

Newslease Limited

# Trinity Court Nursing Home

## 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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

Trinity Court Nursing Home 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.

Trinity Court Nursing Home provides care for up to 50 people. The home is arranged over three floors and accommodates people with nursing needs.

People's experience of using this service:

People were happy with the care they received and felt that staff were caring. They told us they felt safe living in the home.

We found there was still some inconsistency in the care records, including risk assessments and support plans that were in place. These were highlighted to the registered manager during the inspection.

Recruitment procedures were not always robust. We found conflicting information in people's application forms, references and gaps in employment history were not always verified and interview notes for new staff were not always completed.

Quality assurance systems were not always conducted effectively in order to identify and drive improvements.

Care plans contained very little in the way of person-centred information and care plans for emotional support for people showing signs of depression were not always completed.

The provider had identified that the environment and activities needed improvement so that it was better suited to the needs of the people living at the home.

Staff received regular training and supervision. Although new staff received training based on the Care Certificate, it was difficult to see how this amount of training was covered in one day. We have made a recommendation about this.

People received appropriate medicines and health care support. Referrals were made to GP's and healthcare teams as required.

The provider had achieved platinum status in the Gold Standards Framework for end of life care.

Where people did not have capacity to consent to aspects of their care, the provider acted in accordance to the Mental Capacity Act 2005 (MCA) and consulted with relevant professionals and family members to make

decisions in people's best interests.

The provider followed good infection control practices.

Rating at last inspection:

At our last inspection we rated the service 'requires improvement' with a breach in relation to safe care and treatment. Our last report was published on 10 May 2018.

Why we inspected:

All services rated "requires improvement" are re-inspected within one year of our prior inspection.

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Enforcement:

At this inspection we identified breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around fit and proper persons employed, person-centred care and good governance. Details of action we have asked the provider to take can be found at the end of this report.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 not always caring

Details are in our Caring findings below.

**Requires Improvement** ●

### 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** ●

# Trinity Court Nursing Home

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- This inspection was conducted by one inspector, a specialist advisor 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. The specialist advisor was a registered nurse.

Service and service type:

- Trinity Court Nursing Home is a care home. People in care homes receive accommodation and personal care. 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:

- The first day of the inspection was unannounced. We told the provider we would be returning for the second and third days.

What we did:

- Before the inspection, we reviewed the information we held about the service. This included notifications sent to us by the provider and other information we held on our database about the service. Statutory notifications include information about important events which the provider is required to send us by law. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public. We used this information to plan the inspection.
- During the inspection, we spoke with seven people using the service and five relatives/visitors. We spoke with the registered manager, three nurses, four care workers, the chef, the in-house physiotherapist, the

operations manager and the Director. We spoke with two professionals during the inspection and one after the inspection.

- We reviewed six care files, three staff files, and other records about the management of the service such as complaints and audits.
- We requested additional evidence to be sent to us after our inspection. This was received, and the information was used as part of our inspection.

# Is the service safe?

## Our findings

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

Requires Improvement: 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. Regulations may or may not have been met.

Staffing and recruitment:

- The provider did not always follow appropriate procedures when recruiting staff. We could not be assured that appropriate steps were taken to verify employment history and references for new staff.
- Staff files contained application forms which were not always fully completed. There was no evidence of any interview notes in two of the three staff files that we looked at, these for staff that had been recruited in the past year.
- One reference for a staff member stated that they had been employed between December 2017 and May 2018, but this did not match the information provided on the application form. The staff member said the reference was provided in a personal capacity, however this was not reflected in the reference given or the application form.
- In another staff file, the application form said their most recent employment was between June 2009 and January 2012. The gap between 2012 and their application date was not explored in the interview notes seen for this applicant. One of the references for this person stated they had been employed between 2014 and 2017, however this was not stated on their application form.
- In a third staff file, the application form stated their employment history as working in 'homecare' in Belgium between 2000 - 2014 and in 'professional care support service homecare' between 2014 and 2018. There were no company names or addresses to verify this information. There were two references on file, one stated they had been employed in 2017 as a healthcare assistant and a second one as a carer but this do not include any dates.
- As evidenced above, although staff files contained details of referees, these were not verified as being authentic. They were not on official company letter headed paper or were not company stamped.

