Mr C and Mrs LA Gopaul

Rainbow Lodge Nursing Home

Inspection report

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Date of inspection visit:
01 June 2016
02 June 2016
03 June 2016

Date of publication:
05 August 2016

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

The inspection took place on 1, 2 and 3 June 2016 and the first day was unannounced.

The last inspection took place on 7 and 8 September 2015, when we identified breaches of six regulations relating to person-centred care, dignity and respect, the need for consent, safe care and treatment, safeguarding service users from abuse and improper treatment and good governance. Additionally we made one recommendation around the provider seeking and following advice and guidance from a reputable source, regarding activities provision for people with mental health needs.

The provider sent us an action plan indicating how they would address the issues raised at the inspection. Improvements had been made, but further improvement was required.

Rainbow Lodge Nursing Home is a nursing home registered to provide accommodation and personal and nursing care for up to 20 people with mental health support needs. At the time of our inspection there were 14 people living at the service.

The provider is a partnership and one of the partners is the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a no smoking policy inside the building. However some people who used the service smoked in their bedrooms which was a fire risk.

There were organised social activities but these were not suitable or meaningful for all the people who used the service.

Improvements had been made to the systems and processes used to monitor the quality and safety of the service and manage risk to people, however the systems were not always effective and presented a risk to keeping people safe.

Some practices around the handling and recording of medicines were not safe and this presented a risk.

We recommend that the provider ensures there are robust systems in place to ensure the proper and safe management of medicines at all times.

People were restricted access to the kitchen.

We recommend the lack of access to the kitchen is reviewed and appropriate risk assessments are put in place which justify this restriction.

Not everyone was aware they were able to leave the service whenever they chose to. They were specifically unaware that they could leave the service at night.

We recommend that people are made aware of the any changes in policy and procedure.

The majority of the medicines were administered and dispensed safely.

Risk assessments identified risk and directed staff to look at the care plans for further details on how to support people and minimise risks.

The service had a safeguarding policy and safe recruitment procedures in place to protect people from abuse.

Staff were supported through regular supervisions and yearly appraisals. Staff were sufficiently deployed and appropriately trained to meet the needs of the people using the service.

Health needs were being met through assessments, monitoring and support from the relevant professionals.

Staff were kind and caring.

People had person-centred care plans and we saw evidence that staff followed them to meet people's needs.

People who used the service, staff and relatives told us the managers were approachable and they could raise concerns with them.

We found breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Not all aspects of the service were safe.

There was a no smoking policy inside the building. However, some people who used the service smoked in their bedrooms.

Some practices around the handling of medicines were not as safe as they could be and this presented a risk.

Care plans we looked at were appropriately completed with relevant risk assessments.

Staff were able to demonstrate an understanding of safeguarding and what action to take if required.

The provider carried out pre-employment checks to make sure staff were suitable to work with people using the service.

Staff were adequately deployed to meet the needs of people using the service.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective.

People were restricted in being able to make decisions about their movements in the building.

Risk assessments identified risk and directed staff to look at the care plans for further details on how to support people and minimise risks.

Staff were supported through regular supervisions and yearly appraisals.

Staff were sufficiently deployed and appropriately trained to meet the needs of the people using the service.

Health needs were being met through assessments, monitoring and support from the relevant professionals

People's nutritional needs were met.

People were supported to access appropriate health care services to maintain their mental and physical health.

Is the service caring?

Good

The service was caring.

People, their relatives and professionals told us the service was caring.

People were treated with dignity and respect.

Is the service responsive?

Requires Improvement

Not all aspects of the service were responsive.

The service was not person centred in regard to activity provision. There were daily activities in place but these were not suitable or meaningful for all the people who used the service.

People had person-centred care plans and we saw evidence that staff generally followed them to meet people's needs. The service also implemented new monitoring forms including a referral follow up form and multi-disciplinary logs.

People who used the service had individual care plans that addressed their needs. People's individual preferences were noted and respected.

