people and lack of choice in having baths and showers. We found some improvements had been made in these areas but the warning notice was not fully complied with. More people were now supported to have a bath or shower and the provider had bought specialist equipment to enable others to use the shower safely which they planned would happen soon after our inspection. The range of activities in the home was limited but the activities coordinators spent time with individual people each day reading, giving hand massages or chatting to them which was positive for people's wellbeing. The manager had introduced trips out at the weekend which people said they appreciated. Small groups had been out to places such as Epping Forest, local parks and the Princess Diana memorial.

The standard of care had improved and the oversight of care by the management team had also improved. They had introduced care records in people's rooms so staff could record the care they had given a person (for example, supporting them to wash, have a drink, change position) at the time they gave the care. Nurses and the management team checked the care records daily. This meant that record keeping was better and the management team could pick up any problems promptly. This reduced the risk of people becoming constipated, dehydrated or sustaining a pressure ulcer as those aspects of care were monitored daily.

There had been improvements in the management of medicines. We made two recommendations about storing medicines at a safe temperature and reviewing written guidelines for medicines that were taken as and when required, to ensure staff knew exactly when a person needed the medicine and what dose.

The provider had bought new equipment to help them provide safer care. People who were at risk of pressure ulcers had the appropriate beds and pressure relieving mattresses and personalised chairs to help support them to sit safely.

The provider had increased staffing levels and support and supervision given to staff.

Staff had recently attended training in supporting people with personal care and eating. We saw good practice from staff supporting people with eating their meals which reduced the risk of choking for those people who had difficulties chewing and swallowing. The quality and choice of food had improved since our last inspection. People who were underweight were now receiving good support. Staff were following advice from dieticians and those people were having extra snacks and the cooks were preparing daily milkshakes and smoothies in between meals. We made a recommendation that staff receive further training in assessing nutritional needs using the recommended assessment tool. We also made a recommendation that people's advanced care wishes are updated so that medical staff know how to respond in an emergency.

Staff were caring and people had no complaints about how they were treated in the home. The management team planned further improvements including reorganising people's files and reviewing all care plans to make them more person centred in the weeks after the inspection. Relatives told us they had seen improvements in recent months. The management team were working well together and had made recent improvements in safety, quality of care, food, record keeping, staff morale and cleanliness in the home.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of 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?

**Requires Improvement** ●

The service was safe. Staff knew how to identify abuse and the correct procedures to follow if they suspected that abuse had occurred. Staff training in safeguarding was overdue.

Equipment that people used daily such as pressure relieving mattresses, hoists, and specialist armchairs were kept clean and safe. Cleanliness and infection control in the home had improved since the last inspection. Some improvements were needed in the management of medicines.

Staffing levels had improved so there were enough staff to provide safe care.

### Is the service effective?

**Good** ●

The service was effective. A warning notice relating to people's nutritional and hydration needs had been fully complied with. The menu had improved, people were eating a more balanced diet and receiving dietary supplements where needed to maintain their weight.

Staff understood the needs to seek people's consent. Staff training and supervision had improved since the last inspection.

Staff supported people to ensure their health care needs were met and acted on the advice of healthcare professionals.

### Is the service caring?

**Good** ●

The service was caring. Staff formed good relationships with people and treated them kindly. They promoted people's rights to dignity and privacy.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive. A warning notice about person centred care had not been fully complied with. Care plans

were still not always person-centred but there was a plan in place for the week after the inspection to involve people in reviewing their care plans.

People were not given a choice about how they received personal care as most were not able to have a bath or shower. The range of activities to occupy people in the home was poor but the service had begun a programme of trips out at the weekend for small groups.

**Is the service well-led?**

The service was well-led. A warning notice regarding good governance had been fully complied with. There were improvements to the governance of the home.

The management team were monitoring the standard of care on a daily basis and had made significant improvements in the last four months. Further improvements were planned. The provider had improved their monitoring of the home.

**Requires Improvement** 

# Osborne Grove Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We carried out this unannounced comprehensive inspection 26 and 27 July 2017.

