

GCH (North London) Ltd

Peregrine House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 3 September 2018 and was unannounced. The service was last inspected on 12 and 15 September 2017, where we found the provider to be in breach of the regulations in relation to safe care and treatment, premises and equipment, and good governance, and was rated Requires Improvement. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective and well-led to at least Good. At the inspection on 3 September 2018, we found that the provider had made some improvements but were not sufficient. This is the second time the service has been rated Requires Improvement.

Peregrine House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Peregrine House is registered to provide accommodation and personal care support to 36 people who have dementia, mental health, physical disability or sensory impairment support needs and older people. Peregrine House is a purpose built home divided into four units on two floors. Each unit has people's bedrooms with toilet and sink facilities, a sitting area, a dining room and a kitchenette. At the time of inspection, 34 people were living at the home.

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 2008 and associated Regulations about how the service is run.

The provider did not always follow appropriate infection control practices. Some communal rooms and people's bedrooms were not appropriately cleaned. Staff knew safeguarding and whistleblowing procedures, and how to identify and report abuse. However, the management did not always follow appropriate safeguarding procedures. The provider had failed to notify us of a safeguarding concern as required by law.

People told us they felt safe living at the service. Risks to people were identified and assessed and measures put in place to mitigate those risks. Staff knew risks to people and how to provide safe care. There were suitable and sufficient staffing in place to meet people's needs safely. People were provided with safe medicines management support. Accidents and incidents records were accurately kept with processes in place to learn lessons from them to prevent future occurrences.

People's needs were assessed before they started living at the service and people told us staff met their needs. Staff told us they received regular supervision and training to provide effective care. People were generally happy with the food and the nutrition and hydration support. Staff supported people to access ongoing healthcare services to maintain healthier lives. Staff followed healthcare professionals' recommendations to ensure people's needs were met effectively. The provider was making progress with their premises refurbishment plans whilst causing least disruption to people living at the service. People told

us staff gave them choices and asked permission before supporting them.

People told us staff were caring and kind. Staff were trained in dignity in care and respected people's privacy. People's cultural and religious needs were identified and recorded in their care plans. Staff supported and encouraged people to remain as independent as they could.

People were at the centre of the care planning process and relatives were involved where requested. People's care plans were personalised and regularly reviewed. The provider promoted and encouraged lesbian, gay, bisexual and transgender people to use the service. Staff encouraged people to raise concerns and people were satisfied with the complaints process. The provider had systems in place to support people's end of life care needs.

There were monitoring and auditing systems in place to check the safety and quality of the service. However, they did not always accurately and consistently recognise gaps and errors that had been identified during our inspection. People, relatives and staff told us the service was well-led and the management was approachable. Feedback was sought from people their relatives and staff and was considered to improve the service.

We found two breaches of regulations during the inspection. These were in relation to good governance and notifications of incidents. We have made recommendations in relation to safeguarding infection control procedures.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was safe not consistently safe.

The provider failed to raise a safeguarding alert as per their safeguarding policy. The provider did not always follow appropriate infection control practices.

Risks to people were assessed and mitigated, and staff knew how to provide safe care. People received medicines safely on time.

There were sufficient and suitable staff to meet people's needs safely. Accidents and incidents were reported, recorded, and actions taken and lessons learnt to prevent future occurrences.

Is the service effective?

Good ●

The service was effective.

The provider had made progress with their refurbishment plans. People's needs were assessed before they moved to the service.

Staff received regular training and supervision to provide effective care.

People's individual dietary needs were met.

Staff asked people before providing care and gave them choices. People were supported to access ongoing healthcare services.

Is the service caring?

Good ●

The service was caring.

People told us staff listened to them and were caring.

Staff knew people's cultural and religious needs and met those needs. People and relatives told us they felt involved in the care planning process.

Staff were trained in dignity in care. People told us staff treated them with dignity and respected their privacy. Staff encouraged and supported people to remain as independent as they could.

Is the service responsive?

Good 

The service was responsive.

People were at the centre of planning their care and support. Their care plans were personalised and regularly reviewed. Staff were kept updated on people's change of needs. The provider promoted and encouraged LGBT people to use their service.

There was a complaint policy in place and people and relatives were encouraged to raise concerns.

People's end of life care support needs were discussed and plans put in place to meet those needs.

Is the service well-led?

Requires Improvement 

The service was not consistently well led.