The service had a complaints policy and procedure which was displayed in communal areas.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well-led.

Although improvements had been made to the systems and process used to monitor the quality and safety of the service and manage risk to people, the systems were not always effective.

People who used the service, staff and relatives told us the managers were approachable and they could raise concerns with them.

The staff worked in partnership with other health and social care professionals.

Rainbow Lodge Nursing Home

Detailed findings

Background to this inspection

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

The inspection took place on 1, 2 and 3 June 2016 and the first day was unannounced.

The inspection team on 2 June 2016 included an inspector, a pharmacist 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 expert-by-experience on this inspection had personal experience of using mental health community services. The inspection on 1 and 3 June 2016 was carried out by an inspector only.

Prior to the inspection we looked at all the information we held on the service including notifications of significant events and safeguarding. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted the local authority's Commissioning Team, Safeguarding Team and the Clinical Commissioning Group.

During the inspection we spoke with 10 people who used the service and one relative. We observed staff interaction with the people who used the service. We interviewed seven staff including the registered manager, deputy manager, a nurse and care staff

We looked at the care plans for six people who used the service. We saw files for staff which included recruitment records, supervision and appraisals and we looked at training records.

We looked at medicines management for people who used the service. We also looked at the environment, maintenance, servicing checks and audits.

After the inspection we spoke with professionals from the local authority Safeguarding Team, a nurse and the local Mental Health Trust to gather information on their experience of the service.

Requires Improvement

Is the service safe?

Our findings

At the inspection on 8 September 2015, we found that people were not always safe as fire safety arrangements were not always being adhered to, specifically the front door was being locked at night.

At the inspection on 3 June 2016, we saw that the service had changed the lock on the front door so that a key was not necessary to exit from inside the building. Additionally the front door key had been separated from the main key bunch for easy access.

The service had a fire plan dated 22 January 2016. The plan provided instructions for staff and personal emergency evacuation plans for people who used the service. The fire risk assessment was last updated on 11 April 2016 and audited monthly. Monthly checks of the fire alarm, lighting and fire doors were completed and up to date. The provider had a policy that people should not smoke within the building. The audit of fire safety indicated the smoking rules were observed which was not always true as people were still smoking within the building.

The service undertook monthly fire drills and weekly fire alarm tests. In a fire emergency, the nurse in charge would be the fire marshal and would co-ordinate and delegate. People who required support were highlighted on the roll call. All the bedrooms had smoke detectors as part of the central fire safety system which was checked every six months by an external organisation. The last check was on 8 April 2016 and a number of smoke detectors were replaced.

The service had a smoking policy that recognised the risk of smoking and the employer's duty. It stated that smoking was only acceptable in the designated smoking area in the garden and that any disputes would be addressed through meetings with the manager and in "residents' meetings".

We saw "no smoking" signs displayed throughout the house. Smoking was a standing agenda item at both the weekly meetings for people who lived at the home and the team meetings. A number of people who used the service had risk assessments around smoking and there were options available to support people to stop smoking.

However the smell of cigarette smoke within the house indicated people continued to smoke in their bedrooms. People who used the service told us "To be honest everyone is still smoking in their rooms." and "People do still smoke indoors. We are not allowed lighters but we can just get matches if we need to when we go out."

In response to this we requested the local authority environmental health team undertake an inspection as they are responsible for enforcing the Smoke-free (Exemptions and Vehicles) Regulations 2007.

The above was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the inspection on 08 September 2015, we found the provider did not always manage people's medicines safely. At the inspection on 3 June 2016, we looked at medicines administration records (MAR) for 12 of the 14people living in the home. We observed that everybody's current medicines were recorded either on the MAR sheet or a separate injection recording sheet. Copies of GP prescriptions were filed and these correlated with dosages and instructions on the MAR. The allergy status of people was clearly stated so that inappropriate medicines were not prescribed.