The above identified issues are a breach of Regulation 19 of the HSCA 2008 (Regulated Activities) Regulations 2014.

- The provider had completed Disclosure and Barring service (DBS) checks for staff. A DBS is a criminal record check that employers undertake to make safer recruitment decisions.
- Staff files contained evidence of people's identity, proof of address and right to work in the UK.
- We reviewed the staff rotas for week beginning 22 April 2019.
- There were two nurses on rota during the day and one at night. There had been a permanent nurse for nights who had recently left the service. Currently the service was using agency nurses at night but was looking to employ a permanent replacement.
- There were nine care workers during the day, allocated to different floors with one of these allocated to

the ground floor lounge.

- Additional staff such as registered manager and deputy manager who were both nurses, domestic staff, activities coordinator and kitchen staff completed the staff on duty during the day.

Assessing risk, safety monitoring and management:

- At our last inspection, we found that recommended plans to reduce identified risks to people were not always being followed. Where people were at risk of developing pressure sores, repositioning charts were not being completed in line with the recommended care plans. In addition, staff were not always using the correct hoists that had been recommended by the physiotherapist for transferring people.
- At this inspection, we found that although there had been some improvements in this area, there was still some inconsistency in the way risk was assessed and managed.
- On a positive note, repositioning and food and fluid charts were being recorded in line with people's care records.
- However, one person's skin integrity care plan was not amended after their waterlow risk assessment had been reviewed. One person's falls risk assessment had not been completed properly as the questions in relation to the person's falls history had not been answered correctly. This person's mobility care plan said to use the standing hoist, but the risk assessment said to use the full body hoist. We spoke with care workers and they confirmed they followed the care plan and used the standing hoist. The provider amended the appropriate records once we had highlighted these discrepancies to them. These did not adversely affect the level of risk as people were still assessed as being high risk.

We recommend that the provider take action to review all risk assessments to ensure they are an accurate reflection of people's care and support needs.

- The provider had systems and processes in place to maintain the safety of the environment.
- Records confirmed maintenance issues recorded and acted upon.
- The maintenance engineer carried out regular checks on a number of areas including, call bells, water temperature, emergency lights, fire exits, doors, extinguishers and alarms. A fire officer visited the service every six months.
- We saw service records for hoists, fire alarm and nurse call system. Electrical and gas safety records were seen.

Learning lessons when things go wrong:

- Incidents, such as falls, were usually reported on paper and then recording on the electronic care planning system to allow for trends and analysis to take place. However, we found some discrepancies between the paper and electronic records.
- According to the data that was generated from the electronic care plan system and the information from the monthly quality reports, there had been four falls at the home since January 2019. However, according to the paper records seen there had been at least four falls that were not accounted for in this report. We raised this with the provider and they said this was due to how the staff were inputting data into the system. They were including the details of the falls in their daily notes but were not marking it down as a fall. Hence, the electronic system was not picking these up when the report was being generated.
- This meant there was a risk that information being gathered by the provider in relation to incident monitoring was not accurate.

Using medicines safely:

- At the last inspection, we found the provider did not always follow correct procedures when people were given medicines covertly, crushed. We recommended they seek advice from the pharmacist regarding the



suitability of crushed medicines. At this inspection, we found the provider had acted upon our recommendations. Covert medication protocols were in place and in keeping with home policy. Records confirmed that both the GP and the pharmacist had been involved in best interest decisions regarding covert medicines administration.

- Medicines were stored appropriately. Medicines trolleys were locked and tethered to the walls. The temperature of the clinic room and the medicines fridge was checked and recorded daily.
- Medicines administration record (MAR) charts were in place and all prescriptions were typed and evidence seen of proper administration and signatures.
- We observed a medicines round. The nurse demonstrated that they administered medicines in a safe and effective manner.
- Medicines were reviewed every year by the pharmacist and GP or more frequently if needed.
- Medicine audits were completed monthly and covered supply/recording, storage and recording.

