

Ash Court Community Limited

Ash Court Care Centre - Camden

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

Ash Court Care Centre – Camden is a care home providing personal and nursing care for up to 62 people aged 65 and over. The accommodation is on three floors, with communal areas located on each floor and a patio garden on the ground floor. There were 60 people living in the home at the time of our visit.

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

People were not always protected from harm. Medicines were not managed safely. People had not always received their medicines, and safeguarding concerns associated with the lack of medicines were not identified by the service. Aspects of infection control and cleanliness of the environment needed to improve.

Care staff had not always received sufficient training on specific health conditions and clinical tasks. The service's decoration and adaptation did not support the needs of people with dementia and orientation difficulties. Some outside areas of the service were not maintained to ensure they were pleasant and safe for those who used it.

Aspects of the management and leadership of the service needed to improve. There were gaps in the managerial oversight of the service provision. Some managerial and staff roles and expectations, and accountability related to these roles, were not always clear. Not all regulatory requirements had been met. This had impacted the safety and the quality of the service provided.

Some aspects of formal care planning needed to improve. This was to ensure that people's voice was reflected and information about people's history and end of life wishes were included in their care plans and personalised.

Risks related to people's health and care needs had been assessed and reviewed. Regular checks of care equipment and fire safety had been carried out. Staff were recruited safely, and systems were in place to make sure there were enough staff on duty each shift to meet people's needs.

Staff received induction and training that the provider considered mandatory. Staff received supervisions and yearly appraisal. They felt supported by nurses and managers.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's health and care needs had been assessed before they moved in to the service. Staff knew people's needs well and people were happy with the care received. People were supported to eat and drink enough to maintain a balanced diet. Food provided met people's dietary needs and cultural and personal

preferences. Staff supported people to have access to external health professionals to ensure people's health needs were met.

There was a welcoming and positive culture in the service. Staff and managers received consistently positive feedback from people, their relatives and external professionals. They thought staff were welcoming, kind and very considerate. People felt safe and comfortable with staff who supported them. Staff interactions with people were caring and attentive to their needs. People were encouraged to make decision about their everyday care and their dignity was protected. Equality and diversity amongst people living at the service had been considered. People were supported to maintain relationships with those who were important to them.

Relatives felt the management team were approachable and always willing to help. People and relatives were encouraged to provide feedback about the service they received. Staff enjoyed positive team work. Staff said they were well informed about people's current needs and changes and developments within the service. The service worked in partnership with others to ensure people received care they wanted and needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was good (10 March 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement: At this inspection we have found evidence that the provider needs to make improvements. We have identified breaches in relation to safe care and treatment, safeguarding, premises and equipment, training, submitting statutory notifications and good governance at this inspection. We have made two recommendations related to person centred care planning and end of life support. Please see the safe, effective, responsive and well led domain sections of this full report.

We issued the warning notice about the Regulation 12 (Safe care and treatment). You can see what action we have asked the provider to take at the end 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. Full information about Care Quality Commission's (CQC) regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ash Court Care Centre on our website at www.cqc.org.uk.

Follow up: We will request an action plan from 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 ●

Ash Court Care Centre - Camden

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

This inspection was carried out by two inspectors a specialist advisor in medicines 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

Ash Court Care Centre 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.

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. The registered manager was on annual leave during our visit.

Notice of inspection: This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with 10 people who used the service and five relatives about their experience of the care provided. We spoke with 15 members of staff including the deputy manager, the home administrator, one team leader, four nurses, one senior health care assistant, three health care assistants, two members of the housekeeping team, a maintenance man and the chef. 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 reviewed a range of records. This included nine people's care records and multiple medication records. We looked at six 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.