Before this inspection, we reviewed all the information we held on our database about the service and provider. This included notifications, concerns and safeguarding alerts, and information provided from the local authority, relatives, Healthwatch and the Clinical Commissioning Group (CCG).

The inspection was carried out by three inspectors, a pharmacist specialist, a Specialist Professional Advisor who was a nurse and an Expert by Experience who is a person who has personal experience of using or caring for someone who uses this type of care service.

There were 17 people living in the home at the time of this inspection in three units; Snowdrop, Lavender and Carnation. During the inspection, we met all 17 people and spoke with everybody who could speak to us about their care and their experience of living in the home. We spent time with people who couldn't speak to us. 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 four relatives of people living in the home. We asked the manager to offer other relatives the opportunity to speak to us on the telephone to give their views but we did not receive any other feedback.

We spoke to six healthcare assistants, three nurses, two cooks, the activity coordinator, one domestic assistant, home manager and a nurse consultant overseeing the home on behalf of the provider. We

received feedback from three health and social care professionals prior to and during the inspection.

We looked around the building including bedrooms, communal areas and all equipment. We observed interactions between staff and people living in the home and mealtimes in each of the three units.

We looked in detail at care records for eight people to carry out pathway tracking, which is reading people's assessments, care plans, records of care provided including charts for food and fluid, continence, repositioning and skin condition checks, wound care, and hourly wellbeing checks. We then assessed whether the person's care plan was being followed in order to meet their assessed needs.

We looked at staff training and supervision records, staff recruitment, appraisals, staff rotas, audits and quality monitoring records. We also looked at records relating to the premises including fire records, maintenance, cleanliness and health and safety records. We inspected medicines storage and medicines records for eleven people living in the home. We read minutes of residents and relatives meetings and staff meetings.

# Is the service safe?

## Our findings

A warning notice was issued after the previous inspection in March 2017 due to a failure to comply with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment. We found there had been improvements since that inspection and the warning notice had been complied with.

At our previous inspection we found the care for people who were at risk of constipation, dehydration and urinary tract infections was not safe as staff were not completing records properly of people's drinking and eating and when they went to the toilet. There had also been no system in place for senior staff to check these records so they would not know if a person was at risk or needed to go to hospital. This had improved at this inspection. The provider had devised new records and staff were completing them daily. The management team were overseeing the records. This meant people were receiving safer care. Where something had been overlooked the management team found the problem and responded appropriately. Staffing levels had increased since the last inspection and there were two deputy managers who were nurses who supervised the day to day work and checked the right care was being provided in accordance with people's care plans.

At our previous two inspections we found that people were not being supported to change position regularly in accordance with their care plan. For people unable to move without help this meant they were at greater risk of sustaining a pressure ulcer and two people did sustain a pressure ulcer. Safeguarding allegations of neglect were substantiated about both people. Since our last inspection the provider had made improvements to reduce the risk of anyone sustaining a pressure ulcer. They introduced a new recording system called "skin bundles" which helped staff to assist people to change position regularly, check the condition of their skin regularly and keep records. The Waterlow risk assessment tool was used to assess people with risks of pressure ulcers. The staff knew how to obtain advice about the prevention and management of pressure ulcers from the local NHS Tissue Viability Nurse.

There were risk assessments in place to assess risks to people's health and safety for risks such as pressure ulcers, taking medicines, moving and handling and malnutrition. There were care plans advising staff on how to care for the person to reduce these risks. We saw that these risks were being addressed. Nurses checked care records every day and were expected to sign them to show the appropriate safe care had been provided. We checked these records and we also carried out observations over two days to see if specific people were supported to change position at the agreed times and found that this area of care had improved significantly. In addition, people had new beds and pressure relieving mattresses and cushions. The provider had also purchased specialised armchairs for those people who were unable to sit in a standard armchair. Each person had been assessed by an occupational therapist to see what type of chair best suited their needs and what equipment they would need to safely have a shower or bath. The provider had bought all the equipment. This had improved safety, infection risk and comfort for people.

