

HC-One Limited

# Ashgrove Care Home - London

## Inspection report

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## Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Ashgrove Care Home is a care home providing personal and nursing care to 49 people aged 65 and over at the time of the inspection. The service can support up to 50 people. Care is provided over two floors. The service is managed by HC-One Limited, a national provider of nursing and care homes.

### People's experience of using this service and what we found

Medicines were not always managed safely to ensure people received their medicines as prescribed and in line with national guidance. The provider's medicines audits had failed to identify the issues we found.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People's needs were recorded in their care plans but not always met. Staff did not appear to understand fully how to meet the needs of people who displayed behaviours that may challenge others. Care records were written using terminology which was not always respectful when describing people's needs.

The provider had monitoring systems in place, but these had not been effective as they had failed to identify the issues we found during our inspection.

People told us they felt safe when receiving care. The provider had processes in place for the recording and investigation of complaints and incidents and accidents. Risk contained guidelines and plans for staff on how to minimise risks for people using the service.

There were enough staff to support people and meet their needs. Staff were recruited appropriately, and all checks were in place. Staff received an induction, training and supervision and felt supported in their roles.

The provider sought feedback from people. People and staff were confident they could raise any concerns they had with the registered manager and felt they would be listened to. We received positive feedback from people who used the service. People said staff were caring and treated them with dignity and respect.

The registered manager and senior staff were responsive to and worked in partnership with other agencies to meet people's needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 26 July 2017).

### Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

### Enforcement

We have identified breaches in relation to safe care and treatment, person centred care, need for consent and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Ashgrove Care Home - London

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector, a member of the CQC's medicines team 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.

#### Service and service type

Ashgrove Care Home – London is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since our last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with 10 people who used the service and four relatives about their experience of the care provided. We spoke with 17 members of staff including the area quality director, registered manager, the regional quality supervisor, three nurses, 10 care assistants including two agency care assistants and the chef.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We emailed four professionals who were regularly involved with the service and received feedback from all of them.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed safely. Nurses reported they had administered the flu vaccine to people who used the service although they had not received immunisation and vaccination and anaphylaxis training had not had an anaphylaxis kit on site at the time of vaccination.
- Where people were prescribed 'as required' (PRN) medicines, PRN protocols were either absent or contained conflicting information. For example, one person was prescribed a medicine to support them when they were severely agitated. Their PRN protocol stated one tablet every four hours, although the medicines administration chart (MAR) stated one tablet as a daily dose.
- Several people were prescribed a liquid antibiotic. The pharmacy label and MAR chart directed for the medicine's doses to be spaced evenly over a 24-hour period. However, we saw evidence that this was not always the case and some people received all three doses within a nine hour period.
- A person was prescribed eye drops for seven days. However, their MAR chart stated this medicine had been given for eight days before being marked as complete. Two other people were prescribed skin patches for pain control. The patch charts stated the patch as being applied frequently on the same site in a 14-day cycle even though the manufacturers stated the same site should not be used for 14 days. One of the nurses in charge was unaware of this recommendation.
- Most medicines were supplied in blister packs and others were provided in boxes. We checked a sample of boxed medicines and found the amount given did not always correspond to the signatures on the MAR charts, so we could not be sure people had received these medicines as prescribed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the safety of people who used the service was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person told us, "At night the staff always leave me with the alarm pinned to my night clothes, so I know they will come. They regularly check on me, so I don't worry."
- There was a safeguarding policy and procedures in place which was developed in line with the London Borough of Hounslow's. Staff received regular training in safeguarding adults and were aware of the whistleblowing procedure.
- The provider kept a log of all safeguarding concerns raised and notified the local authority's safeguarding team and the CQC appropriately. The provider worked with the local authority's safeguarding team to

investigate safeguarding concerns.

- On the day of our inspection, we asked the registered manager to raise a safeguarding alert in relation to the nurses vaccinating people for flu without authorisation or adequate training and equipment. They did this without delay.