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

- The service had not maintained the proper and safe management of medicines. People had not always received their medicines as intended by a prescriber. During our visit we reviewed medicines records for 22 people and we saw issues with how medicines were managed in all of them.
- Medicines were not always administered safely. There was a risk of an error and of incorrect medicines being administered to people. We observed a nurse administering medicines without checking the label information against the medicines administration records (MARs). This meant the nurse did not ensure that the right medicine was given to the right person, which risked the person being harmed.
- Covert medicines (given without the knowledge or consent of the person receiving them) were not always administered safely. We saw a nursing staff administering covert medicine, mixed with food, leaving it with care staff and then recording it as administered. Because they did not see the person eat the food, they could not be certain that the medicine had been fully consumed, and therefore administered. There was a risk related to the person not receiving the correct dosage of their medicine. In another example, nursing staff had been administering a medicine covertly to a person. This medicine was not listed as permitted to be given to this person covertly. This meant, nursing staff did not have the permission to give it to the person without their knowledge.
- Care staff were not fully trained to perform some medicines administration tasks. Nursing staff had delegated tasks such as insulin injections (medicine that helps prevent people's blood sugar becoming too high or low) to a member of the care staff. However, there was no formal pathway for delegation, training or competency assessments for care staff to conduct this task. Consequently, people were of risk of being harmed related to insulin being administered by unqualified and unskilled staff.
- Hand written MARs were not recorded safely. These were signed by one nurse only on completion and were not double checked by another nursing staff to minimise the risk of errors. This meant the provider could not be assured that information about medicines on these handwritten MARs was correct.
- Records related to medicines were not always stored safely and in line with current national guidelines. People were at risk of harm from receiving medicine that was not effective. Packs of insulin were stored against an iced-up area of the fridge. There was a risk that insulin would freeze or be stored in too low temperature reducing its effectiveness to lower people's blood sugar.
- Medicines were not always labelled correctly. One person's medicine was stored in a box belonging to a different medicine. We checked both medicines and we noted, none had been administered by mistake. Another person's medicine was not labelled at all to inform nursing staff on how to administer the medicine and confirm who it was prescribed for. This put this person at risk of harm by not receiving their medicines as intended by a prescriber.
- Confidentiality around what medicines people were receiving was not always maintained. We observed

MAR charts being left unattended on the locked medicines trollies in the communal areas. Medicines prescriptions were stored on an open access nurses' desk. There was a risk these documents would be accessed by unauthorised individuals, and not meet data protection legislation

- There were issues around ordering and checking in of medicines. The deputy manager told us they met with the pharmacy two months prior to our inspection to discuss ongoing issues related to medicines supply and availability. On the day of our inspection we saw that no effective corrective action had been taken to ensure people always had their prescribed medicines.
- On the day on our inspection we identified that 10 out of 22 people whose medicines records we reviewed had missing prescribed medicines. For example, one person was prescribed time specific medicine, to treat Parkinson's (a long-term medical condition) It was out of stock from 26 August until the morning of the 29th August 2019. Another person was prescribed an anticoagulant medicine that helps prevent the formation of blood clots. This medicine was out of stock for six days between 29 August and 3 September 2019. Both people were put at serious risk of being harmed due to not receiving their medicines.
- We identified issues around medicines stock counts and recording discrepancies. Based on the evidence seen it was not clear if people missed doses of their medicines, if they overdosed or if this was a recording error. For example, the expected balance of one medicine for one person was 120 tablets, however we saw only 74 were in stock. Another person should have 39 tablets of one of their medicines and seen balance was 48.
- We saw internal audits had been ineffective in identifying and managing the issues found on the day of the inspection. The last medicines audit by the registered manager had been completed on 5 August 2019 on the 8th day of the cycle and scored at 98.5%. We cross referenced our inspection findings with the finding of this audit and we saw that issues highlighted during the inspection had not been identified during the managerial audit.

We found no evidence that people had been harmed. However, systems relating to management of medicines were not robust enough to demonstrate people were fully protected from unsafe use of medicines. 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.

- We saw controlled drugs (CD) were managed safely. They were stored correctly and regularly audited to ensure the amount of CD in stock and given matched.
- When people received PRN (when required) medicines, there were appropriate PRN protocols in place to inform staff how and when these medicines should be administered.
- When people had any medicines allergies this had been recorded on their MAR charts.

Preventing and controlling infection

- Aspects of infection and hygiene control needed to improve. Temperatures in the small fridges in the communal areas had not been checked. This meant the provider could not be assured that these fridges were working correctly, and the food was stored at temperatures which limit the growth of harmful bacteria. Food kept in these fridges was not stored as required by best food hygiene practice. For example, we saw food that was out of date and it was not always marked with the day it was put in the fridge. Cleaning of these fridges had not been incorporated in the service's cleaning schedules. Consequently, there was a risk to people, their relatives and staff that items in the fridge could be contaminated with harmful bacteria.

