

Sage Care Homes (Jansondean) Limited

Jansondean Nursing Home

Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Inadequate



Overall summary

This inspection took place on 11 and 12 November 2014 and was unannounced.

We had previously carried out an unannounced responsive inspection of this service on 5 August 2014, following concerning information we received. We found breaches of the Health and Social Care Act 2008 in relation to people's care and welfare, respecting and involving people, safeguarding people, staffing and failure to notify CQC of events as required. We took enforcement action in respect of people's care and welfare and respecting and involving them in their care.

Following this inspection in September 2014 the local authority imposed a suspension of new placements at the service which remained in place at the time of the inspection.

There were breaches of the Health and Social Care Act 2008 from a previous inspection on 22 and 23 January 2014 in relation to the management of medicines, monitoring the quality of the service, maintenance and storage of records. For both the inspections of 22 and 23 January and 5 August 2014 the provider was asked for an action plan to tell us how they were going to improve. These were sent to us following both inspections. We

Summary of findings

carried out this comprehensive inspection to check if the provider had completed their action plans and was now meeting the regulations as well as to provide a rating for the service.

There was a registered manager in post who was registered as manager in June 2014. 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 that although improvements had been made in some important areas there were some continued breaches of legal requirements of the Health and Social Care Act 2008. These included medicines, staffing, monitoring the quality of the service and keeping accurate records. Where we have identified continued breaches of the regulation in these areas we will make sure action is taken. We took enforcement action and served warning notices in respect of these continued breaches.

We also found breaches in respect of arrangements for people's capacity to make decisions and some areas of staff training. You can see what action we told the provider to take at the back of the full version of the report.

There were improvements to the way the service involved people and consulted them about their care. People and their relatives told us they felt safe, staff were kind and caring and that they were consulted more. There were increased opportunities for people to socialise, a programme of activities and the lounge area had been redecorated. There were also improvements to the care provided. People's care plans had been updated and they had been asked about their preferences, although these were not always accurately recorded. Staff felt the manager had made considerable changes to the culture of the service together with the support of a manager from another service. They told us they had received a lot of training which they felt had improved their skills and knowledge and that care was more person centred than it had been before.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe. Systems for the management of medicines were unsafe and did not protect people using the service.

Some records of potential risks for people at the service were inaccurate. There were not always enough suitably trained staff to meet people's needs. Clinical waste was not always promptly disposed of.

People told us they felt safe and well looked after. Staff had the skills and knowledge to recognise and respond to abuse.

Inadequate



Is the service effective?

The service was not effective. The manager was unsure of his responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This may not protect people's rights in decision making.

Most staff received adequate training; although new and agency staff did not always have sufficient guidance in responding to some people's needs.

People were supported to have sufficient to eat and drink although some people told us the food was sometimes cold. People had access to health professionals when they needed.

Requires Improvement



Is the service caring?

The service was not always caring. People's preferences were not always recorded accurately. People told us that staff treated them well and respected their privacy and dignity. We observed mostly warm and caring interactions between staff and the people using the service but also found some staff using their own phones at times while they were on duty.

People and their relatives, where this was appropriate, were involved in the planning of their care. Their preferences were sought and taken into account in the delivery of care; although accurate records of these preferences were not always maintained.

Requires Improvement



Is the service responsive?

The service was not always responsive. While people had an updated assessed plan of their needs some people's care records were not always accurately completed.

People knew how to make a complaint and the complaints policy was available throughout the service. Action taken in response to a complaint was not recorded and it was unclear if the complaint had been responded to.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not well led. Staff told us that the manager had made a number of changes to the service and improved the culture of the service.

We saw some improvements had been made, however a number of problems found at previous inspections had not been resolved. They had not acted on longstanding feedback from people about the temperature of the food served.

There was a system of audits to monitor the quality of the service but they failed to identify issues we found at the inspection. Inaccurate records presented a risk to people of inappropriate or unsafe care.