#### Assessing risk, safety monitoring and management

- Where there were risks to people's health and safety, these had been assessed and reviewed regularly. Specific risk assessments and plans were available based on the individual risks that had been identified at the point of the initial assessment of people's needs. There were guidelines for staff to follow to mitigate these risks. Risk assessments included falls, continence, choking, oral health, bedrails and eating in bed
- For example, where a person was at risk of malnutrition, we saw the provider was using a malnutrition Universal Screening Tool (MUST). This recorded the person's weight and body mass index (BMI) which were checked regularly. There was also a Waterlow risk assessment in place. These consider the person's age, sex and build, medical condition and skin condition to work out a score and determine the level of risk to the person.
- We saw when people were at risk of skin deterioration, staff had taken appropriate action such as referral to specialist services. Where appropriate, people were provided with the necessary equipment, such as air mattress and cushions. People who were being cared for in bed had call bells within their reach. When it was identified a person was unable to use the call bell, there was a risk assessment in place which was reviewed regularly. This stated the risks and guidelines for staff to ensure the person was checked regularly.
- Appropriate fire checks were in place, including fire extinguishers, fire alarms and emergency lighting. The provider had an up to date fire risk assessment which had taken place in August 2019. Several issues had been identified at the time. We saw the provider had taken immediate action and issues had been resolved. People had personal emergency evacuation plans in place. These detailed important information about the person, their mobility, level of assistance, and what support they needed in the event of a fire.
- The provider undertook safety checks in all areas of the home. These included gas and electricity checks, lift and moving and handling equipment and checks for legionella. We saw there was an up to date legionella and water risk assessment in place.

#### Staffing and recruitment

- People we spoke with were happy with the staffing levels. One person told us, "I think there are enough staff. I don't use the bell because they come and check on me in the night." On the day of our inspection, there were enough staff on duty to care for and support people. We looked at the staffing rota for the months of December and January which showed that all shifts had been covered to ensure that care and support was maintained.
- The registered manager told us they rarely needed to use agency staff, although for two people receiving one to one support, this was necessary. One of these agency staff had been present six days a week from December 2019 and knew the person they supported very well, including their likes and dislikes and who their family and friends were. However, for the other person receiving one to one support, we observed that no attempt was made by the agency staff to involve the person in conversation or any kind of stimulation. We fed this back to the registered manager, who assured us they would address this.
- Recruitment practices ensured staff were suitable to support people. This included ensuring staff had the relevant previous experience and qualifications. Checks were carried out to help ensure staff were suitable before they started working for the service. This included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring criminal record checks were completed.

#### Preventing and controlling infection



- The home appeared clean despite a slight malodour in some areas of the home. However, we saw cleaning taking place throughout the day. One person told us, "My room is always clean and neat, and if you ask for anything, they will go out of their way to do it. I'm satisfied." There were hand sanitizer dispensers on every floor. Bathrooms and toilets had suitable equipment for handwashing and drying.
- Staff received infection control training. They wore suitable personal protective equipment such as gloves and aprons when attending to a person's personal care and these were disposed of appropriately.

#### Learning lessons when things go wrong

- There was an incident and accident policy and procedures in place. The provider kept a log of all the incidents and accidents which occurred at the home. These were recorded and included the date and place of the incident, who was involved, description of what happened, body map if there was any injury and who was informed.
- Where there had been a serious accident or incident, the provider undertook a root cause analysis. This looked in detail what happened immediately before the event, checked the care plan and relevant risk assessments in place, possible contributing factors, such as the person's medical condition, environmental aspect, medicines and equipment used. Following a detailed analysis, a conclusion regarding the possible cause of the accident was identified and an action plan put in place to prevent reoccurrence.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We found that the provider did not always understand the principles of the MCA and had not always followed its requirements. For example, where people were receiving their medicines covertly (without their knowledge), not all covert agreements had mental capacity assessments in place to support these specific decisions. On the day of our inspection, staff seemed unclear about the MCA and best interests process as a whole.
- We also found that no mental capacity assessments or best interests meetings had taken place in relation to people receiving the flu vaccine. As such, staff obtained consent from relatives where people lacked capacity to make this decision even if they did not have the legal authority to do so.

We found no evidence that people had been harmed however, the provider was not always working within the principles of the MCA. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, we saw staff giving people choice and consulting them about how they

wanted their support, what food or drink they wanted and what they wanted to do, and this was respected.

- The provider had applied for authorisations under DoLS when needed and had implemented any conditions in relation to these, to help ensure people received care which was personalised.

#### Adapting service, design, decoration to meet people's needs

At our last inspection, we made a recommendation because the environment did not meet the needs of the people living with dementia. At this inspection, we found that the provider had taken steps to improve this, although further improvements were required.