The service lacked effective monitoring, auditing checks and systems to ensure the safety and quality of care. The provider had not notified us of a safeguarding concern as required by law.

The registered manager had made improvements since the last inspection. People and relatives spoke highly of the registered manager and told us they would recommend the service. Staff told us they felt supported and the management was approachable.

People, relatives and staff were asked for their feedback on the quality of the service. The provider worked with healthcare professionals and an independent auditor to improve people's care experience.

Peregrine House

Detailed findings

Background to this inspection

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

This inspection took place on 3 September 2018 and was unannounced. The inspection was undertaken by two inspectors, a nurse specialist, a pharmacist inspector 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.

Prior to our inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This inspection was informed by the feedback from the funding local authority.

During the inspection, we spoke to nine people and one relative. We spent time observing interactions between people and the staff who were supporting them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, the deputy manager, the area manager, two senior care staff, four care staff, the chef, the kitchen assistant, the area maintenance manager and the community matron. We looked at 13 people's care plans and five staff personnel files including recruitment, training and supervision records, and staff rotas. We reviewed the service's accidents and incidents, safeguarding and complaints records, care delivery records and medicines administration records for people using the service. We also looked at records related to the management of the service including audits, health and safety checks and quality assurance.

Following our inspection visit, we spoke to one relative. We reviewed documents provided to us after the inspection. Some of these included refurbishment plans, an updated risk assessment, managers audit and

survey analysis.

Is the service safe?

Our findings

At the last inspection on 12 and 15 September 2017, we found the service was not safe. People's risk assessments had not always been updated and reviewed to reflect people's changed needs, the provider had not followed appropriate infection control practices, the premises were not clean and there were several health and safety concerns that had not been addressed in a timely manner.

During this inspection we checked to determine whether the required improvements had been made. We found the service had made some improvements but they were not sufficient.

Since the last inspection the provider had built a secure storage facility for a clinical biohazard waste bin in the garden and reviewed and updated people's risk assessments to ensure staff were informed on risks to people and how to mitigate those risks. However, we found areas where appropriate infection control practices had not been followed.

On the day of inspection, there was a malodour in a room on the ground floor that permeated into the corridor. This malodour was prominent from the point of entry at the start of the corridor. There were people residing in the rooms in that wing leading up to this person's room and they were subjected to the malodour throughout the day and night. The provider told us the person residing in this room had behavioural needs that impacted their continence needs. They further said that following the care review a more suitable placement to meet this person's needs was being considered and the local authority was looking for another placement for them. However, we found the provider was not taking sufficient measures in the interim to manage this person's behavioural needs that impacted on other people's wellbeing. We noticed that there were no hand washing facilities available in this person's room. We also found there were no appropriate hand wash facilities in five other bedrooms. This meant staff were at risk of cross infection as they did not have access to appropriate hand washing facilities. Following the inspection, the provider told us staff carried bottles of hand sanitising gel that they used when they were in people's ensuite and used communal bathrooms to wash their hands as per their infection control policy. They further said that the registered manager had ordered paper towels, and sanitizers for people's bedroom to trial an alternative to current practice.

During the inspection, we noted several areas in the home that were unclean, there was evidence of layers of dust particularly in people's bedrooms, toilets, communal bathrooms and shower rooms. The domestic check list showed several gaps which meant the domestic staff were not cleaning the rooms as required. Infection control audits for January, February, May and August, did not highlight any issues identified during our inspection. Following the inspection, the provider sent us copies of three 'manager's audits' and one 'take ten' audits that showed the registered manager had identified cleaning issues. However, these cleaning issues had not been addressed in a timely manner to ensure people's environment was clean.

The provider did not always follow appropriate infection control practices and people were not always protected by the prevention and control of infection.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to infection control procedures.

Following the inspection, the registered manager emailed us to update actions they had taken to address the issue regarding the malodour in a person's bedroom. The provider met with staff to inform them that under 'resident of the day' program, they were to ensure people's bedrooms were given a deep clean at least once every month.

During the inspection we observed staff supporting people whilst wearing appropriate personal protective equipment such as gloves and aprons. There were ample supplies of gloves, aprons, disposal bags for infectious material and yellow bags for clinical waste within the given guidelines. Staff we spoke to had all undergone infection control training. A staff member commented, "As soon as you finish [giving personal care] you throw away gloves. We have to wear white apron and blue gloves when giving personal care." There were wall mounted hand soap dispensers in communal toilets and hand gel dispensers in communal areas and corridors.