#### Preventing and controlling infection:

- At the last inspection, we saw some opened food which had not been labelled with the date they had been opened although they were within their expiry date. At this inspection, we found no concerns. The home had been rated as 'very good' in its most recent food hygiene rating in September 2018.
- Domestic staff were observed wearing appropriate protective equipment and cleaning people's bedrooms and communal areas throughout the inspection. Alcohol sanitisers were available throughout the home.
- Appropriate waste disposal bins were seen, and clinical waste collection notes confirmed clinical waste was disposed of appropriately.
- One person said, "The cleaners do come in everyday, I'm happy with the way my room is."
- Although domestic staff were employed, some areas of the home had malodours which were due to the age and condition of the carpets. This was due to be replaced as part of the planned refurbishment of the home.
- A pest control inspection had been completed in December 2018 and the environment was found to be free from pests and rodents.
- A monthly cleanliness audit tool was completed by the registered or deputy manager. Daily and weekly kitchen cleaning duties were carried out by kitchen staff.

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

- People and their relatives told us they felt safe. Comments included, "I guess I am safe here", "I feel safe both day and night", "I am safer here than when I lived at home because I could not manage there any more" and "I think my relative is safe here and I do not go away worrying about their safety."
- The provider notified the appropriate authorities if any safeguarding concerns were raised.
- There was evidence that the provider acted upon any learning points following the conclusion of any safeguarding investigations.

# 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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience:

- At the previous inspection, we asked the provider to consider implementing the Care Certificate for new employees. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new support workers and was developed jointly by Skills for Care, Health Education England and Skills for Health. At this inspection, we found that this had not been done. Although care workers received an induction which covered many of the standards of the Care Certificate, records showed that these were completed in one day. Staff files contained a checklist that the deputy or registered manager had signed off to indicate that induction training had been delivered but there were no corresponding workbooks seen that evidenced staff's learning. The Care Certificate is usually completed over a period of months which was not evident from the records we saw. It was difficult to know how the required level of training required for the Care Certificate could be delivered effectively over one day.

We recommend the provider consider implementing The Care Certificate Training for new staff.

- Mandatory training was completed by staff, this was delivered via e-learning and included an end of course test with a minimum pass required to achieve the certificate.
- Records showed that staff received regular supervision during which they had a chance to review their previous supervision, how they were finding their work and any training needs.

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

- One person said, "The food is alright." The menu for the day was written on the whiteboard in the lounge. This showed that people were offered a choice of meals including a cooked breakfast. The main meal of the day was the lunch service with the evening supper meal usually a lighter option such as soups, sandwiches or omelettes.
- People's care records identified any dietary requirements, these included religious or cultural needs such as a halal diet. These were also noted on a noticeboard in the kitchen area. The chef was aware of people's dietary needs including any fortified diets or any medical conditions, such as diabetes that affected how they prepared their meals.
- Swallowing guidelines for people with dietary needs that had been recommended by a Speech and Language Therapist (SLT) and food fortification and nutrition support guidelines on display were on display for staff to refer to support people to eat and drink.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Records showed that people had been assessed in relation to their capacity to consent to their care and treatment at the home. Where it was assessed that people did not have capacity, there was evidence that decisions were taken in their best interests in consultation with relevant professionals and family members. These included decisions in relation to care needs and the use of bed rails.
- There were covert medicine agreements in place for people in line with good practice.
- Where it was necessary to place restrictions on people, appropriate DoLS applications had been submitted.
- Staff were able to tell us about how they supported people to make day to day decisions about their care.

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

- Some areas of the home were in need of modernisation, such as the carpets and the furnishings. The provider was aware of this and was planning for extensive renovation of the home.
- Bedrooms were furnished with people's personal effects. One relative said, "[Family member] could bring familiar items in here with them which was good." However, some rooms were missing room names.
- There was a wheelchair accessible, well maintained garden for people and their relatives to enjoy.