- All the walls were painted cream which meant that people may find it difficult to differentiate between one area and another. There was some signage on bathrooms and toilet doors. However, there were no colourful or pictorial signage for people to find their way around the building.
- There were some pictures displayed in places which provided some focal points. People's doors had memory boxes which contained objects of interests based on the person and their preferences.
- There were people living on the ground floor and on the first floor, which was accessible by lift. Each had a lounge with a kitchenette where staff could prepare drinks and snacks throughout the day.
- Bathrooms and toilets were accessible and clean. There were call bells within people's reach and suitable equipment such as handrails. The corridors were wide and well-lit and had handrails. The lounges were organised, so chairs were in groups rather than all around the room. This made the environment look more inviting and homelier and encouraged people to socialise.

#### Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service. Assessments included the person's medical needs, health status, and any risks associated with this. They also included all aspects of the person's care and support needs and how they wanted their care delivered. Needs assessed included communication, eating and drinking, breathing, skin condition, personal care, mobility and end of life decisions.

#### Staff support: induction, training, skills and experience

- People were supported by staff who had appropriate skills and experience. Staff told us they had received a good induction when they started to work for the service. This included training and working alongside other staff members. One staff member told us, "The induction was ok. We also had training like moving and handling, day to day activities, personal care etc. We had online training, like safeguarding, MCA, discrimination etc."
- New staff received an induction which included training in the principles of the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new care staff an introduction to their roles and responsibilities within a care setting.
- Staff received regular training in subjects the provider considered mandatory. This included training in safeguarding adults, medicines administration, food hygiene and infection control. Staff were also provided with training specific to the needs of the people who used the service such as person-centred care, end of life care, falls prevention and promoting healthy skin. One staff member told us, "I think the training is good. I've been on a dementia course and moving and handling is updated every three months."
- During the inspection we spoke with staff and looked at staff files to assess how they were supported within their roles. Staff told us, and we saw evidence, that they received regular supervision from their line manager. They told us this provided an opportunity to address any issues and to feedback on good practice and areas requiring improvement.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed their meals and were given choice. One person stated, "If I don't like the meal, I would ask for, say, an omelette, and the chef will cook one for me." People were consulted about the food they wanted to eat, and menus showed a varied choice. However, although the menus were displayed, they were not pictorial and were typed in small font, which meant that people who used the service were unlikely to be able to read these, or even notice them. We raised this with the registered manager at the end of our inspection.
- People's nutritional needs were recorded and met. We observed breakfast and lunch on both floors and saw staff supported people in a respectful way and consulted them about the food they wanted to eat. We saw staff supporting people who needed help with eating in a patient way, chatting to them, and explaining what they were doing. Staff gave people choice. One staff member said to a person, "Let me help you with this (wiping their mouth), then asked the person if they wanted tea or coffee, adding, "You like your coffee don't you."
- Another staff member asked a person if they wanted toast, and when they said they did, they were asked if they wanted white or brown bread. Staff checked on people constantly, asking if they wanted more food, or drinks and validating their choice. There was soft music playing and the atmosphere was calm and pleasant.
- Care plans contained details about people's nutritional needs, including if they had swallowing difficulties or any dietary needs. For example, one person required a special curved spoon to eat their meals. The kitchen staff were aware of people's nutritional needs and adapted their meals to meet these needs. For example, people living with diabetes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare professionals where needed. For example, a person who was at risk of malnutrition had been referred to a dietician. Healthcare professionals recorded details of their visits in the person's care plan.
- The GP visited regularly, and people had access to a range of healthcare professionals such as the dentist, chiropodist and district nurse. One person told us, "I can see a doctor but I'm all right" and another stated, "I have my hair done and I see a chiropodist."
- External professionals told us they worked in partnership with the management and staff at the home and were happy with the standards of care. Their comments included, "I have always found the nursing staff/management to take on board and action what was agreed at the time of reviews", "I have not had any reason to be concerned regarding the care provided by them" and "We have been very happy with the care provided. They seem to look at people as individuals and tailor their care to them. We like working with this home."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff treated them with respect and were kind and caring. Their comments included, "I'm happy here they're very nice people. Very caring" and "I've got lovely nurses. I've got very nice people." A relative agreed and said, "Staff are very pleasant and approachable."
- The provider had an equality and diversity policy in place which included details about how to support people from the lesbian, gay, bisexual and transsexual (LGBT+) community. The registered manager told us they used to support a person from this community and met their needs. The person was no longer using the service.
- People's cultural and religious needs were recorded in their care plan. For example, one person liked staff to read the bible to them, and they were visited by representatives of their chosen church every week. People were consulted in relation to their preferred care staff gender. This was recorded in their care plan.
- Staff spoke about the people they supported in a kind and respectful way. One staff member told us, "The residents are the most important people. We come here for them." Throughout the day, we observed staff speaking with people kindly, making eye contact. One staff member said to a person, "I like to see you smile. It makes me happy to see you happy."