People told us they felt safe. One person said they had lived at the home for over four years and liked living there "very much" and "felt safe." Another person commented, "I like it here, I feel safe here." Another person told us they had been living at the home for over 15 years and felt very safe and liked the premises. They further said their possessions were "safe", and felt comfortable to give them to staff who would put them away safely if required. They told us sometimes they felt intimidated by another person who used the service and displayed aggression, but "staff usually deal with this."

Staff were knowledgeable about the procedures relating to safeguarding and whistleblowing. Staff were able to give detailed information about what abuse was, the types of abuse and how to respond appropriately. Staff were trained in safeguarding and whistleblowing and were knowledgeable about how to report concerns or abuse. Safeguarding records showed the registered manager kept accurate information on safeguarding cases, actions taken and lessons learnt. However, the provider did not follow appropriate procedures to raise a safeguarding alert with the local safeguarding authorities and the CQC. Following the inspection, the registered provider, raised the safeguarding alert in retrospect.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to safeguarding procedures.

The provider identified, assessed risks to people and put measures in place to mitigate those risks. People's risk assessments were individualised, comprehensive and regularly reviewed. They were for areas including; falls, moving and handling, nutrition and hydration, personal care and pressure sores. For example, risks to people's skin integrity were identified and assessed, suitable pressure relieving equipment identified and used to reduce risk and there was guidance for staff on how people should be supported to reposition. There were also risk assessments specific to people's health condition such as diabetes, epilepsy, Alzheimer's and stroke. For example, people with diabetes, their risk assessment and corresponding care plan informed staff on hypoglycaemic or hyperglycaemic reactions, need for high fibre and low sugar diet, the need for good foot care and to have regular retinopathy screening.

However, we found one person with epilepsy on prescribed complex doses of medicines to control seizures did not have an epilepsy care plan or a seizure chart. This meant staff were not provided clear guidelines on the symptoms or triggers of a seizure and what actions they were required to take. Following the inspection, the provider sent us the person's epilepsy risk assessment. The risk assessment instructed staff on the actions they were required to take if they noticed the person having a seizure, to ensure that the person was

in a safe position, move objects that could be harmful, and to support and protect the head. Staff we spoke to demonstrated good understanding of risks to people and how to provide safe care. The healthcare professional told us they had witnessed excellent distraction techniques when people displayed behaviour that challenged staff, and they further said that staff had a good understanding of risks to people and how to mitigate those risks.

There was a process in place to report and record accidents and incidents, actions taken and lessons learnt. Incidents records showed staff documented the details of the incident, actions taken and the registered manager recorded lessons learnt to minimise future occurrence. For example, a person had gone missing when they had gone for a day out in the community. There were clear records describing the incident. Following the incident and the person's safe return, the registered manager completed a risk assessment to ensure the person was safely supported when accessing the community. Safe systems had been put in place that reduced the risk of further absconding, any future trips would require 1-2-1 support, for the person to go out with smaller groups and purchased a silicone bracelet with the person's details on it to enable their safe return. The person's relative was pleased that the management had implemented measures to ensure the person was safe when accessing community and their freedom respected. As part of lessons learnt, the registered manager assessed all people at risk of absconding and completed risk assessments for those people to prevent future occurrences and developed a missing persons profile for their safe return.

The provider had robust staff recruitment procedures in place. Records confirmed that checks were carried out on prospective staff before they commenced working at the service. These included at least two employment references, criminal record checks, proof of identification and a record of the staff's previous employment. One staff member told us, "I filled out an application form and was called in for an interview. I had to bring in passport and references from my old job. I had to do a [criminal record check]. They said I couldn't start till [criminal record check] came back." This meant the provider had taken steps to ensure suitable staff were employed.

People told us there were enough staff. One person said, "Since my stroke, I do fall out of my bed a lot, but when I press the bell – they [staff] come to help me." Staff rotas and our observations on the day of inspection showed there were sufficient staff on duty to provide care and support to people to meet their needs safely. Staff told us the home used bank staff when additional staff were needed to cover absences and emergencies. A staff member told us, "Yes, enough staff. You must inform [the home] if sick. They will cover the shift." A second staff member commented, "If there was sickness we usually can work as a team in the home, management can get hold of staff." However, one staff member said, "Sometimes we do get a bit short staffed. Someone might be sick, most of the time it is ok. They get cover but if short notice it is difficult."