We found no evidence that people had been harmed however, systems were not in place to demonstrate safety related to food hygiene in small fridges was considered and managed. This placed people at risk of harm. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Before the end of inspection, the home administrator provided us with evidence that thermometers for small fridges in the communal areas had been purchased. The deputy manager assured us that cleaning of the fridges would be incorporated in the service's cleaning schedule.
- We noted records of cleanliness and safety checks of people's bedrooms were not always completed to show that cleaning took place. We discussed this with the deputy manager and members of the housekeeping team. They all confirmed the cleaning took place daily. They assured us that relevant cleaning checks records would be completed regularly to reflect this. Overall the service was clean, and there was no unpleasant smell. We observed housekeeping staff were cleaning the service throughout the day to ensure the cleanliness was maintained. Family members were happy with the cleanliness in the service. Two relatives told us, "The place is clean and bright."
- The main kitchen at the service was clean and appropriate checks, including fridges temperatures, and hot food temperatures prior to it being served had been completed.
- Staff received training in infection control. Staff, including housekeeping and care staff knew how to protect people and themselves from spread of infection, for example use gloves and aprons when providing care.
- Protective clothing, including disposable gloves and aprons, were available to staff. Staff used these when carrying out tasks that included assisting people with personal care and meals. Hand cleanser dispensers were accessible to staff and visitors.

Systems and processes to safeguard people from the risk of abuse

- People were not always fully safeguarded from the risk of harm. People were not receiving their medication for prolonged periods of time and staff and management knew about it. However, no effective action had been taken to ensure people received their medicines as required.
- We saw that no medicine incidents had been recorded in July, August or September 2019. No safeguarding alerts had been made to the local authority and the CQC. This suggested staff and the managers had not considered the safeguarding aspects associated with people not receiving their prescribed medicines.

The lack of robust safeguarding systems in place put people at risk of possible harm and abuse from others. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People using the service and their relatives told us people were safe with staff who supported them. One person told us, "[I feel] Absolutely safe." A relative said, "Absolutely safe, best thing that has ever happened, my [relative] coming here."
- Staff were knowledgeable about types of abuse. They knew that they needed to report any suspected abuse and/or discrimination to the registered manager, and if necessary the police and CQC. However, some staff needed prompting before they told us that all suspected abuse needed to be reported to the host local authority safeguarding team. We discussed this with members of the management team and they told us they would provide staff with appropriate information.
- The registered manager had taken prompt action when safeguarding concerns had been raised within the service or by external visitors and professionals. The management team had worked together with the local authority to investigate concerns and to ensure people were safe. However, the registered manager had not informed CQC promptly about all safeguarding issues which they should have reported to comply with the law. We are looking into this further.

Assessing risk, safety monitoring and management

- Risks to people's safety, health and well-being were assessed and reviewed regularly. Risk assessments

included risks of falls, use of bedrails, choking and risks associated with moving and handling. They included details of the least restrictive risk management plans to minimise the risk of people and staff being harmed.

- Staff were knowledgeable about the risks to people's safety. They knew how to manage risks associated with people's care. People were supported by staff in a safe way during the inspection. For example, a member of staff ensured they closely monitored a person whilst the person used their walking frame.
- Call bells were in reach of people and we observed they were answered promptly during the inspection. A person told us, "You ring the bell and they come, I can reach it."
- Health and safety checks had been carried out. These included care equipment checks, such as, mattress, bedrails, hoists, and wheelchairs. Other checks including gas, electrical insulation and lift checks had also been done and were up to date.
- There were regular fire safety checks that included fire tests and fire drills. An emergency evacuation plan was in place to ensure people could be evacuated safely in case of fire.
- We noted, not all electrical appliances had been checked to ensure they were safe to use. We discussed this with the deputy manager. An immediate action was taken to address it. The maintenance worker had completed all outstanding electrical appliances checks before the end of our visit.

Staffing and recruitment

- There were sufficient staff numbers to support people. The staffing level at the home was allocated depending on the current number and the level of needs of people who used the service. The deputy manager told us, and staff confirmed, staffing level could be increased if people needs changed. People said staff had time to support them. One person told us, "They take their time and are very good."
- Staff told us they generally worked on the same floor. Therefore, they knew people well and were familiar with their needs. A family member said, "The staff know [my relative's] needs."
- The recruitment procedure was safe, and people were supported by suitable staff. Appropriate checks such as, enhanced criminal checks and full employment history had been completed. Where applicable qualifications and registration with professional body had been verified. Regular audits were in place to ensure staff records were up to date and their professional registrations remained valid.