Supporting people to express their views and be involved in making decisions about their care

- People's views were obtained through regular meetings, one to one conversation and quality surveys. Many staff members had worked at the service for a long time and knew people and their individual needs well. The registered manager told us, "My passion is when I make the residents smile. For me, every time a person comes to Ashgrove and say they are happy, I say well done to the staff. It's a vocation."

Respecting and promoting people's privacy, dignity and independence

- People's choices and wishes were recorded in their care plans and respected. People and relatives told us the care workers knew their individual needs and met these.
- Staff we spoke with demonstrated they cared for people and valued and respected them. We observed staff supporting people with personal needs in a discreet and calm manner. One staff member told us, "If you're going to give personal care, you have to close the door. We ask them if it's ok for us to do their personal care."

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were recorded in their care plans but not always met. A number of people were prescribed medicines to manage behaviours which could be seen as challenging. We asked staff how they supported people when they were distressed or displayed behaviours that challenged others, such as individual support plans or strategies but they could not explain this.
- Some people had 'Stress and distress' care and support plans. The aim for these was to reduce the person's stress or distress, and ultimately reduce behaviour that challenged. However, terminology in these did not evidence that staff understood how to support people and meet their needs. For example, a person was said to be 'aggressive', and another record stated a person 'suffers with dementia'.
- A person's condition meant they sometimes displayed behaviours that could be seen as challenging to others. Staff used Antecedent Behaviour Consequence (ABC) forms. We saw these were not always completed appropriately. For example, where a person's ABC chart stated the person was swearing and shouting, the action taken and evaluation stated, "Told her not to shout." Similarly, for another person, the action taken stated, "Told her to calm down." There was no indication that staff tried to understand why a person displayed these behaviours and how to meet their needs.
- Records indicated care and support were not always person-centred. For example, there was a 'bath and shower list' listing when each person was to be bathed or showered, rather than each person being supported with bathing or showering when they chose this.

We found no evidence that people had been harmed, however the support people received did not always meet their care needs. This placed people at risk of harm. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, we found that care plans were clear and detailed. They stated the person's preferences and views and how staff should meet these in a range of areas such as personal care, eating and drinking, safe environment, continence and medicines. Care plans were reviewed monthly or more often if the person's needs changed. Staff completed daily records of people's care at the end of each shift. We saw these were written respectfully and stated tasks completed as well and the social and wellbeing of the person.
- People's care plans contained 'transfer forms'. These were documents which contained important information for staff about the person in the event of a hospital admission, for example, their health condition, prescribed medicines, allergy status and important contacts.

- Care plans contained a 'resident profile'. This stated the person's preferred name, important information about their lives, communication needs and personal care needs. It also stated any allergy status, and a recent photograph of the person.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication care plans in place. These stated the person's preferred ways of communication and how staff should meet these. For example, one person needed 'Encouragement to verbalise their needs'.
- Some people who had hearing difficulty were provided with hearing aids and were supported to attend relevant appointments.
- When possible, people were paired up with staff who spoke the same language. For example, one of the care workers spoke in Punjabi with a person for whom this was their first language. This helped the person to communicate their needs effectively. Another person for whom English was not their first language was being supported with relevant words written in their language for staff to communicate effectively with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a large activity plan displayed in the entrance of the home. However, we did not see activity plans displayed in areas where people could see these. We discussed this with the registered manager who told us they would address this.
- People were supported to take part in activities. People's interests were recorded in their care plans. On the day of our inspection, we saw staff organising a sing along, encouraging people to clap, sing and dance. The atmosphere was joyful, and people appeared to enjoy this activity. People were consulted regarding what songs they wanted playing. Later, staff organised a bingo session which people appeared to enjoy and engage in.
- The provider employed two wellbeing coordinators who organised regular activities such as bingo, reminiscence, exercises and art. They also invited entertainers periodically to provide live music.
- People were supported to maintain relationships with their friends and families. Relatives we spoke with told us they could visit at any time and were always made to feel welcome. On the day of our inspection, a wellbeing coordinator was sitting with a person assisting them with writing a letter to a family member.

#### Improving care quality in response to complaints or concerns

- There was a complaints policy and procedures in place. The provider kept a log of all complaints they received. We saw evidence they took each complaint seriously and responded to the complainant in a timely manner. All complaints were investigated thoroughly and in line with the provider's policy.