Staff understood different types of abuse and what safeguarding procedures to follow in the event of any abuse. We had received safeguarding alerts appropriately from the home since the last inspection. However



we found that twenty-three staff were overdue for safeguarding training. We passed this information to the provider who assured us that this would be completed at the earliest opportunity. Staff were aware of whistleblowing procedures and comfortable using them when they had any concerns.

Staff told us that there were enough staff to meet people's needs. The provider had used a dependency tool to assess the number of staff needed to meet people's needs which had led to an increase in staffing. One member of staff told us, "There has been a big improvement in the number of staff we have on duty now" and, "There is forward planning in getting staff. The number of residents have dropped and this means that the number of staff is generous and we are able to do a bit more, like talking to the residents." Another staff member told us "It has always been safe here, but now I can definitely say it is safer because we have enough staff and the new management has reassured us that they are recruiting more. This is nice." There were at least two qualified nurses working in the home at all times.

There were enough standing and full body hoists to meet people's mobility needs and these had been serviced recently. The staff had been trained to use the hoists. One staff told us "The golden rules about the use of hoists are you must have training otherwise you can't use the hoist, you must have at least two staff to use the hoist, the hoist must be in working order and serviced regularly, everybody must have their individual sling." We checked some pressure relieving mattresses and found they were working, clean and set to the correct setting according to the person's weight.

There had been improvements in the management of medicines since our last inspection. People said they got their medicines on time. One person said, "I either have it first thing in the morning or breakfast time. I can ask for my pain killers whenever I want." Six people we asked said they got their medicines at the time they thought they should have them.

We looked at the systems in place for managing medicines. We examined 11 people's medicines administration records (MARs) in detail and spoke with four staff involved with the administration and management of medicines

Medicines were stored securely. While improvements had been made to the recording of medicine fridge temperatures, staff did not react to temperatures recorded out of the recommended range of 2-8°C. In June and July 2017 the temperature for one fridge had been recorded above 8°C for 29 days and below 2°C for 23 days. Staff had not taken any action in response to the out of range temperatures; it was therefore not possible to say if the refrigerated medicines were safe to administer to people. On 37 days in June and July 2017 the room temperatures for a treatment room exceeded the maximum temperature of 25°C. Staff had not taken any action in response to the out of range temperatures. The registered manager said they would seek urgent advice on whether the medicines in stock were still fit for use. We recommend that staff attend training on recording temperatures and what to do if the temperature of the fridge or room is outside of the recommended range.

Controlled drugs were stored in a separate locked cupboard. When staff administered a controlled drug, the records showed the signature of the person administering the medicine and a witness signature. Two staff carried out a daily stock check. There was one oxygen cylinder stored securely in each treatment room.

The medicine administration records (MARs) were completed accurately and demonstrated that people received their medicines as prescribed. However, the quantity of medicine administered for variable doses (for example take one or two tablets) were not always recorded. A medicine for one person had differing instructions on the MAR and pharmacy label. Nurses had not noticed the error. This was highlighted to the manager on the day of inspection. After an investigation, we were told the person had received the right

dose of their medicine and it was a pharmacy labelling error so there was no negative impact on the person.

Since the last inspection the provider had written protocols for people who took medicines as and when needed, for example pain relief and laxatives. The protocols were not in place for all as required medicines; they were not dated so it was not possible to say if the protocols were reviewed regularly. Two as required protocols stated different doses to the MAR and pharmacy label. We recommend that all as required protocols are reviewed as soon as possible.

There was no record of people receiving regular medicine reviews by their GP. In accordance with NICE guidelines SC1 people in care homes should have their medicines reviewed at least once per year. Medicine reviews allow a GP to check that medicine regimes are safe and effective for people. We asked the manager to request GPs carry out these reviews.

The care plans contained some information about how to manage people on high risk medicines, for example warfarin, anti-diabetic medicines and high dose pain relief. The recording of the administration of warfarin was not always clear on the MAR which meant that staff were not alerted when multiple doses (four doses in nine days) were missed. There was a good reason why the doses were missed but no check had been made with the GP to see if any remedial action had been needed.