Learning lessons when things go wrong

- There was a process for reporting and recording of accidents and incidents and staff knew about it. Records showed that recorded accidents and incident had been responded to appropriately and action taken to reduce the risk of reoccurrence.
- Management staff told us that any lessons learnt from incidents were always shared with staff and improvements made when needed.

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.

Staff support: induction, training, skills and experience

- Aspects of training for care staff needed to improve. Care staff had not always received training on some conditions or specific medical needs of people at the service. This included topics on working with, brain injuries or Parkinson's disease. Members of the care staff team told us they would benefit from additional training and learning on topics mentioned above.
- A member of the care staff administered insulin to people. This is a clinical task. It required specific training which was beyond standard medicines administration training received by care staff. There was no evidence to show that staff had received appropriate training and that their competences in insulin administration had been checked.

We found no evidence that people had been harmed however, staff were not provided with sufficient training to support them to carry out their roles effectively. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives thought staff were knowledgeable about their duties. One person told us, "Yes, they are very good no complaints." A relative said, "All the carers are on the ball."
- New staff received induction that included mandatory training and introduction to the service. New employees were also accompanied by more experienced colleagues who supported them in completing required care tasks. Staff told us the induction was useful.
- All staff received yearly mandatory training that covered a range of areas. These included infection control, medicines administration and competences, safeguarding, moving and handling, basic life support, recognising deterioration of health in residents, the Mental Capacity Act 2005 (MCA), tracheostomy and others. Training provided was in line with The Care Certificate. The Care Certificate includes a set of standards that staff should abide by in their daily working life when providing care and support to people.
- Staff told us they received the support they needed from nurses and managers. Staff received one to one supervisions and appraisals of their performance. They also attended handovers, team meetings and said they felt comfortable speaking up. They all said there was good team work. Staff spoke of enjoying their work. One staff member said, "I love what I am doing."
- We cross-referenced a supervision matrix with individual supervision records. We saw these did not match, suggesting there were less supervision meetings than indicated on the matrix. We discussed this with the deputy manager who said they would ensure records are updated to reflect the number and the frequency of supervisions correctly.

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

- Aspects of the service's decoration and adaptation required improvement to better meet needs of people living with dementia or orientation difficulties. There was a lack of clear signage and other features (for example pictorial menus displayed on tables during meals) that could promote people's well-being, orientation and be more suitable for people living with dementia.
- The small patio surrounding the outside of the building was untidy and cluttered. We saw old equipment and building materials were stored there. These could be seen from people's windows and made the environment outside look messy and not attractive to people. We saw that people, visitors and staff spent time there. However, the area was not kept tidy to ensure it was pleasant and safe to be in. We highlighted this to the management team during our visit. Corrective action was taken to ensure the area outside was free of clutter. The operations manager also told us there were plans to make further improvements to the environment, including the internal décor and the garden.
- People were provided with the equipment they needed to walk or move about within and outside of the home. We saw people use wheelchairs and walking frames. People could move freely between the floors and go outside if they wished to.

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

- People enjoyed food provided at the service and felt supported during meals. One person said, "The food is excellent and good selection" and "The food is pretty good. Yes, there is a choice."
- There was a four-weekly menu which had been co-created with people and their relatives. The options included meat, fish and vegetarian options and a range of juices and water. People were asked about their food preferences daily. Other options were available if people's preference differed from the one on the set menu.
- The atmosphere during meals was peaceful and relaxed. People could choose if they wanted to eat in the dining room or in their own room. There was enough staff to support people. People did not need to wait long for their meals and they received the support they required.
- People's nutritional needs were assessed and monitored. People at risk of malnutrition were identified and provided with the support they needed with their dietary needs. Referrals were made to dieticians and speech and language therapists when required. Staff knew people's dietary requirements well and meals were served in line with these requirements.
- People's weight was monitored regularly. People's care plans guided staff on how often people should be weighed but not what action needed to be taken when people's weight significantly changed. We discussed the lack of clear guidelines for staff in care plans with members of the management team. They assured us care plans would be amended to include this information.

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

- People's needs had been assessed before they moved in to the service. The preadmission assessment was personalised and included discussion about people's medical, physical, mental and emotional needs.
- The service implemented an online care planning system. The system allowed any changes to people's needs and preferences to be reflected immediately in their care plans and individual daily routines. Staff were informed about changes without delay. Staff recorded care provided to people promptly. They told us by using the system they could concentrate more on being with people rather than completing paperwork.