We looked at the service's action plan following concerns raised at the last inspection in 2015 and a visit by the Clinical Commissioning Group. We noted that storage of medicines had improved. Dates of opening were written on all medicines when opened. Staff had received training in November 2015 in Advanced Medication Awareness and the service had expanded the medicines policy to include how to administer medicines when a person had swallowing difficulties and when they wished to take social leave. Many of the people had medicines prescribed as PRN (as required) for pain or to help their 'mood'. We saw PRN protocols in place for these medicines so that staff knew when, how often and in what circumstances these medicines should be given. We noted on the MAR when PRN medicines were given that there was an additional record, detailing the dose and the reason they were given.

We saw no omissions in records of administration on the MAR. For medicines supplied by the community pharmacist all audits of the 23 samples of stocks we counted were accurate and could be reconciled with the records of administration. This gave us assurance that medicines were being given as prescribed.

We looked at two care plans and saw the care plan for the use of anti-psychotic medicine with details of the action required if a dose was missed. For people with diabetes we saw evidence of weekly blood tests as per their protocol.

Several people were prescribed a medicine which was supplied by a hospital and required regular blood tests. Dates of opening were written on boxes when they were opened and sometimes on the MAR when a new supply was started. We tried to reconcile supplies for these medicines and found discrepancies. These discrepancies meant that we could not be assured that these medicines were being given as prescribed.

One of the above people had a dose of an injection increased verbally by a hospital consultant. There was a record in the daily notes but not on the MAR. We were told that the original MAR showing the increased part of the dose had been sent to the hospital with the person because the service did not have a photocopier. This meant that the service did not have a record of the actual dose administered at the time of the inspection nor did the hospital.

We recommend that the provider ensures there are robust systems in place to ensure the proper and safe management of medicines at all times.

During the inspection, the managers provided an action plan to ensure that medicines received from the hospital were given as prescribed. They implemented a new administration checking form for the manager to sign that they had witnessed the administration of medicine. They additionally undertook a handover to check stock balances at each administration to ensure accuracy in administration.

At the inspection on 8 September 2015, we found risks to people's safety and welfare were not consistently identified and managed. The care plans did not contain sufficient guidance for staff on the actions to take to help protect the person and others in a consistent way.

At the inspection on 3 June 2016, the manager told us after the last inspection the service had reviewed all

the risk assessment plans and provided more specific guidelines. The risk assessment plans identified risk and directed staff to look at the care plans for further details on how to support people and minimise risks.

We saw a number of care plans that provided guidance for staff on how to manage various needs including challenges to the service, alcohol use, self-neglect and smoking.

One person's care plan provided information on signs to look for regarding the person's mental health and guidelines on how to manage their needs relating to this, including diverting them with activities. Another care plan included guidelines to manage a person's alcohol intake which provided broad suggestions such as Alcoholics Anonymous meetings and more detailed guidance around what action to take, for example, if the person collapsed due to their alcohol intake.

Wound care was recorded separately. One person's record provided guidance for which medicines to apply, how often to change the dressing and included what to do if the person refused to have the dressing changed. The wound care and dressing record documented the treatment given and an observation of the person's wound. When the person refused to have their dressing changed this was recorded. We saw that staff followed the guidelines, approached the person the next day and were able to successfully change the dressing.

The risk document for the service as a whole, was reviewed on 7 September 2015 and included various risk assessments for housekeeping and laundry, administration staff and maintenance.

At the inspection on 8 September 2015, there was no evidence to demonstrate nightly checks were being carried out. At the inspection on 3 June 2016, we saw the service had hourly monitoring for people who were considered at high risk, for example people who tried to smoke in their rooms.

At the inspection on 8 September 2015, not all staff were aware of the procedures for keeping people as safe as possible when suspected abuse was reported.