Inadequate



Jansondean 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 and to follow up on breaches in regulations from previous inspections. 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 11 and 12 November 2014 and was unannounced. The inspection team comprised of two inspectors, a pharmacy inspector, a specialist advisor in nursing and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we held about the service including notifications they had sent us. We also spoke with the local authority commissioning and safeguarding teams to gather their views on the service.

During the visit, we spoke with ten people using the service, five relatives, three of the nursing staff, four care staff, two agency staff, an activities organiser, a cook, a domestic staff member, the maintenance person, an administrative member of staff, and the registered manager for the service. We also spoke with the GP who was visiting the service during the inspection. We observed how the staff interacted with people who used the service. Not everyone at the service was able to communicate their views to us so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked around the building. We looked at a sample of eight records of people who used the service and eight staff records. We also looked at records related to the management of the service.

Is the service safe?

Our findings

At our last inspection we found that risks to people were not always identified and people's food, fluid and turning charts were not regularly completed. At this inspection turning charts we looked at were accurately completed and nurses and care staff demonstrated an understanding of pressure area care. People who were at nutritional risk or risk of skin pressure or falls had been identified and monitored. However, not all risk assessment records were accurately completed to show the extent of the risks to people's well-being. Three of the eight care plans we looked at had one risk assessment record that was inaccurate. Two people's skin integrity risk assessment records had not been accurately filled in and a risk factor had been omitted, so the severity of risk recorded was not accurate. A falls risk assessment for another person did not include their diagnosis of dementia which was an additional risk factor. Service users were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not being maintained.

Staff told us they had taken part in fire drills and were aware of some action to take in an emergency. We saw there was a business contingency plan that provided guidance and contact numbers for a range of emergencies. However emergency evacuation plans did not detail how to evacuate people safely from one of the upper floors of the service. Staff told us they had not practised evacuation routines. People were therefore at risk from inappropriate care or treatment in an emergency as accurate records were not maintained and staff had no guide on how to evacuate people from this floor accurate records were not maintained.

We looked at the staff recruitment records. Although identity and character checks had been carried out we found five records had no identity photograph as required under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Appropriate information and documents related to the staff employed and the management of the service were not always kept.

These issues were breaches of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. As we have identified a continued breach of Regulation 20 we will make sure action is taken. We will report on this when this is complete.

During our inspection on 22 and 23 January 2014 we found that accurate records were not being kept when staff administered medicines and medicines had not been stored safely. At this inspection we found that medicines storage was now relocated to another room, a new fridge had been purchased and temperature checks were in place. However guidance from the Royal Pharmaceutical Society for the use of a maximum and minimum thermometer to monitor for changes in temperature effectively over a 24 hour period, was not followed which meant there was a risk medicines were not stored safely.

There were no 'as required' medicines protocols or policy in place to guide staff on the use of as required medicines. The provider's medicines policy stated these should be in place. For two people who received prescribed medicines with a variable dosage, staff had not recorded the quantity on the Medicines Administration Record (MAR) for the previous day. Therefore it was not possible to tell from the MAR what dose of medicines had been administered. We had also identified this issue at our inspection in January 2014.

Although the allergy status for two people was recorded on other records, it was not on their MAR. This may have placed them at risk of receiving a medicine they were allergic to. Staff had not been countersigning MAR charts to show records were accurate. This was contrary to current guidance by the National Institute for Health and Care Excellence (NICE), "Managing medicines in care homes" March 2014. Therefore people were not protected from the unsafe administration of medicines.

Prescribed creams were being applied by care staff without supervision by nursing staff. There were insufficient instructions or staff to apply prescribed creams correctly. Nursing staff and care staff told us that body maps and written instructions to assist staff were not available. There was a risk people could be placed at risk of skin breakdown.

Medicines were not always stored correctly. We found a medicine labelled not for internal use together with medicines for internal use which increased the risk of this medicine being given internally.

Drugs were not always disposed of safely. We found controlled drugs which had not been disposed of appropriately and in line with The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) (England,

Is the service safe?

Wales and Scotland) Regulations 2014. We found three full sharps bins, containing contaminated clinical waste such as syringes, two dated June 2014 and one dated August 2014. No arrangements had been made to collect these full sharps bins. This meant that there were inadequate arrangements in place for the disposal of clinical waste.