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

- People and relatives thought staff looked after people's health well and ensured external professionals were notified when people's health needs changed. One person told us, "Yes, they do [call a doctor]. They saw my health deteriorated and have saved my life." A family member said, "I think all the medical issues are

well looked after here."

- People's healthcare and support needs were regularly reviewed, and any changes were recorded in their care records and reported to those involved in their care.
- People were referred to healthcare professionals such as speech and language therapists, tissue viability nurses and dietitians when needed. A GP visited the service weekly.
- Records showed that the service had regular and responsive contact with community healthcare and social care professionals about people's needs. Staff worked with them to ensure people were provided with the care and treatment they needed.

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.

- Staff completed training to help them understand the principles of the MCA. Staff told us they always asked for people's agreement before supporting them with personal care and other tasks. All people we spoke with confirmed this was the case.
- Care support plans included information about people's capacity, their mental state and communication needs.
- Referrals had been made to the Local Authority where people were being deprived of their liberty to ensure this was done lawfully and in the least restrictive way. DoLS were in place for people who needed them to keep them safe. We saw evidence of best interest decision made about DoLS applications, methods of restriction and preferred place to live and care and treatment.

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

- The feedback from people and relatives about care received at the service was consistently positive. People and relatives thought staff were very understanding and considerate. They said they were happy living at the service and they always felt safe and comfortable with staff who supported them. Some comments included, "Staff are very kind and caring" and "Oh yes, they couldn't be better, and they are lovely." Relatives told us, "Best thing that has ever happened, my [relative] coming here" and "From my point of view the care is excellent."
- We observed people being content and comfortable throughout the day. Staff were attentive, and people did not wait long for staff to attend them when needed. We saw positive engagement between people using the service and staff. The atmosphere at the home was friendly and relaxed.
- Staff knew people well and they had a good understanding of the importance of respecting diversity amongst people and their human rights. One staff member told us, "People have the right to do what they want to do, we cannot tell them."
- We noted that staff had a lot of knowledge about people and it was not always reflected in people's care plans. These included some information about people's religion and sexuality. There was a mention about people's cultural and religious dietary needs.
- Equality and diversity amongst people living at the service had been considered. People and staff spoke a range of languages. Food offered to people was in line with their cultural, religious or personal requirements. Representatives of religious faiths regularly visited the service to fulfil people's spiritual needs. Staff wore rainbow badges to show their unity with an LGBT+ (Lesbian, Gay, Bisexual, Transgender/Transsexual plus) community.

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

- People told us they made day to day choices and decisions about their care. A person told us they made decisions about what they wanted to eat, drink, do and wear and these were respected by staff. Staff offered people choices during the inspection.
- People were asked to provide feedback about care they received. Individual survey questions and the survey report showed that people were satisfied with the support they received. Some of the comments included, "You [staff] are all terrific" and "I feel staff are very friendly, helpful, professional and approachable." Outcomes of the survey showed that all relatives and most people felt involved in planning people's care.

Respecting and promoting people's privacy, dignity and independence

- Staff were considerate and respectful of people's privacy. During the inspection, staff were attentive to people's needs and supported them in a manner that maintained their privacy and dignity. Personal care was provided in the privacy of people's rooms. When going to people's rooms, staff always knocked and waited for people's permission to enter the room.
- People's independence was encouraged. People had the equipment they needed to help them be independently mobile. People were seen using walking frames and wheelchairs. People's care plans included details about their abilities and the activities that they could do independently or with minimal assistance.
- Staff understood the importance of encouraging people's independence. One staff member told us, "I give people more time, so they can do things on their own. I try to encourage them to do activities, get up and do things that make them happy."
- People had the choice of spending time on their own in their bedroom or with other people in the lounge.

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 and relatives spoke highly about the support provided by staff. They thought staff knew people and their needs very well. However, staff knowledge about people, their lives and personal preferences had not been reflected in their individual care plans. Consequently, if staff changed, for example left the employment, important information about people could be lost.
- People told us they were involved in decisions about their day to day care. However, the care plans did not reflect people's voice and didn't include information to show that they had been asked about their care during reviews. Care plan records were not always personalised as they lacked information about people's personal lives. Areas in people's care plans, for example, life history, what people admire about me, my working life, childhood memories were not always completed. We discussed this with members of the management team who assured us care plans would be updated to include this information.