People told us they were satisfied with medicines management support. They told us medicines were provided safely and on time. One person said staff kept them "in the loop with medication, and always explains when new medicines are being given." Another person commented, "They [staff] know my medications and give it to me."

People's medication administration records (MAR) had cover sheets which included a photograph so that staff including bank and agency staff could ensure that the right medicines were given to the right person. All people had their allergies documented so that the prescriber could ensure the appropriate medicines were prescribed safely. Peoples prescribed medicines were recorded on the MAR and staff generally recorded on MAR when the medicines were administered. However, we found a few gaps. For example, one person's MAR showed they had not received loratadine, on 2 and 3 September 2018. Following the inspection, the provider sent us copies of the daily handover sheet that confirmed that the person had received the

medicine as prescribed but the staff member had forgotten to sign the MAR to confirm the administration. We audited medicines in original packs against records of administration and they all tallied.

One person who received dialysis, their MAR showed that they did not always receive all their medicines on the day of dialysis. This was clearly recorded on the MAR but we saw no risk assessment or policy to follow in the care plan around the frequent omission of regular medicines. Following the inspection, the provider sent us an update on this person's situation. The provider contacted the GP, amendments were made to the person's medicine and their medicine care plan updated accordingly. Staff were aware of missed medication, communicated this via handover meetings and informed the person they would be referred to the GP. Records confirmed this.

People that were prescribed with 'as required' medicines had protocols in place so that staff could identify when they were in pain and could give the appropriate treatment. There were patch and cream charts to ensure people received them safely. People that were dependent on insulin for their diabetes, the district nurses kept their own records of blood glucose and administration, and this role was clearly documented on the MAR. The home had a medicines optimization policy and we saw that this included the management of medicines when a person went out of the home for social reasons. For example, one person had been on holiday and this was recorded on the MAR and a record of medicines given and returned on the back of the MAR.

Medicines were stored safely and securely. On the day of inspection, we noted the medicines room was very hot, temperature recorded to be 28 degrees. The management told us they had ordered a new air conditioning unit and that there was delay in receipt because of an error on the part of the supplier. Records confirmed this. Controlled drugs were kept securely and balances were correct. Medicines audits for June, July and August 2018 showed gaps were being identified in the MAR. A senior staff member told us they had started to carry out random stock checks of up to 12 people on each floor to further monitor robust administration and recording of medicines. We were reassured that the provider followed safe and proper medicines management.

We looked at people's individual and premises fire risk assessments, fire drill records, water temperature and legionella tests, maintenance records and electric and fire equipment testing records. The service had records of hoist and wheelchair testing records. These were all up-to-date.

Is the service effective?

Our findings

At the last inspection on 12 and 15 September 2017, we found the service was not effective. There were maintenance concerns in the home and repairs had not been completed in a timely manner. The provider did not ensure the premises and equipment used was properly maintained.

During this inspection we checked to determine whether the required improvements had been made. We found the service had made sufficient improvements thereby meeting the regulation.

Since the last inspection, the provider had conducted a full audit to identify all the maintenance issues and developed an action plan to implement improvements in phases so that people living at the service experienced the least disruption. In the last year, the provider had refurbished seven bedrooms and all four kitchenettes. The provider had bought new armchairs for the communal living rooms. Following the inspection, the registered manager emailed us the actions taken to refurbish the service to the provider's standards. The building works had commenced in relation to the re-flooring of all the corridors from carpet to vinyl and the full redecoration of nine bedrooms as per the provider's re-decoration programme. People told us they liked their bedrooms. Their bedrooms were decorated according to their wishes, and they were personalised with their personal belongings including pictures, books and artefacts on display.

People told us staff knew their needs and met those needs. A person said, "Staff understand my needs." Another person told us they were well looked after by staff. People's needs were assessed before they began using the service and care was planned in response to their needs. Assessments included general health, medicines, hearing and vision, dietary needs, communication, sleep, continence and mental health. People's care files had several ongoing monthly assessments to check whether their needs were being met and if their needs had changed. These included dependency needs, falls, nutrition and hydration, personal care, skin integrity and areas specific to each person, such as monitoring of their health conditions. Staff told us the pre-needs assessment was helpful to integrate people moving into the service. A staff member commented they spoke to people about their care needs and where they were unable to communicate they liaised with their relatives. They said, "We get to know them [people who used the service] by their relatives. You have to introduce yourself. Also get to know them through their care files."