These issues were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. As we have identified a continued breach of regulation we will make sure action is taken. We will report on this when this is complete.

At the last inspection on 05 August 2014 we had found agreed staffing levels had not always been consistently maintained and the staffing rosters did not always accurately reflect the levels of staff on duty. Call bells rang frequently and were not always promptly answered. At this inspection people told us there were enough staff to meet their needs. Although they thought they were often busy. One person told us “They don’t have a lot of time; they’re rushing up and down.” Another person said, “They don’t spend time talking with us, but there’s a lady who organises things in the lounge.”

However, although staff began a shift on a particular floor of the home, there were at least three occasions in the course of the inspection when we found there was not a continued staff presence on the top floor or member of staff allocated to be on that floor. There were people in their rooms on this floor throughout the course of the day who were not all able to use a call bell to summon support. Therefore there was a risk of people not receiving care when they required it.

Staffing numbers during the inspection tallied with the staff rota and the agreed levels. However we found that in a four week period in October and November there were 11 days on which only one nurse was on the roster for work during the working week day rather than the two nurses as decided by the provider’s staffing levels. The need for agency nursing staff had only been identified on one of those days on the roster. The manager told us it was not always possible to get agency staff at short notice and sometimes the shifts were worked without the identified number of nurses on duty to meet people’s needs. This was also the case during holidays or staff sickness. Five full time

and part time nurses were employed at the service to cover all the shifts. We were not assured there were sufficient numbers of appropriately skilled staff employed to meet people’s needs.

Extra staff were not included on the roster to meet identified individual needs for people where this had been agreed with the local authority as part of their individual care package. For example where there was a need for one to one care we saw that different staff from the existing roster were allocated this task throughout the day without an additional member of staff being asked to work. This meant that shifts were worked with one less care staff than the agreed level set by the provider.

This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. As we have identified a continued breach of regulation we will make sure action is taken. We will report on this when this is complete.

People and their relatives told us they had no concerns about cleanliness at the home. It was observed to look and smell clean both days of the inspection. Records were kept of temperature checks in the kitchen for e.g. dairy food deliveries, serving food temperature and fridges, to reduce risk of any contamination for people at the service. We observed they were within the correct ranges. Kitchen and domestic staff had a cleaning schedule they worked to.

People told us they felt safe at the service. Staff told us that they received training on safeguarding adults from abuse; they could identify a range of types of abuse and were able to tell us the process for reporting abuse. They were aware of what whistle blowing was and how they could do this if needed. We saw from records that they received training on safeguarding adults. There had been no safeguarding alerts in relation to the service since the last inspection.

Equipment maintenance and service checks were completed. We found water pumps (following the basement flood last winter); fire, electrical, gas equipment, hoists and the lift were regularly serviced and checked. At the last inspection we had found a number of broken call bells. New call bells had been purchased and were in working order.

Is the service effective?

Our findings

At the last inspection we had concerns that the manager of the service did not understand their responsibilities under the Mental Capacity Act 2005 Code of Practice and Deprivation of Liberty Safeguards (DoLS). We found that people may have been deprived of their liberty unlawfully as we observed circumstances where an application for authorisation under the Deprivation of Liberty Safeguards (DoLS) should have been considered and it had not been made.

At this inspection we found that the manager had attended Mental Capacity and DoLS training. A DoLS authorisation had been applied for and granted. In cases where it had been assessed that some form of restraint, such as the use of a bed rail, might be useful to keep people safe, the consent of the person was recorded. If the person concerned lacked capacity to make this decision the manager had consulted with relatives and health professionals where appropriate in their best interests.