We recommend that the provider seeks further training and guidance on person centred care planning.

- We noted that people's care plans had a detailed information and guidance for staff on how to provide safe and effective care to people. Staff told us they referred to people's care plans often and they felt well informed about people's care needs and requirements. Regular reviews of people's needs took place so that staff knew how to meet them.
- Staff were kept informed about people's changing needs. There was a handover at the start of each shift. Night and day staff exchanged information about any issues and changes to people's care. They visited each person in their room to check how they were. We saw the handover was carried out in a caring way with respect to people's privacy. Nursing and care staff communicated about people's needs throughout each shift.
- Each person had a named nurse responsible for updating of their care plan. When possible the named nurse and people were match based on their shared interests. The named nurse and a keyworker (assigned care staff) was also responsible for ensuring people's basic care needs were met. This included having their room clean and tidy, having toiletries and visiting the community when possible. The named nurse had communicated with family members when needed.

End of life care and support

- People did not always have advanced care plans in place. An advanced care plan is a document which details people's treatment and care wishes towards the end of their life. The aim of this document is to provide people with reassurance that they will be cared for in the way they would prefer if they become unable to make decisions or communicate their wishes.

- We noted care plans detailed little information about end of life needs and wishes and did not reflect staff knowledge around it. We discussed this with the management team, who assured us care plans would be amended to reflect this information and that advance care plans be in place.

We recommend that the provider seeks further training on how to gather information on people's end of life wishes and preferences.

- Staff received end of life training. They understood the principles of supporting people and their families at the end of people's life.
- DNAR (do not attempt resuscitation) forms were in place. This information had been reflected in people's care plans.
- Referrals to palliative care team had been made when required.

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's communication needs were detailed in their care plans. Care plans included details of people's sensory needs and guidance for staff to follow to meet these needs. For example, details about a person's needs regarding wearing glasses or the language spoken by them.
- Staff used a variety of techniques to communicate with people. A care worker told us they showed people a choice of clothes to support people to understand and make a choice. They also said that they used signs sometimes to help communicate with people. Staff also told us pictures were used to communicate with people when people were unable to read. However, we did not observe this during the inspection and we saw that care plans and menus were in a written form which meant people who could not read would not be able to understand them without others support. We fed this back to the management team and they were responsive to our feedback.

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 were activities available at the service and people could participate if they wished to. Activities included cake decorating, reminiscence, film, shopping, arts and crafts and domino games. At the time of our visit we did not see many activities taking place. However, people and relatives confirmed these were happening. Some people told us they did not want to participate in activities and that staff were respectful of that.
- Staff told us, and relatives confirmed, that when possible they would accompany people to the community to enjoy a walk or visit local coffee shops and restaurants.
- Staff supported people to maintain relationships that were important to them. Relatives could visit at any time and they said they were always welcomed. One family member told us how the service supported their relative in attending an important family gathering. They said, "The manager helped me to organise it, I was not worried, and we had a great time."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. It had been displayed and available for people to see on each floor of the service.
- Most people and relatives we spoke with said they never had to complain about the service. Those who did make a complaint said it was dealt with promptly and well. One relative said, "I think (the) manager is

really good. He takes action."

- We saw that received complaints had been recorded. We noted prompt action had been taken to address them.
- Staff told us when people or relatives had any complaints staff attempted to address issues straight away. At times staff referred people and their relatives to the management team. People and relatives confirmed the management team were always available to deal with issues arising. One relative said, "I have very easy access to the management team. They always have time for me to discuss any issues."

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; Continuous learning and improving care

- The registered manager had not always submitted statutory notifications to the Care Quality Commission promptly and as required by the law. These included safeguarding events such as people's medicines not being available for people and allegations of poor care provided by the service.

Systems related to ensuring statutory notifications had been submitted were not robust enough to ensure this had been done as required by the law. This placed people at risk of harm. This was a breach of regulation 18 (Notification of other incidents) Care Quality Commission (Registration) Regulations 2009.