At the inspection on 3 June 2016, we saw the Safeguarding Adults / Protection of Service Users policy had been reviewed in February 2016. It listed types of abuse and included policies for managing people's finances, violence in the workplace and safe recruitment and training policies. This meant people were protected from the risk of abuse because the provider had an appropriate procedure designed to ensure staff acted swiftly when people were identified as at risk of abuse. The staff had undertaken training on safeguarding adults in January 2016. They understood the provider's safeguarding procedures and were able to recognise the signs of abuse and how to respond to them to keep people safe.

The policy on whistleblowing provided information on how to whistleblow and who to contact for independent advice. Staff we spoke with understood whistleblowing and that it was part of safeguarding people.

The service had a finance policy. Most people who used the service managed their own finances. Money held on behalf of people was stored securely. A record was kept of all transactions that the person signed. We saw that one person recorded all transactions themselves and that their care plan indicated they managed their finances independently and would ask for guidance if required.

People who used the service told us they felt safe. Comments included, "I feel safe, well safer than before anyway.", "Yes it's still safe here.", "It's safe, things have been fine it's got better since you last came (8 September 2015)." and "The staff make me feel safe here." A relative told us, "(Their relative) never feels any

anxiety here. He feels safe."

Incidents and accidents were reported to the staff nurse who documented how the incident occurred and what action was taken. The appropriate notifications were made to the safeguarding authority, Care Quality Commission, next of kin and other relevant persons.

The environment was clean. In addition to fire safety checks, we saw checks for water and gas safety. Management undertook infection control audits. The service also had a contract with a pest control company which visited three monthly. Staff were suitably trained and had completed training in infection control, health and safety and fire safety within the last six months. People who used the service said, "Yes, it's cleaner now. I can tell they have been putting more of an effort in recently.", " I think it's the same as before really.", "I don't know if it has got any better but it is clean." and "It can get dirty but the staff clean up if there's a mess and sometimes we help."

The provider carried out pre-employment checks to make sure staff were suitable to work with people who used the service. Each of the staff files we reviewed included an application form, interview notes, proof of identity, references and Disclosure and Barring Service (DBS) checks. Where necessary, the provider had checked evidence of the staff member's leave to remain and work in the UK. Additionally we saw evidence they checked the nurse's registration with the Nursing and Midwifery Council.

We reviewed four weeks of staff rotas which indicated there was a stable staff team. The service employed 21 members of staff altogether. When additional staffing was required the provider employed their own bank staff who were familiar with the people who used the service.

People who used the service told us, "Yes, there is enough staff on. Not normally as many as today but there is staff on.", "Staffing is not a big problem here, it is fine." and "You can see staff all the time here." We observed that there were enough staff to meet people's needs and staff we spoke to had an understanding of the needs of people who used the service. We observed a newer member of staff on duty who did not know people's individual needs as well as longer term staff. The newer staff was assisted by the long term staff around how to approach, communicate and assist specific people. Comments from people who used the service included, "'Well the staff know what time I need to take my medication and assist me with that. They know I do not like very cold water as I have sensitive teeth so that helps." and "I think the staff do (know my needs). They know my likes and dislikes which helps me stay calm and avoid confrontation."

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

At the last inspection on 8 September 2015, the provider had not always assessed people's capacity to consent to care and treatment. Specific points raised included, people being able to leave the building whenever they chose to, access to the kitchen and people sharing a bedroom.

At the inspection on 3 June 2016, the manager told us that no applications to deprive a person of their liberty under the Mental Capacity Act 2015 had been made and no one was restricted from leaving the building.

The manager advised that prior to November 2015 before the lock on the door was changed to one that did not require a key, the door was locked between 9pm and 7am for safety reasons and if someone wanted to leave the building they needed to ask staff to unlock the door. Post November 2015, people could leave at any time and ring the bell to come back in as the service is staffed 24 hours a day.