However the manager was unable to explain the implications of a Supreme Court ruling that had significantly changed what should be regarded as a deprivation of someone's liberty. He was also unaware of the Mental Capacity Act 2005 Code of practice that provides guidance on the responsibilities for professionals under the Mental Capacity Act. Some staff members confirmed they had received recent training on the Mental Capacity Act but two staff members were unable to explain how they would find out if someone had capacity to make a decision for themselves. There was therefore a risk that people may be deprived of their rights to make some decisions. While mental capacity assessments were in place for people's day to day care needs we found two examples of other decisions such as end of life Do not attempt Resuscitation Forms (DNAR) where separate capacity assessments had not been completed for this decision.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they thought staff had sufficient training to provide care to them. One person told us "They know what needs doing." The manager told us that when he started work at the service staff training had not been refreshed regularly. He said now, "We do all the mandatory training

and more besides." Staff told us they had received training across a range of areas in the last year. One staff member said, "We have loads of training. We have training on everything." We confirmed this from records we looked at.

Training had been given for what the provider considered essential training topics such as safeguarding training first aid, food hygiene and fire safety. Other training had also been provided such as dementia awareness, managing behaviour that challenges, medicines administration, catheter training and wound care. The registered manager told us staff were required to refresh training annually. We found that one of the nursing staff medicines training was last refreshed in 2012. This was not in line with the stated requirements to ensure that staff had sufficient training to carry out their work.

Staff had a two week induction of shadowing and training before they worked as a shift member. A newly recruited staff member told us that the induction period included shadowing support and there was advice and information given to help do the job safely. There was an induction checklist that we saw was completed by the mentor when they felt the new member of staff was competent at different tasks. However we noticed that the induction checklist did not include how to manage behaviour that challenges. We observed that new or agency staff were not always adequately supported to enable them to deliver care and treatment to an appropriate standard where they experienced behaviour that challenges. For example we saw some staff tried to engage on some occasions with people who used the service in an abrupt manner. Arrangements were not in place to support staff to ensure they could deliver care effectively and to an appropriate standard.

We asked the manager about staff appraisal and he told us he had not had time to begin these since he had arrived. Staff were therefore not currently provided with an opportunity for a formal review of their development and training needs. Staff were therefore not adequately supported in relation their responsibilities to deliver effective care and support to people.

This was a breach of Regulation 23 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2010.

Staff told us they had regular supervision. The manager told us that he had decided to introduce group supervision as a way to shift the cultural change at the service. Staff

Is the service effective?

told us they found the supervision supportive and that they felt able to raise issues with the manager at these sessions or individually if they needed to discuss something privately.

At the last inspection on 05 August 2014 people's food and fluid monitoring charts were not regularly completed. At this inspection people who were identified as being at high risk, for example because of rapid weight loss, were referred for a review with the GP or dietician. They were placed on a fortified diet. People who were at risk of malnutrition or dehydration had food and fluid charts completed throughout the day and their weight was monitored regularly. There were detailed instructions in people's rooms and in their care plans where they had specialised dietary needs. We observed people had good access to drinks throughout the day including water and/or juice in their rooms.

Two people told us they thought there was enough to eat, the food was 'pretty good' and there was sufficient choice. Other people who ate some meals in their rooms told us the food could be cold at times. For those people who changed their mind on the day we saw an alternative meal was always available. We spent time observing people having their lunch in the downstairs dining room and

lounge. We saw people were supported to eat where this need was identified. They were given fortified drinks and foods of differing consistencies, such as puree, if this was appropriate to meet their needs. People were protected from a risk of insufficient food or drink. However, there was insufficient information available to remind people about the food choices they had made or that were available. Some people commented they were unsure what they were having and we saw there were no menus on the table to guide people about the food choices on offer each day.

We saw that people's health care needs were promptly responded to. For example where someone's diabetes had become poorly controlled a review had been requested with the GP. We spoke with the visiting GP who told us they attended once a week so there was continuity and consistency of care. Staff referred any concerns to the GP who would arrange to come in addition to the weekly visit if needed. The GP told us that nursing staff were always available and followed any advice he gave. We saw from care records that the service worked with a number of health professionals including, tissue viability nurses, speech and language therapists, dieticians, Community Mental Health Team, optician, podiatrist and dentist.

Is the service caring?