#### End of life care and support

- Most of the people who used the service had end of life care plans. People's care plans contained end of life decisions, such as any wishes they may have when they reached that stage, and their cultural and religious requirements. One person's wish was to have a priest to administer the last rites.
- Staff receive training in end of life care. The registered manager told us they had good communication with families and the Macmillan nurses who also helped with the training of staff.
- Where appropriate, people had Do Not Attempt Resuscitation (DNARs) in place. These were completed

appropriately and signed by the relevant people, such as the GP.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider has systems in place for monitoring the quality of the service. The provider conducted regular audits, but these had not always been effective. For example, medicines audits had failed to identify the issues we found. Care plans were reviewed but had failed to identify the issues about people's behaviour charts and terminology which was not person-centred. The provider's audits had also failed to identify that staff were not always working within the principles of the MCA. Consequently, they were unaware of the shortfalls and did not have plans in place to make the required improvements.

The provider did not have effective arrangements to assess, monitor and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, the registered manager conducted out of hours visits to the home to ensure people's care was as expected when they were absent. We saw the visits were recorded and showed a good and consistent standard of care.
- The provider kept a log of all compliments they received from people, relatives and members of the public. We viewed a range of these which included, "All the staff at the home care for [family member] brilliantly", "The home is a very good place. The carers look after the residents with care and dignity" and "Each resident is treated as an individual."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were complimentary about the staff team and the registered manager. They told us the management team were visible and approachable.
- Staff told us they felt supported and listened to by the registered manager. Their comments included, "I like working here because the manager is good to all the staff here. When I wake up in the morning, I am happy to go to work", "In my opinion, it is a good home and is well-led. The seniors and management are very good. My colleagues also help. Teamwork is good here" and "The manager is good and supports us. If something goes wrong [they] inform us."
- The registered manager had been in post since 2012. They were supported by a deputy manager, a team

of qualified nurses and care workers. They told us they were well supported by their senior managers and communication was good.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was transparent and told us they understood how important it was to be honest and open when mistakes are made, or incidents happen. They told us they ensured they shared this information as necessary and apologised. They said, "The duty of candour is when we need to let the local authority and CQC know straight away, lessons learnt. It should not be repeated otherwise we are failing the best care to the residents." Documents we viewed confirmed this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were consulted via yearly quality surveys. Based on their feedback, the provider conducted an analysis and action plan to improve areas of concerns. For example, where some people had highlighted some concerns about the cleanliness of the home, the provider had tightened up their cleaning processes. On the day of our inspection, we found the home to be clean although there was still a slight malodour.
- There were regular 'residents and relatives' meetings. Subjects discussed included, recruitment, future home improvement plans, outcome of surveys, planned events and comments and suggestions.
- There were regular staff meetings and staff were expected to attend. Minutes were distributed to all staff and they were asked to sign to evidence they had read these and understood their content. Staff meetings included discussions about keyworking, training, teamwork and support, people who used the service and dignity and respect.

Continuous learning and improving care

- The registered manager kept abreast of developments within the social care sector and was always striving to improve their knowledge and skills. They held a level five diploma in health and social care.
- The registered manager had attended 'My home life leadership programme for care homes'. This was a programme developed by the NHS North West London Clinical Commissioning Groups in collaboration with local authorities to provide leadership support to care home managers.

Working in partnership with others

- The registered manager liaised with other managers and attended regular meetings where they shared important information in relation to developments within the social care sector. They told us, "We discuss what we can learn from each other, pick up good practice. We pick up and feedback some of our practices from our homes. I have also done the homelife training for managers."
- The registered manager had developed good working relationships with healthcare and social care professionals involved in the service. They told us, "I have a good relationship with the commissioners. I also have a good relationship with the tissue viability nurse. We work well together. Also, the speech and language therapist. They give advice."
- Healthcare and social care professionals told us they worked well with the registered manager and staff. Their comments included, "I found the care and records were good. The staff had a good understanding of a particular resident whose needs were quite high. No issues or concerns at time of review" and "We have always found the manager to be very responsive, quick to undertake assessment and facilitate admission."

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The registered person did not ensure the care and treatment of service users was appropriate, met with their needs and reflected their preferences.  Regulation 9 (1) (b) (c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The registered person did not act in accordance with the Mental Capacity Act 2005 as they did not ensure service users' mental capacity was assessed and recorded where they were unable to give consent.  Regulation 11 (1) (3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered person did not ensure the proper and safe management of medicines.  Regulation 12 (1) (2) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

Treatment of disease, disorder or injury

The registered person did not have effective arrangements to assess, monitor and improve the quality of the service.

Regulation 17 (1)(2) (a)