The home had a process to receive medicine recalls and patient safety alerts. We saw that alerts had been received and actioned regularly since February 2017. An alert (NHS/PSA/W/2015/002) issued prior to February 2017 had not been acted on. This was highlighted to staff and action was taken during the inspection. This was an alert regarding the risk of swallowing the thickening powder that some people needed for their drinks. The management team removed the containers to a secure place while we were present to address the risk.

Staff responsible for administering medicines received medicine training and competency assessments in May 2017. Staff carried out regular medicine audits and identified areas for improvement. Medicine errors were reported and investigated. Learning from incidents was shared with the staff. The home had a medicine policy; and staff signed to say when they had read and understood the policy.

Hazardous substances were now being stored correctly which was an improvement since the last inspection. The required safety and fire prevention checks for the building were up to date.

## Is the service effective?

### Our findings

People said that staff were effective in doing their jobs. Comments included, "Compared to some other places, they're very good on the whole. Very friendly and they remember your little quirks" and, "Yes there's no question."

Staff had attended training in relevant topics. Although safeguarding adults training was overdue for many staff, we saw they had prioritised other training necessary to improve safe care and in order to comply with our warning notices. Staff had received additional training in managing medicines and in supporting people to eat and drink safely since the last inspection. Further practical training was planned.

Staff had guidance from professionals such as dietitians, physiotherapists, Tissue Viability Nurses, Abbots nurses, and Speech and Language Therapists and they were following their guidance. All staff had attended training including practical sessions on how to use hoists. They had practical training on supporting people with eating and drinking. One staff said, "there has been a lot of training since the last inspection."

Staff supervision had improved since the last inspection and staff said they felt supported by the registered manager. One of the deputy managers said they checked care records regularly to see they were completed appropriately and gave feedback to the staff. Staff felt the management team was more involved in the day to day work and also talked to them daily about their duties.

Staff had begun to receive individual supervision since the last inspection. One staff member said, "the first supervision that I had from the new management was very encouraging because I was allowed to express myself and I noticed the manager listening and taking notes. She was also interested in finding how I can improve my skills." Arrangements were in place to ensure supervision was more regular. Agency staff did not receive any supervision and we discussed this with the management team who said they would start to provide supervision for temporary staff after the inspection.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We checked four people's DoLS and the provider was complying with the conditions applied to the authorisation.

Staff knew the key principles of the Act and said they put these into practice. Care records included appropriate assessments of people's capacity to make decisions. Staff asked people for their consent before providing care and also offered choices. One staff told us "when choosing clothes I know the person's

preference from the list of likes and dislikes and I bring two or three sets of clothes and give the person the opportunity to choose, instead of picking it for them." We observed staff asking a person whether they would like to be supported to eat their meal. Staff allowed the person their independence then offered support and asked "would you like me to help you?" They waited for the person to say yes.

Records showed one person assessed as not having capacity to make certain decisions about their care and support had the involvement of their daughter whenever 'best interests' decisions were made on their behalf regarding care and support. The service complied with the Deprivation of Liberty Safeguards (DoLS). Records showed that applications had been appropriately made to the local authority when people were subject to restrictions to their freedom. Two DoLS were due to expire the day after the inspection but the manager was aware of this and had taken appropriate action.

A warning notice issued after the previous inspection in December 2016 due to failure to comply with Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014- Meeting nutritional and hydration needs - had been fully complied with.

There had been improvements in people's nutrition and hydration since the last inspection. A new menu was more nutritious and included a better choice of food. Previously people had the same evening meal every day but they now had more choice. In addition the cooks were fortifying the food of people where a dietician had identified this as necessary to gain weight. They were adding high calorie foods such as cream and butter. Snacks in between meals had been introduced which was also an improvement since the last inspection. The cooks were preparing milkshakes and/or smoothies every day and people had nutritious snacks of their choice. As a result people who had been underweight at the last inspection had gained weight and this was a benefit to their health.