Our findings

At the last inspection on 05 August 2014 we found that people were not always consulted about their care and preferences for support and the focus at the service had been task orientated rather than person centred. People had not been involved in planning for their care or consulted about when they wanted to get up or go to bed. Some people had told us they were being supported to go to bed in the afternoon and everyone went back to their rooms by 5pm for the evening meal. We took enforcement action following the inspection of 05 August 2014 in respect of the breach of regulations.

The local authority commissioning service had been working with the service since March 2014, particularly around person-centred practice and treating people with dignity. We had been sent an action plan following the 05 August 2014 inspection that detailed what the provider and manager would do to improve people's experiences. They had met with the local authority to discuss the concerns and the action they planned or had taken to improve care.

At this inspection we found information about people's life history and preferences was now available to staff in people's rooms. People told us they were now consulted about their preferences and we saw that they or their relatives, where applicable, had signed their care plans to show their involvement. Relatives we spoke with confirmed they had been consulted about a family member's preferences where needed.

Staff asked people about their preferences for their daily care, such as what time they wanted to go to bed and where they preferred to eat. However we noticed that people's records had not always been completed accurately to reflect people's choice. For example one record showed the answer 'No' to the question 'where do you prefer to eat your meals?' The person concerned was able to tell us exactly what their preferences were when we asked them. Therefore the record did not accurately reflect their preferences. Another preference record stated someone liked to go to bed at 4pm each day. When we asked the person about this they told us that they chose to go to bed at 6pm. They told us that previously they had been put to bed at 4pm but things had improved and they

were going to bed at 6pm to 6.30pm, in line with their preference. The records were not accurate and service users were therefore at risk of inappropriate care or treatment.

This was a breach of Regulation 20 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2010. As we have identified a continued breach of regulation we will make sure action is taken. We will report on this when this is complete.

People told us that staff were caring and kind and they were happy with the care they were receiving at Jansondean. One person told us, "Yes staff are very kind and caring; I have a bit of a joke and a chat with them. They're a good bunch." another said, "It is great, I've got no complaints." A third person commented, "The staff are fabulous, they are busy but they are very kind." Relatives also told us they were happy with the care provided. One relative said, "They are very friendly, especially the carers. We know the team very well." Another relative commented, "This is lovely. [My family member] was at another place which was terrible. I can't believe the difference."

At this inspection we saw there had been improvements to people's care. People were clean and looked tidy and well cared for. They had a service user guide in their bedrooms that gave them information about the service.

We observed examples of good care with people being reassured if they were distressed and some staff engaging people in activities that were stimulating or gently encouraging people to participate. Training records showed that most staff had received training on dignity in care following the previous inspection in September 2014. We observed that staff consulted people before they were offered support. For example they were asked where they would prefer to sit and offered assistance. One person told us, "They're pretty good, they always help if you ask." Staff were observed to knock on people's doors before entering and be sensitive to the need for privacy. One person said, "Staff are lovely, they show me respect and dignity and they come straight away." Some care workers clearly knew people's needs well, for example they knew where the most suitable place for someone to sit in the lounge with a hearing problem to ensure that they could hear well. We saw that people's preferences regarding the gender of their

Is the service caring?

care worker were recorded and observed. They were also visible in the nurses' station for any staff unfamiliar with people's wishes. Experienced staff were observed to engage with people and understood their needs.

We observed people were reassured during transfers while using a hoist and told what was happening although we noticed that no screens were used to protect people's dignity when they were transferred with a hoist in the communal area. However, some improvements were needed. We saw agency or new staff members did not always identify a need for extra reassurance for people whilst being hoisted.

Bedrooms were personalised, but there was no memory enhancing decoration or signage to help orientate people either in their bedrooms or in the communal areas.

We saw two occasions when a staff member was on their mobile phone rather than engaged in interaction with people at the service. This was contrary to the provider's expectations of care workers. We discussed these issues with the manager who told us they would look into this and ensure staff were reminded about good practice and the rules about phones.

Is the service responsive?

Our findings

At the last inspection we had found that some people did not have access to call bells or they were broken so that they could not summon help. People's care plans were not reviewed regularly. People had spent much of the day in their rooms with very little meaningful activity.