Staff we spoke with told us they received regular training to support them to do their job. Records confirmed this. One staff member told us, "They have a trainer that comes in. It does [help]. You are never too old to learn. It's a good experience." Another staff member said, "About a week ago I had infection control training. I've got some more [training] coming up." Records showed the training included moving and handling, fire safety awareness, safeguarding, medicines, dementia awareness, infection control, health and safety, food hygiene, first aid, hand hygiene, mental health awareness, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, and safeguarding adults. The staff files showed that all of the staff had completed the induction programme, which showed they had received training and support before starting work in the home. The deputy manager told us they were about to introduce the Care Certificate for all new staff and records confirmed this. The Care Certificate is a set of standards that social care and health workers use in their daily working life.

Staff told us they felt supported with regular supervision. One staff member said, "Supervision is what concerns you and how you feel. Any concerns about [people who used the service]. It's very useful." Another staff member told us, "Very good because of what [registered manager] asks. It's once every three months." Topics discussed in supervision included general wellbeing, team targets, care plans, handovers, annual leave, safeguarding, falls prevention, and quality audit checks. Staff also told us they received regular appraisals. Records confirmed this.

People told us they liked the food. One person told us the food was "very good." They further said they are offered tea, coffee, cereals and toast for breakfast every morning and a cooked breakfast every Wednesday and Sunday. Another person told us there were alternatives if they did not like the food on the menu. They said, "You can always have something else if you don't like it." A staff member said, "We have a menu book. You ask today for tomorrow [people's food choices]. Menu book goes to the kitchen. On special days full English breakfast. We inform the kitchen if people would want something else."

During the inspection, we observed staff asking people what they wanted for the following day's breakfast, lunch and dinner so that this could be sent to the kitchen well in advance. People were seen enjoying their meals. There was evidence of good interaction between the staff and people. Staff supported people in a polite and dignified manner. There were menus on the table that clearly displayed food items with pictures for people's easy access. Menus were regularly changed to provide variety. Kitchen staff were provided with information on people's dietary needs including soft food diet and diabetes. Following the inspection, the registered manager emailed us food notification forms sent to kitchen staff, they clearly described people's dietary needs and food preferences. For example, one person's notification form stated they required food rich in potassium and kitchen staff to include banana, sweet and white potatoes, watermelon, spinach, beetroot and butternut squash to their diet as they are rich in potassium. The form also included their favourite drinks and food, coffee, lemonade, lager, fish and chips, shepherd's pie, apple crumble and custard.

As a good practice people were weighed every month and if there were concerns of potential weight loss they were weighed weekly. Records confirmed this. There were records to confirm where people's weight loss was a concern they were on prescribed supplements, regularly monitored by dieticians and the GP. Staff completed regular evaluations and from the records the involvement of dietician was evident.

The kitchen was clean, food items were stored appropriately and labelled. Food hygiene notices were displayed in the kitchen. The Food Standards Agency had rated the home four stars at their last inspection which meant the hygiene standards were good.

We saw records from visiting healthcare professionals such as dietician, physiotherapists, opticians, occupational therapist and the GP in people's care plans. We saw that people's GPs were requested to visit if there were any concerns about the person's health and the action was recorded. The GP visited the home weekly. People's care files included guidance from health professionals, where this was relevant. Wounds were closely monitored and tracked for healing or deterioration and dressed in line with the wound care plan. People's care plans had health fact sheets on how to provide effective care in relation to wound care management, and records to confirm the involvement of the district nurses and community matron along with the GP.

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). 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.

People's care files had clear records of people's mental capacity assessments to ensure people had capacity to consent to their care and treatment. Where people lacked capacity, there were records of DOLs referrals and authorisation certificates.

A person said, "Staff always asked before providing care." During the inspection we saw generally staff asked people before supporting them and gave them choices. Staff demonstrated a good understanding of people's right to choose, MCA principles and the working knowledge of DoLS. A staff member said, "You give them [people who used the service] choices. You don't force things on them."

Is the service caring?

Our findings

People and their relatives told us staff were caring and helpful. One person said, "Staff is very good, they listen to you." A relative commented, "They [staff] are so nice and caring, when my [person who used the service] needed to go to the hospital. They informed me and took him there and back. And when he came back he gave a smile as this is his home." The healthcare professional said, "I am impressed with the little things that staff know about the residents...making relationships special."