- These events had been discussed during the inspection and notifications were submitted immediately after the inspection.
- Confidentiality of people's and staff records had not always been maintained. There was a risk these would be accessed by unauthorised individuals. Some records related to people's care were stored in unlocked cabinets or on nurses' desks across the floors. Staff supervision and appraisal records were stored on a shelf in the manager's office.
- There was a range of managerial audits in place, however these had not always been effective. They had not identified issues highlighted by us during the inspection, for example, those related to medicines management, health and safety checks and confidentiality of records.
- The deputy manager carried out tasks which were outside of their role and some staff carried out tasks which were outside of their role and the skill set. There was a lack of clarity around the level of expectations and accountability when conducting these tasks. Therefore, some tasks were carried out without formal pathway for delegation, training, competency assessments and supervision. For example, one care staff administered insulin to people. There was a risk this task would be completed ineffectively, unsafely or not at all. A member of the managerial team had not received training in how to complete medicines audits, therefore they did not audit effectively.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate comprehensive managerial oversight of the service provision. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The was a registered manager in place and the latest CQC rating had been displayed as required, for people, relatives and visitors to view.
- Staff told us the they felt supported by their managers. They told us the communication with the managers and within the care team was clear, quick and comprehensive. Staff thought they were well informed about matters related to the care for individual people as well as changes and matters related to the service.
- The management team were responsive to our feedback and were proactive in addressing identified issues. Following our inspection, the provider had contacted us to let us know they had commenced improvements to the service provision. These for example included improvements around medicines management, reporting of incidents, maintaining safe environment and person- centred care planning.

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

- There was a welcoming and positive culture in the service. People and relatives gave continuously positive feedback about the staff, managers and the service they received. People told us, "I love them all" and They have been good at encouraging me." On a compliment note a relative stated, " I am really impressed by [my relative's] care and your [the service's] role in it particularly."
- The management and the staff team were friendly and always ready to support people and relatives. This contributed to presenting a relaxed atmosphere at the service. A relative said, "There are a few really special carers here."
- People and relatives spoke kindly about the management team and the support they received from them. Relatives told us, "The receptionist is very attentive and very caring" and "The manager is very good, I have never complained."
- The managers understood the duty of candour. A written compliment message stated, "I am particularly impressed by how the manager listened to my concerns."

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

- People and relatives had been asked for their feedback about care at the service. This was done through periodic satisfaction surveys and residents and relatives' meetings. We noted the meetings were rare, the last two took place in February 2019 and May 2018. However, relatives told us managers at the service were very approachable, always listened to the feedback and took action to address issues or follow suggestions. A relative told us, "I have total access to managers at the home. I do not have to queue for their attention. The communication is very good, and my requests get to them."
- Staff participated in team meetings and group supervisions where they could discuss matters related to the service delivery and best care practice. Staff told us they felt listened to. One staff member said, "We discuss staff and team work. We can say if anything needs to be adjusted and how the work is going."

Working in partnership with others

- The service had positive and effective links with the local community. For example, the service provided placements for health and social care students from two London colleges and nursing placement for students from one of London's universities. The feedback from students was positive. In a survey carried out with those students one student stated, "Staff were welcoming and helpful. I feel that the placement helped to increase my professional confidence." The service also welcomed volunteers, who visited people using the service weekly to provide a range of social activities.

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 Treatment of disease, disorder or injury	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person had not notified the Commission without delay of the events which occurred whilst the service was being provided in the carrying on of a regulated activity. Regulation 18 (Registration) (1) (2) (e)
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered person had not ensured that systems and processes had been established and operated effectively to prevent abuse of service users. Regulation 13 (1) (2) (3)
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered person had not ensured that equipment used by the service was clean Regulation 15 (1) (a)
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 had not operated effective systems to: Assess, monitor and improve the quality of the service.

Regulation 17 (2) (a)

Assess, monitor and mitigate the risks relating to health, safety and welfare of service users.

Regulation 17 (2) (b)

Maintain securely records in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.

Regulation 17 (2) (c)

Maintain securely records in respect of persons employed in the carrying of the regulated activity.

Regulation 17 (2) (d)

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered person had not ensured that staff received such appropriate training and professional development as is necessary to enable them to carry out the duties they were employed to perform.

Regulation 18 (2) (a)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The registered person had not ensured care was provided in a safe way for service users because: They had not done all that was reasonably practical mitigate risks to care and treatment of people who used the service.</p> <p>Regulation 12 (2) (b)</p> <p>They had not ensured the safe and proper management of medicines.</p> <p>Regulation 12 (2) (g)</p>

The enforcement action we took:

We took enforcement action under regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the registered person to make the necessary improvements by 18 October 2019.