People said the food was "Very nice", "It's very good. Lately it's very good" and "I like it." Records showed that dieticians and speech and language therapists were involved in planning the support needed for people who were underweight and people who had difficulties chewing and swallowing their food. We saw staff providing very good support to ensure their nutritional needs were met. They had recently had training on how to support people with meals. Staff ensured people were sitting upright and explained what the food was. Staff talked to people they were supporting and gave them time to swallow before the next spoonful. They followed written guidance to reduce the risk of choking for people with swallowing difficulties. Some people had thickened drinks because of the risk of choking. Staff were trained to make thickened fluids safely.

Staff kept records of people's food and drink intake. These records were kept more accurately than at the last inspection. Although records showed people did have enough to drink we noted the fluid chart did not record what the recommended fluid intake should be. The registered manager said they would ensure this was done.

Staff did not always understand how to use the assessment tool for risk of malnutrition correctly. We recommend that staff complete refresher training in assessing people's nutritional needs using recognised best practice.

## Is the service caring?

### Our findings

One person said the best thing about this home was, "The feeling that there's help on hand. Because if I fall or anything I'm stuck, and it's friendly. " Another said, "The community really. It's quite close. They seem to be quite caring and available." A relative told us, staff were "really good at caring for people, because it's homely".

We saw staff treat people with respect and with regard to their privacy and dignity. Staff knocked on the door before they went in a person's room. They said who they were when going in. Staff interacted well with people, speaking clearly and kindly and showing interest in their wellbeing. Some people were unable to speak but staff understood the non-verbal communication. One staff said "when you talk to [person] you notice the smile. I think that this means that she understood what you said, likes your presence and find some pleasure in the communication." Another staff told us "I welcome the change that has taken place because it means that we have more staff to talk to the people and to give better care."

People had more involvement and choices. They told us staff asked them if they wanted support. An activity coordinator told us they visited people in their rooms each day and spent time with them either on an activity or just chatting and checking on their wellbeing. This staff member had a very caring approach to people's wellbeing.

People had support to be more independent and the provider had bought them equipment to help them stay out of bed longer and mix with other people in communal areas. The manager was discussing plans to support people to be more independent for example, making their own drinks.

Staff knew people's needs well and were aware of their religious and cultural needs and tried to meet them. One example of this was to talk to people about their country of origin. Staff had displayed a map of the world showing where staff and people came from.

There was support from a professional to enable staff to provide good care to people at the end of their lives. Some people's Do Not Attempt Resuscitation (DNAR) documents were not up to date. We recommend that DNAR documents are reviewed to ensure they reflect best practice and the person's wishes in an emergency.

## Is the service responsive?

### Our findings

A warning notice issued after the previous inspection in December 2016 due to a failure to comply with Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014– person centred care - had not been fully complied with.

The home had a promoting continence policy but this was not followed properly. There had been some improvements since the last inspection and some people were supported to use the toilet when they had been wearing continence pads previously. This was a positive improvement but there were still a number of people who had not been supported to use a toilet or commode. The manager had arranged for a continence advisor to assess people to see if they were able to use the toilet but these assessments had not yet taken place.

Since the last inspection there had been improvements in people being supported to have a bath or shower. Last time three people were having showers and everyone else had their personal care in bed or the toilet. At this inspection six people were having showers. The provider had bought two specialist shower wheelchairs which four other people could use to have showers. They had not been able to use them and have a shower as they were waiting for new slings to be delivered. We saw evidence that the slings had been ordered. The progress in supporting people to be able to have baths and showers was slow. Eleven people had not had the choice of having a shower or bath for several months.

Staff had received training since the last inspection on how to use the assisted bath safely but it hadn't yet been used. People's individual choices could not therefore be met.

There was a lack of stimulation for people as there was no group activities on offer within the home at the time of the inspection. Two people said they were happy to entertain themselves with their own hobbies such as radio, crosswords and reading. Four people said they didn't have anything to do.