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

- Assessments were completed for people when they were first admitted to the home. Part of this included an assessment of their dependency levels which allowed the service to anticipate their support needs.
- The provider used accepted national guidance in relation to risk assessments in relation to people's support needs. These included Waterlow for the risk of pressure sores and Malnutrition Universal Screening Tool (MUST) for the risk of malnutrition.

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

- One person said, "My legs were very bad and sore, but the staff are doing their best to make them better."
- A healthcare professional said, "They do call us for concerns, we would advise accordingly. I think people are well looked after, clinically we cover the needs between us."
- There was evidence of appropriate referrals to external healthcare services. For example, people had been referred to hospital neurological teams, tissue viability nurses and podiatry services. One person's records showed they were referred to a Speech and Language Therapist prior to them commencing Percutaneous Endoscopic Gastrostomy (PEG) feed. This is a medical procedure in which a tube (PEG tube) is passed into a person's stomach to provide a means of feeding when oral intake is not appropriate.
- Care plans included records that evidenced input from health professionals and included entries from opticians, chiropodists, dieticians, dentists and hospital letters/appointments. A GP visited the service every week.

- The care plan system allowed for hospital packs to be printed off with all relevant information in event of a hospital admission.

# 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

Requires Improvement: People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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

- People's care records did not always reflect that they, or their relatives were consulted to express how they liked to receive their care. There was a lack of person-centred information in the records that we saw to enable staff to care for people in a manner which reflected their preferences or needs. For example, one person had been assessed as having depressive symptoms using The Cornell Scale for Depression in Dementia (CSDD). This is designed for the assessment of depression in older people with dementia. The associated care plan for 'emotional support' for this person was blank, this was highlighted to the registered manager who acknowledged it should have been completed. In another person's assessment for cognition it stated, 'I have a high level of emotional or mental health issues needing fairly constant staff intervention' and in their behaviour and psychological assessment it stated, 'I am passive and withdrawn' and 'I mostly have periods of anxiety or distress'. There was no associated care plans and limited information to guide staff to support this person with regards to their mental health needs.
- Assessments and care records often contained vague information in relation to people's interests, daily routines and their personal histories. For example, one person's social interests and hobbies was listed as 'joins group activity in the lounge'. Their daily routine which is usually a narrative of how they liked to spend their day was 'receive morning care and assisted in lounge to socialise'. Another person's daily routines were 'likes to go to work as a mechanic until he retires after 50 years', which was not currently part of his daily routine.
- Four care plans did not contain any information in the section in relation to their life history which included things such as 'what people like and admire about me, childhood memories, later life/retirement, people/places important to me, likes/dislikes, and strengths.'

The above identified issues are a breach of Regulation 9 of the HSCA 2008 (Regulated Activities) Regulations 2014.

- The provider had acknowledged that some of this information was lacking and had identified it as an area of improvement. They had consulted with a wellbeing provider to deliver training and review aspects of the service in relation to providing a more person-centred service which included capturing person-centred information in care records.
- People and relatives were invited to meetings to express their views about the service. The activities co-ordinator and the chef attended these meetings and records showed that they discussed areas such as food and events.
- There was evidence that best interest decisions were made with the cooperation and collaboration of family members.

Ensuring people are well treated and supported; equality and diversity; Respecting and promoting people's privacy, dignity and independence:

- Staff that we spoke with told us how they supported people to maintain their independence and how they respected their privacy and dignity. They demonstrated empathy and an understanding of people's care needs.
- However, we did observe some poor examples of care. On arrival at the home, we saw one person asleep on their chair for approximately 20 minutes, with a bowl of porridge and cup of tea in front of them. When they were woken up, their breakfast had gone cold and although the care worker offered them some hot breakfast, the person had to remind the care worker that they did not like porridge and had asked for cornflakes.
- We heard a staff member ask a person if they had enjoyed their lunch to which they replied, "No, not really" and the staff said "Oh good" which the person found confusing.
- We saw one person had become incontinent and was visibly distressed. One staff member sat next to them was assisting another person with their lunch and turned and said, "Give me a minute and I will help you", however the person was still waiting for staff to assist them 10 minutes later. The inspection team intervened and had to approach three staff members who were at the main desk to help this person.