During the inspection, we observed some caring and positive interactions between people and staff. Staff were generally sensitive towards people's needs and requests. People were seen accessing communal areas and their bedrooms with ease and comfort. Most people told us it was their home. We observed people having conversations with each other and staff, reading, watching television, listening to radio, singing and accessing the smoking area in the garden. Most staff had worked at the service for a number of years and had developed trusting relationships with people. One person said they fully trusted staff and the registered manager.

People told us they felt involved in their care and treatment. People's care files showed people were asked how they wanted to be supported. For example, people were asked if they preferred female or male staff to support them with their personal care needs. Their choices were recorded in the care plans and respected by staff. Relatives told us they felt involved in their family members' care and were kept informed on changes in their needs. Care review records showed relatives were involved and the records were signed by those present at the review meetings.

People were asked about their cultural, religious and spiritual needs and told us they were supported to meet those needs. Their care plans detailed their beliefs and how they liked to be supported. A person told us they liked to eat their culturally specific food and liked to listen to culturally specific music. We reviewed this person's care plan and found their cultural needs were clearly documented to ensure staff knew how to meet those needs. Another person's care plan stated they were of "[Religion] and worships with [a place of worship]." Staff were knowledgeable about people's cultural and religious needs. Their comments included, "Sometimes church comes in. They came yesterday" and "They try to provide cultural dish to [person who used the service]. People come here for a church service. Most people attend."

People told us staff respected their privacy. A person told us staff were compassionate and treated them with respect. Relatives told us staff treated their family members with dignity and respect. Staff were trained in dignity in care, and posters were displayed on units that described 'What is dignity?'. The poster described statements on dignity in care, some of them included "We don't hurt others, we don't damage anything, we are gentle, we are kind, we don't cover up the truth, take time to understand and know person / previous life stories and achievements, and privacy." Staff spoke about people in a caring way and gave examples how they supported people with dignity in care. A staff member said, "It is a good experience. Gives you privilege to help someone who cannot help themselves." Other staff comments included, "I will knock first before entering [bedroom]. When giving personal care I will close their door so their dignity is met" and "They [people who used the service] have their own private room. They can close their door. First you have to ask

them. They will tell you what they want. You keep communication with them. It's all about their dignity."

People were supported to remain as independent as they could. During the inspection we observed staff encouraging people to do things by themselves for example take their dirty plates and cups to the kitchen. A staff member commented, "A [person who used the service] loves setting the table. We let him. [Person who used the service] likes doing gardening and sweeping. We don't stop him."

Is the service responsive?

Our findings

People and their relatives told us staff provided care that was responsive to their needs. One person told us staff knew their likes and dislikes, and they were able to choose how and when they wanted to be supported. Another person said I choose "when I want to wake up and staff doesn't rush me." The registered manager told us people were at the centre of planning their care and support.

People's care plans were developed using the pre-admission needs assessment information. The care plans were personalised, easy to follow and regularly reviewed. They gave information to staff on people's background history, rising and retiring routines, medical history, physical and mental health conditions, nutrition and hydration, personal care, mobility and communication needs. For example, one person's care plan stated their bedtime routine as "have a cup of tea and watch T.V." Their mobility plan stated they were a bit unsteady on their feet and staff to encourage them to use their zimmer frame so that they could continue to be independent and safe. People's care files also had one-page profile that detailed information on their likes, dislikes, religious and cultural needs, language preferences. For example, a person's one-page profile stated they liked to smoke in the evenings before going to bed, preferred socialising in the pub having a drink and reading and watch television. This showed people's care plans fully reflected their physical, mental, emotional and social needs thereby enabling staff to provide personalised care.

People's care plans were reviewed monthly and the reviews recorded any changes in people's care, support and treatment. The changes were then communicated to staff via handover and staff meetings. Records confirmed this. This meant staff were provided with the up-to-date information to enable them to provide care that was responsive to people's needs.

Staff were trained in equality and diversity and told us they treated people as individuals and did not discriminate them on the grounds of protected characteristics under the Equality Act. The provider encouraged staff and people from diverse backgrounds including lesbian, gay, bisexual and transgender (LGBT) people to use the service. Staff comments included, "I am not here to look down on someone because of their sexuality. You look after them based on their needs", "You have to give the care they deserve. You have to think about the individual. Every human being should be treated with dignity."