At this inspection people told us that staff did respond when they needed them. A relative told us, "When [my family member] first came in alarm bells were going off all the time but it's much better now." We observed throughout the inspection that call bells rang infrequently and when they did ring, they were answered promptly. The atmosphere was calmer. There were very few call bells going off and those that did were responded to quickly. We saw that people who were in their rooms had access to a call bell. A 'snap shot' overview of residents with particular needs was clearly visible for staff in their nurses' station office. This served as a reminder to staff about people's individual health and care needs.

However we found accurate records were not always maintained. Documentation in two people's care plans was contradictory. Care need summaries for two people stated they did not have capacity but their mental capacity assessment records stated that they did for day to day decisions. We observed staff were unable to read a menu choice for one person due to the staff member's handwriting. One person's care plan was reviewed on 29 October 2014 and referred to the need for a bowel chart to monitor the risk of constipation. We were told that this was no longer required but this change had not been recorded in the care plan. There was no guidance available to new staff in another care plan on the use of suction equipment or a mouth care plan to guide new nurses in the provision of care.

Where people displayed behaviour that challenged, this guidance was not always detailed enough for staff to deliver appropriate care. Information about how to respond to behaviour that challenges to reduce the likelihood of the behaviour was not available. One care plan contained a reference to restraint being used. Staff and the manager all confirmed when asked that restraint was not used at the service and were able to describe the distraction and diversion techniques they did use if needed but these were not detailed in the care records. The manager had systems in place to record this behaviour and

any perceived triggers to try and reduce them from occurring in the future. However, there were very few such incidents entered on this record. We found at least three incidents of such behaviour for October 2014 in a person's daily notes but because these incidents were not recorded on the manager's system. There was a risk that triggers to the behaviour would not be identified and as a result how the staff interacted and supported with people may not have been changed to potentially reduce the triggers.

People were not therefore protected from the risks of unsafe or inappropriate care as accurate records were not being maintained this was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The complaints policy was displayed in people's rooms and in the entrance hall. We saw that it contained guidance on how to complain and what to do if they were unhappy with the response. People and relatives we spoke with told us that if there were any problems they would speak to the manager. The manager told us they had not received any complaints since they had been at the service. However we found one complaint on record from February 2014 for which no response had been recorded.

People had an assessed plan of their needs. These had been reviewed at regular intervals and changes made as required. Most provided clear guidelines to staff on how to meet people's needs and contained information on how to communicate with people who were not able to verbalise. The plans covered people's needs across all aspects of their care and were individualised to include their likes and dislikes and how they liked to spend their time. We saw people's spiritual needs were met through visiting religious representatives. We observed staff responses to three people and saw that the care they received was in line with their care plan.

Since the last inspection the manager told us they had worked to try and interest people in joining in activities on offer for socialisation, their stimulation and enjoyment. There was an activities organiser at the service throughout the week. We saw displays around the service of activities that people had participated in. Recent activities included harvest festival celebrations and Bonfire Night with associated displays of artwork. The activities organiser told us, "I try and do things that everyone can take part in. Some of people helped make the guy.... Other people like to have their hands massaged and their nails painted. There is

Is the service responsive?

something for everyone.” Relatives we spoke with told us there had been an improvement in activities for people and more opportunities to socialise, “Before they were always in their room all of the time. There’s stimulation down here. There’s always something going on.” We saw that people were encouraged to maintain links with the community where they could, such as attending a nearby day centre

We observed that the activities organiser knew people well and was aware of their interests and preferences for activities. They spent time with people in their rooms doing individual activities and then provided group activity. We observed people talking about their experiences of the war and a sensory experience that included the use of a foot spa, scented candles and blowing bubbles. The atmosphere was relaxed.

Is the service well-led?

Our findings

At the inspection of 22 and 23 January 2013 we found the assessment of risk and management of the service was ineffective in relation to the identifying risks to people's care. Between July and November 2013 there had been no registered manager in place to account for the day to day management of the service provision. As a result, the services provided to people had not been consistently assessed and monitored to ensure they were protected against the risks associated with unsafe and inappropriate care. Following the August 2014 inspection in September 2014 the local authority suspended new placements at the service and there has been increased monitoring and support from the local authority throughout the year.