The above identified issues are a breach of Regulation 9 of the HSCA 2008 (Regulated Activities) Regulations 2014.

- We received some positive comments from people and their relatives regarding the caring nature of staff. Comments included, "Everything is alright. Everybody is OK", "It's pretty good here actually. Staff are good. I normally see them walking about", "Some staff are better than others and go the extra mile but overall, I would give the home a solid 8 out of 10", "The regular staff are nice" and "I think the girls do their very best and do try."
- People's religious and cultural needs were met. Halal food was stored separately, and people said they were happy that staff respected their beliefs. Religious holidays were celebrated, and people were supported to attend religious services if they wanted to.
- People were supported to maintain relationships that were important to them. Visitors were welcomed to the home and there were no restrictions on visiting. This was confirmed by two of the relatives who said, "I come whenever I want to" and another said, "I come in the morning and stay until after lunch most days."

## Is the service responsive?

### Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Since the last inspection, care plans had been fully migrated to the electronic system, this included assessments, support plans and, daily notes and other information such as repositioning, food and fluid charts. The only paper records in use were medicines records.
- The care plan system provided a brief summary of risks to be aware of, medical summary and summary of care needs. When care workers supported someone with personal care, they marked this as complete on their handheld device and this appeared on the front page, giving a visual indication that their personal care needs had been met.
- Care records included a section for personal information about each resident. Information was gathered from a pre-admission assessment. However, some assessments were incomplete, and the data held on the front page was out of date. For example, one person was initially recommended a puree diet, had been changed to PEG feed which was on the care plan but not the front page.
- Care plans were inconsistent, and records had varying degrees of information and some were not fully developed to show the action required. For example, for one person we were advised by the registered manager that there had been some developments made in terms of diagnosis and treatment, however this was not written in their care plan. Another person with a long-standing diagnosis of paranoid schizophrenia did not have a care plan in place to support this.
- Other aspects of the care plans were good. People had fully developed care plans in relation to pressure area care which clearly evidence input from both the TVN and Podiatry service. The care plans supported preventative nursing care.
- People's communication support needs were recorded with details of any communication difficulties and how staff could communicate with people effectively.
- There was an activities co-ordinator employed by the service. On the day of the inspection some members of staff were attending a three-day training session from a wellbeing organisation specialising in activities provision in care settings, to enable them to be trained to undertake activities with people.
- The provider had continued its good practice of maintaining links with local community organisation such as churches and schools. Mass, holy communion and Christmas Carol Hymns were all arranged for people. School visits were encouraged and arranged on a regular basis.

Improving care quality in response to complaints or concerns:

- We asked people what they would do if they had a complaint and they said they knew who to speak to if they had a problem. One person said, "I would speak to the manager" and another said, "I would speak to a member of staff."
- The registered manager told us "Families are encouraged to approach nurses or the managers directly" to ensure any concerns or complaints were acted upon.
- Records showed that recorded complaints were responded to in good time. The provider made efforts

were taken to ensure that issues were resolved to the complainant's satisfaction.

- The provider kept a complaints book with all the formal complaints that had been received. Although this book contained details of complaint, the action taken and the outcome, it did not have any way to keep associated documents. For example, we saw where an action resulting from a complaint was for a care worker to receive an informal warning. However, we could not see any evidence that this was done.

We recommend the provider takes steps to ensure that any learning from complaints are evidenced and acted upon.

End of life care and support:

- The provider had maintained its platinum status for the Gold Standard Framework for end of life care which had been awarded in September 2017 and had put in place end of life assessment, care plans and advance care plans.
- Although there was nobody on palliative care at the time of the inspection, people had support plans in place for death and dying care plan which were reviewed monthly. These documented whether people were for resuscitation and hospital admission towards the end of their life. People's end of life wishes were included in these support plans.