There was a large board dedicated to being LGBT aware and the unseen issues that LGBT seniors face and a big emphasis on equality and pride. The deputy manager told us of various actions the provider had taken to promote their services to LGBT people and as an equal opportunities establishment. They said, "We have a [LGBT] board downstairs. Goldcare (Provider) are rolling out [LGBT] board. The residents put the board together as an activity. I expect staff to be openminded. We have daily meeting in the morning. We ask random questions about MCA and LGBT. We are going to talk about LGBT in the interview process. [We] have drafted a form for example, question to recruit senior care worker 'How would you go about supporting residents who are LGBT and how would you educate the team to promote equality and diversity?'" People's sexuality was recorded in their care plans.

People told us the home offered various group activities and organised day out trips. One person

commented that there were regular outings but said, "Would like more days out, but I know it can be hard with all of us – getting us there and back". A relative said, "They have outings from time to time which is nice". People that were independent were encouraged to go out shopping, for lunches and for walks. Group activities included bingo, quizzes, cooking / baking, singalong, karaoke, music times, shopping, movie sessions, puzzle and board games, pamper sessions, group reminiscing – going down memory lane, reminiscing, walks in park, day trips, exercises, ball games, arts and crafts, and one to one chat. Day trips included regular activity sessions organised by the local football foundation club, an ice cream in the park and trip to the zoo.

However, on the inspection day, we noticed a lack of activities. On that day, the only group session that was offered to people facilitated by a staff member was a game of bingo. We asked the management about the lack of activities. They told us they had two activities coordinators but one had recently resigned and one was on sickness absence leave. They further said that the provider had recently appointed two permanent activities coordinators and one relief coordinator which would ensure people received a more enhance programme of activities and a coordinator was always present in absences. Following the inspection, the registered manager told us that they had informed staff during a staff meeting that they must engage in activities and with activities coordinators as it was part of their role.

Each person had an activity record that detailed the summary, review of activities participated in and points of action. There was a 'choice of activities' assessment, which was to be completed in discussion with the person and where required with relatives' support. The records also included people's likes and dislikes, and past hobbies and interests.

The provider's complaints policy was in date and the procedure with contact numbers and addresses was displayed on the units. People and their relatives told us they knew how to make a complaint and were satisfied with the way they were addressed. A person commented, "If I have a problem, I speak to [registered manager], she sorts it woman to woman." Staff told us they encouraged people and their relatives to raise their concerns and make complaints. A staff member said, "We always encourage our residents [people who used the service] to say if they are not happy and can advise them on what to do if they wish to complain." Complaints records showed the details of the complaints including date, complainant's name, nature of the complaint, actions taken and learning outcomes. The provider had introduced 'grumbles' log that detailed verbal complaints and concerns, actions taken and outcomes. This was introduced to encourage people who may not feel comfortable making formal complaints. The registered manager told us this new process had enabled people to raise any grumble or concerns no matter how big or small.

People's care files had end of life and advanced care plans and 'Do Not Attempt Cardiopulmonary Resuscitate' orders, that were developed with the involvement of people, relatives and important relevant healthcare professionals. For example, one person's care file had their funeral plan in place, another person's care file had their end of life care plan that stated they would like to end their days in a hospital and not at the home. Where necessary healthcare professionals were involved and records confirmed this. The healthcare professional told us they visited the home on a weekly basis, they made referrals to hospices for symptom control where requested and told us generally there was a preference for individuals to be cared for within the home environment. This showed the provider had systems in place to support people at the end of their life to have a dignified and pain-free death.

Is the service well-led?

Our findings

At the last inspection on 12 and 15 September 2017, we found the service was not well-led. The record keeping in relation to management of the care delivery had gaps. The service lacked effective audit and monitoring systems and processes to ensure the safety and quality of the care delivery.

During this inspection we checked to determine whether the required improvements had been made. We found the service had made some improvements but they were not sufficient.

The registered provider had failed to notify CQC on one occasion about a safeguarding concern as required by law. Following the inspection, the registered provider, submitted the notification for the above incident in retrospect.

The above evidence demonstrates the registered provider was in a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The provider had processes and systems to assess, monitor and evaluate the safety and quality of the service. There were records of regular internal audits but found they did not always identify gaps that were picked up during our inspection. For example, the management carried out, internal audits and checks around infection control, health and safety, and cleaning but the checks were not always accurate and were inconsistent. There was a malodour in one person's bedroom and by their bedroom, people's bedrooms and some communal bathrooms and wet rooms had not been appropriately cleaned and there was lack of appropriate hand wash facilities. The provider did not always follow appropriate infection control practices. People's care plan audits did not identify a person who had epilepsy did not have a risk assessment and corresponding care plan informing staff on how to manage risks in relation to epilepsy. The provider had not followed the appropriate safeguarding procedure in raising an alert with the local and commissioning local authorities, and failed to notify us of the incident. This exposed people at risk of avoidable harm.