Care records did not comment on people's wellbeing. They recorded care tasks and the clinical routines were lists of care tasks to be carried out at specific times and were not person centred reflecting people's choice. In practice we saw staff interacted with people in a person centred way. There was one observation which was an exception but we were confident the provider would address this when we raised it as a concern.

The above was evidence of a breach of Regulation 9 of the Health and social Care Act (2008) Regulations 2014.

The manager had introduced weekend trips out since the last inspection for small groups of people. People said they enjoyed the opportunity to get out. One person said, "I get a chance to go out if I want to. On Saturday they have a bus ride into Epping forest. Or drive around London." Another person said "They take us out sometimes. I go out sometimes".

The activity coordinators spent time visiting people individually in their rooms and spending time with them on activities such as hand massage or reading and generally checking on their wellbeing. This was a positive improvement.

At the previous inspection some people were not able to get up when they wanted as there were a lack of suitable chairs for people with physical and mobility needs to sit in. Since then, the provider had bought personalised chairs for everyone so they were able to get up and sit when they wanted to.

Some people and their representatives were involved in planning their care. For example, records showed the representative of one person was involved when the GP reviewed the care. The staff listened to the representative's concerns and acted accordingly.

Some care plans were not person centred. The management team said they were fully aware that care plans needed to be reviewed and had plans in place to involve healthcare assistants and families in reviewing all care plans in the weeks after the inspection.

The provider had a complaints procedure in place. People said they would be comfortable making complaints and raising concerns with the registered manager. There had been no further complaints since the last inspection.

## Is the service well-led?

### Our findings

A warning notice issued after the previous inspection in December 2016 due to failure to comply with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – good governance - had been fully complied with.

There had been improvements in the management oversight of care provided in the home. There were now two new deputy managers to check care records and monitor the care daily. There was good practice in the management of pressure ulcers and improved record keeping. The manager had made improvements to the safety and cleanliness of equipment, record keeping, staff training and supervision and the range of food and opportunities to go out had increased.

Although the progress of complying with a Regulation 9 warning notice about person centred care was slow, there was a firm commitment to ensure all the necessary improvements were made. The management team were at the time of this inspection much more involved in quality checking than in previous inspections. They were carrying out regular audits and were involved in daily handovers between shifts to ensure that staff passed on relevant information about people's care and treatment needs.

Staff had been provided with uniforms, training and supervision sessions where they could discuss their work with the registered manager. Staff said they were happier and felt the manager was supportive and effective in making improvements over the last three months. One staff member told us, "We have a good manager" and "Everything is fine now. Much better than when you came last time." There were staff meetings taking place and staff said their views were listened to. One staff said, "the manager has asked us to come forward if we have any suggestions and concerns." Staff also commented on better staffing levels and the amount of new equipment the provider bought for people including chairs and beds. Staff said the running of the home was "more organised" and they could see improvements.

The provider had shown a commitment to improving the quality of care at this nursing home. They were working in partnership with stakeholders especially Haringey Clinical Commissioning Group (CCG) quality assurance staff who had been instrumental in supporting the home to make positive changes and also in carrying out quality assurance checks. The provider had secured more resources to support staff in improving the care. Healthcare professionals were working with the home to implement improvements in advance care planning, end of life care and staff training.

The provider appointed a senior manager from their transformation team to act as project manager and the interim consultant nurse shared these responsibilities, ensuring that appropriate auditing arrangements were in place for all aspects for the service. The daily audit information was provided to the Director of Adult Social Care and the Head of Service. In addition, the CCG and the Commissioning Team conducted audits on regular basis to provide an additional level of scrutiny. These report findings were also reported up accordingly and incorporated into an improvement plan. The appointment of a new provider manager (starting 11 September) coincides with the departure of the interim consultant nurse and the key aspect of their role will be the taking over the oversight responsibility. The Director and Head of Service received



copies of the daily audits and updates / notifications or issues and progress.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People were not receiving person centred care as they were not able to choose whether to have a bath or shower and did not have opportunity to take part in leisure activities of their choice.