At this inspection we found that a framework to monitor the quality of the service had been set up but it was not always being used effectively to identify potential risks. There were a number of different audits carried out such as a health and safety environment audits, kitchen audits, care plan audits, medicines audits. These had not picked up on risks to people's safety and welfare that we had identified during our visit. Infection control audits were carried out on a monthly basis but were not always completed accurately; equipment was ticked as clean and stored safely such as oxygen when there was no oxygen at the service. The manager told us that the nurses self-audited their administration of medicines daily but no records were made of these audits. We saw nine monthly audit forms, completed by the manager and all areas were ticked as correct with no issues noted. The last audit was conducted during August 2014. The health and safety audits had failed to identify the pile of disused furniture, equipment and building waste in the garden that posed a potential trip risk to service users' welfare and safety. Health and safety audits had not identified an unlocked cupboard that was used to store hazardous cleaning substances. This posed a potential risk to people at the service who may access the cupboard.

External professional guidance was not always promptly acted on. The provider had arranged for an external fire risk assessment carried out in July 2014 as required by the London Emergency Fire Planning Authority in an enforcement notice on 2 December 2013. The manager told us the issue of safe evacuation of people from one of the upper floors had yet to be fully resolved. Food standards

had visited the service on 24 February 2014 and given the home a score of one on their quality system because of concerns about food safety management. Although we understood from the manager the food safety management issue had been resolved, there remained outstanding issues about the ventilation and the structure of the kitchen, due in part to its basement location, had not been resolved.

Residents and relatives meetings were held on a regular basis, but actions to address issues identified did not always appear to be taken promptly. At a residents and relatives meeting on 29 April 2014, the issue of the food being cold when it was served in people's rooms had been raised. We observed the lunch serving on the first floor and found that it took 15 minutes to serve meals to seven people from an unheated trolley. Some people had told us the food was often barely warm. One person said, "It's pretty good here, my only complaint is the food is cold." Another person told us they had complained about cold food, "Yes. I send it back." We asked the manager what they had done to follow up on this issue. He told us the provider was looking into a hot plate but could not find one the right size. No other action appeared to have been taken to try and resolve this problem which had been on going since at least April 2014. Feedback from people at the service was not always being promptly acted upon. There was no record of any response as a result of the complaint received from a relative in February 2014 so we could not be sure that this relative's views were listened to, investigated and acted upon.

Identified problems with the maintenance of the premises were not swiftly acted upon. A leak in the administration office which had been identified during the inspection in January 2014 had not been rectified and water was being collected in a bucket. We could see this leak was spreading along part of the ceiling. While records were now in suitable filing cabinets the water was dripping onto the carpets and the bucket was a potential trip hazard for staff. The manager assured us that attempts had been made to repair the leak but we saw no documented evidence of this. This problem or any action taken was not identified in the health and safety audits. The manager told us he was not aware of any business plan in place for the service. In the absence of a business plan that includes repairs equipment and a maintenance schedule, there was no evidence that any plans had been made to ensure the long term quality and safety of the premises.

Is the service well-led?

Accidents and Incidents were not always being recorded and so were not analysed to provide information to try to reduce any reoccurrence or provide learning to the service. Four incidents had been recorded since January 2014 and none of these since August 2014. We came across incidents in the daily notes which we saw should have been recorded on an accident or incident record and had not been.

Routine checks of the bed rails were not being carried out for people at the service which could mean a potential risk was not identified. A robust system to identify, assess and manage risks relating to the health, welfare and safety of service users was not in place.

These issues were a breach of Regulation 10 of the Health and Social care Act 2008(Regulated Activities) Regulations 2010.

At the last inspection we had found inaccurate staff rotas. The local authority commissioning service had carried out a monitoring visit on 01 September 2014 and we saw from their report that they had also found this to be a problem. At this inspection we found that the staff rota remained inaccurate as it did not always identify where agency staff were either needed or employed to fill any gaps in the rota. Shortfalls in the rota were also not always identified. There was therefore an inaccurate record of the numbers of staff working at the service.