# 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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care:

- Although quality assurance audits were in place, these had still not sufficiently improved since the previous inspection to ensure that any areas for improvement were identified and action taken to improve the quality of service.
- An external audit consultant had been hired to complete clinical governance on a monthly basis. We saw the quality control reports they had completed for December 2018, February, March and April 2019. The reports were in the form of a narrative report but did not offer evidence of which records were looked, lacked meaningful information in some cases and there were obvious repetitive statements from one report to the next. For example, the section for residents and visitors' feedback for all the reports seen stated, "Of the residents and visitors I spoke to, all were happy with the quality of the food, the Home and the standard of care being received. None that I asked, could think of any ideas that would improve their levels of care or the home in general." The section for staff feedback stated, "I spoke to several staff members individually including Domestics, Kitchen staff, Carers and RGNs, and feedback remains very positive about the Home. Again, I advised that they make sure they log in immediately they commence their duties and ensure they log out on leaving. Also, the Care System should be used better in support of hand-over." There was no indication of which people or staff were spoken with. Similarly, there was no indication of which care plans were looked at during each visit. The reports were not effective in identifying some of the concerns we identified during the inspection, and typically stated, "There is no internal need for an action plan to manage improvements in the home."
- At the previous inspection, we found the falls analysis report for the period January 2017 to December 2017 contained some errors that had not been identified by the management team. At this inspection, there were still errors when we reviewed the falls analysis report for January 2018 to December 2018. There had been a couple of falls where people had sustained fractures, however these had not been identified as falls in the analysis report.
- The provider had not made sufficient progress following their last inspection, to ensure that appropriate action had been made to improve the service to 'Good'.

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

- Following the last inspection, the provider submitted an action plan with areas of improvement in

response to the concerns found. At this inspection, we found that the provider had followed through on some aspects of their action plan. More training had been delivered to staff on the electronic care planning system. Care plans had been fully migrated to the new system. At the last inspection, we found that the registered manager was not fulfilling the requirements of her registration and had not submitted statutory notifications. At this inspection, we found that the registered manager was meeting this requirement and had submitted notifications to the CQC as required.

- Medicines audit were completed and looked at training, ordering, storage, administration, and disposal of medicines. The registered manager also completed a monthly quality reporting on a number of indicators such as infections, pressure sores, falls and deaths.

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

- Resident meeting were attended by the registered manager, chef and the activities co-ordinator and people were able to express their views during these.
- Team meetings took place and staff were able to receive company updates and discuss relevant issues such as record keeping, health and safety, appraisals and training.
- Daily handovers took place between each shift team which helped to ensure the incoming team were aware of any important details about people.
- People, their relatives and health and social care professionals were able to share their feedback on the home through annual surveys. The most recent one had been completed in December 2018. We reviewed the responses from these and saw they were favourable with no major areas of concern. Although the action taken in response to some of the issues raised were clear, we recommend the provider discuss the feedback and the action taken in resident or team meetings or the newsletter.
- Regular newsletters were sent to relatives, providing them with any updates about recent changes within the service.

Working in partnership with others:

- The provider worked alongside other health and social care professionals to meet people's needs, these included community teams, GPS and commissioning teams. One professional said, "[Registered manager] is very proactive and helpful. We always get good feedback from clients and it is always positive."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- Staff told us they felt supported and worked well together.
- People were able to identify the senior staff members and said they "Would speak to them" if they were worried about anything. One relative said, "I have had issues in the past but in fairness they have been dealt with and it is not perfect, but I know they will try and do their best."
- The registered managers office and the nurses' station was near to the ground floor lounge. This allowed them to be close to people. We did observe the managers speaking to people and their relatives during the inspection.

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  The care and treatment of service users did not reflect their preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems to assess, monitor and improve the quality and safety of the services were not operated effectively.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recruitment procedures were not operated effectively.