People's activities logs were mainly repetitive, staff did not accurately record whether people had participated in activities and where they had, what the outcomes were. Occasionally attempted activities were listed, but mainly stated people had refused activities. Staff did not record whether they encouraged people to try an alternative activity or interacted with them. This meant the provider did not always maintain accurate, complete and contemporaneous records of care delivery.

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

Since the last inspection the registered manager had made some development around monitoring, auditing and evaluating of accidents and incidents records, safeguarding records, people's care plans and risk assessments, and overall premises refurbishment works. We were reassured by improvements in the abovementioned areas. The registered manager kept records of staff handover meetings to ensure efficient communication. Staff felt they worked better as a team and supported each other well during emergencies.

One staff member said "The [staff] I work with are supportive of one another" and "If she [registered manager] is not available I can speak with the senior [staff]." The provider had introduced an 'employee of the month' award where people, relatives, staff and professionals cast their votes whilst considering staff's attitude, helpfulness and kindness. The staff member who won the award was presented a gift voucher by a relative and their photo taken which was then framed and displayed in the main hallways for all to see for that month. A badge and a certificate were also presented. During the inspection we observed the 'employee of the month' award ceremony, and observed a feeling of camaraderie between staff as there was lots of excitement and affection as this was presented.

People and their relatives spoke highly of the registered manager and told us the home was well-led. A person said, "You can go to [registered manager]. She is very good, excellent! She always asks if you have any problems." A relative commented, "I could not speak high enough for this home, it is like a five-star hotel, you cannot fault it. Everyone is so nice and caring, my [person who used the service] is so happy. It has been a great relief having him there." Most people and relatives told us they would recommend the home.

Staff told us the management was approachable and they felt supported. Staff comments included, "Very nice and hard working. Attentive and listens to us. Very professional", "I like her [registered manager]. Easy to talk to. Any problems I can speak to her. Very understanding. I can speak to him [deputy manager], too" and "Very good. She [registered manager] cares for people. She bends her back to help staff. The deputy manager is not bad. Very humble. [Registered manger] work together."

The service held regular staff meetings where staff could receive up to date information and share feedback and ideas. Meetings were held for general staff, senior staff, activities staff, and night staff. Topics included were medicines, training, supervision, communication, infection control, employee of the month scheme, and MCA and DoLS. One staff member told us, "Talk about anything. We listen and give feedback." Records showed the home had an emergency meeting to discuss one person who had absconded. The meeting was to reflect on the incident, how staff felt, and any lessons learnt. One staff member suggested a bracelet or chain with the person's details which had been covered in dementia training. The home had acted upon this and was in process of providing a bracelet for the person at risk of absconding.

Residents meetings were held on a regular basis to provide and seek feedback on the service. Topics recorded for the meetings included food menu ideas and feedback, activities and suggestions on improving the décor of the home.

The manager conducted daily walk rounds and 'take ten' checks where the team met at the start of the day, spent 10 minutes discussing aspects of care delivery including admissions, discharges, staffing issues, health and safety, catering and activities. The provider worked with healthcare professionals and independent auditor in improving the quality of the service. The independent auditor carried out regular audits and the management created improvement action plans based on the results of the audit.

People and their relatives were asked for their feedback on quality of care via annual surveys. The last survey was carried out in October 2017, the results were analysed and report was published along with the actions that the provider had taken following the results. 12 people sent completed surveys and the results showed they were generally happy overall with the service. However, there were areas that had been identified requiring improvement such as laundry service, activities, cleanliness of the bedrooms and upkeep of the garden. The report showed actions taken by the provider in addressing the concerns people had raised. The provider sought feedback from staff and the results of the annual employee engagement for 2017 / 2018 survey showed an average score of 72% staff were happy working with the provider.

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 18 Registration Regulations 2009 Notifications of other incidents The registered person failed to notify the Commission of any abuse or allegation of abuse in relation to a service user. Registration Regulation 18(1)(2)(b)(e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons failed to effectively operate systems to: assess, monitor and improve the quality and safety of the services provided; assess, monitor and mitigate the risks to the health, safety and welfare of service users and others, and accurately and completely maintain records in respect of each service user. Regulation 17(1)(2)(a)(b)(c)