This was a breach of Regulation 20 of the Health and Social care Act 2008(Regulated Activities) Regulations 2010.

At the inspection of 05 August 2014 we had found that the manager had not understood the requirements of a registered manager and had failed to notify us of significant events. Since that inspection the manager had notified us about relevant events according to requirements.

The manager told us that they had worked to improve the culture of the service and to encourage team work and more person centred care. The provider had advised us before the inspection they had appointed a clinical lead for the service who was due to start work in the next few weeks. At this inspection people we spoke with and their relatives told us they thought things had improved at Jansondean. They said staff appeared to work together and were approachable and that the care and support was improving. We found there had been changes at the service with people enjoying more social interaction rather than spending much of their time isolated in their room. We heard a mixture of views about the manager at the

service. One person said, "I personally haven't had much to do with him, he's at the bottom, he pops in occasionally, seems very nice." Another told us, "The Manager works very hard." A third person commented, "Nobody tells me what is going on. I don't know how to get hold of the management."

Staff told us they thought things were better than they had been before the last inspection. They said they had benefitted from training and support. One staff member said, "Everything is positive. Staff morale has changed for the better. There is more courtesy towards people." Other staff members identified improvements such as additional staff, the redecoration of the communal areas and some new equipment for the service. There was a regular handover process between shifts that highlighted those people with key health care risks. Staff told us they attended regular staff meetings to review the quality of the care. We saw notes from two staff meetings from July and October. A range of topics were discussed including: the quality of the working relationships between nurses and care staff, whistleblowing procedures, access to call bells and water jugs in people's rooms. Staff told us they found these meetings useful for discussing and addressing areas of concern. The minutes, of the meetings, however, did not evidence that a great deal of discussion took place between staff and the manager about the service.

One member of staff commented that the manager "was friendly, available and ready to assist." Another said, "There's so much been done but he's everywhere. He sees every resident as soon as he comes in to see if everyone's OK. He's always smiling and no matter what you need help with, he'll do it." Another told us, "He's a miracle. There's been so much change here this year, but he's always around to help and listen. He doesn't mind what he does or what you ask him to help with."

The manager had complied a survey he had recently sent to relatives and people who used the service to understand people's views. Questions were asked about areas such as the quality of care, staffing, food and premises. The survey asked people to rate the areas of quality etc. from strongly disagree to agree. However the analysis of the questionnaire had produced ratings such as good and excellent and it was unclear how these ratings had been calculated from the questionnaire responses and therefore

Is the service well-led?

how useful the information was. Negative feedback did not appear to have been received about any area although we noticed no questions were asked about the temperature of food at the service.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment The registered person must have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them. Regulation 18.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff The registered person must have suitable arrangements in place to ensure that persons employed for the purposes of carrying on the regulated activity are appropriately supported to enable them to deliver care and treatment to service users safely and to an appropriate standard. Regulation 23(1) (a).

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers People who use services were not protected from unsafe or inappropriate care as the registered person did not regularly assess and monitor the quality of services provided. Or have regard to complaints, information in records or the analysis of incidents. Regulation 10(1)(a)(b) and (2)(b)(i)(iii)(iv)(c)(i)

The enforcement action we took:

We served a Warning Notice in respect of this breach to be complied with by 31 December 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered person was not protecting service users against the risks associated with the unsafe use and management of medicines. Regulation 13

The enforcement action we took:

We served a Warning Notice in respect of this breach of regulation to be complied with by 31 December 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing The registered person did not take appropriate steps to ensure sufficient numbers of suitably qualified, skilled and experienced persons were employed to carry on the regulated activity. Regulation 22

The enforcement action we took:

We served a Warning Notice in respect of this breach of regulation to be complied with by 31 December 2014.

This section is primarily information for the provider

Enforcement actions

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records

The registered person must ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by the maintenance of an accurate record in respect of each service user and records appropriate to persons employed.

Regulation 20(1)(a)(b)(i)(ii)

The enforcement action we took:

We served a Warning Notice in respect of this breach of regulation to be complied with by 31 December 2014.