However people who used the service were unaware of the change in policy of the door never being locked. People we spoke with told us that they still thought the door was locked at night. One person told us Rainbow Lodge was "quite good because you get pretty much your freedom. I can go in and out up to a certain point at night time. I can arrange to stay at my sister's or study in my room. The door is locked at 8 or 9pm. I would prefer it if you could come in and out at any time." Another person said, "I'm free to do what I want. They lock the door at 8pm but would open the door after if I asked. They're obliging." A third person said "The door is locked at 8:30pm but people do stay out late."

We recommend that people are made aware of the any changes in policy and procedure.

Regarding access to the kitchen, the manager told us access is at specific times for health and safety reasons, but people could request drinks and snacks from the staff at any time. Outside of the busy times in the kitchen, people were able to go in and help themselves during the day – which we observed. At night the kitchen was locked. This meant people were restricted in the choices they could make.

We recommend the lack of access to the kitchen is reviewed and appropriate risk assessments are put in

place which justify this restriction.

All the people who used the service had been asked to sign a form either consenting to, or not consenting to, sharing a bedroom. We saw that some people had recorded they did not want to share a bedroom. The four people who shared two bedrooms had signed forms consenting to share a bedroom. We spoke with one of the people who shared a room. They told us staff had explained the consent form to them and they had been offered a single room but preferred to share.

At the 8 September 2015, inspection we saw people did not receive effective care because the provider had not kept up to date with good practice guidance for supporting people with mental health needs. A point specifically noted was the use of the term "therapeutic" in the service's Statement of Purpose which referred to the provision of a therapeutic environment and care plans emphasising the nature of therapeutic relationships.

At the inspection on 3 June 2016, the provider showed us an updated Statement of Purpose dated April 2016, which did not contain the phrase therapeutic environment. It stated the service provided "rehabilitation and support". The manager advised that they had used the term therapeutic on the advice of another professional and the service did not provide therapeutic interventions using known models, which the nursing staff confirmed when we asked them about models.

The staff team last had training on mental health needs in March 2016. Additionally the manager showed us a new competency test being devised for the nursing staff that would be used in supervision to ensure their practice was up to date. Managers were kept informed by attending provider meetings with the local authority and planned to attend the registered managers meetings also supported by the local authority.

On the 8 September 2015 inspection we noted that people's health needs were not always monitored or managed effectively. At the inspection on 3 June 2016, we found the service had made improvements. The staff had introduced new systems to ensure that referrals to external healthcare professionals were made and followed up. They recorded information about the person's health need and the additional support they had requested from other professionals. Care records included a multidisciplinary form which recorded any meetings held with other professionals.

People were cared for by staff who had the support and training they needed. New staff had an induction that included both training and shadowing more experienced staff. We saw a training matrix which showed staff had completed the training the provider considered mandatory including safeguarding adults, MCA and DoLS, mental health, therapeutic activities and customer care. Training was a combination of in house training, external trainers coming into the service and staff attending training by the local authority. Most of the staff we spoke with understood DoLS and best interest decisions but two staff members required further support in this area. The manager told us the staff team would be attending MCA and DoLS training on 24 June 2016.

There were team meetings and individual supervision meetings for staff. Team meetings were used to discuss specific areas such as medicines management and fire safety. A member of staff said, "We all speak as a group (at meetings). There is no point in holding back if you can improve." All the files we saw indicated that the staff had received individual supervision from their manager during April 2016. Supervisions included a discussion of care practices, policies and procedures and knowledge and skills. We saw evidence of infection control, safeguarding, DoLS, whistleblowing, fire safety and accidents and incidents being discussed in supervision which indicated the manager provided staff with information and the opportunity to discuss a range of issues.

We saw appraisals for 2015/16 signed by the manager and staff. They indicated the appraisal period (2015/16) but not the date of the appraisal meeting. Training, supervisions and appraisals provided staff with the knowledge and skills to provide effective care to the people who used the service.

Professionals we spoke with said there was effective communication and that the staff were "attentive." Staff attended all the meetings they were invited to and the managers took a personal interest in people's welfare. One professional noted "They (Rainbow Lodge) are dealing with complex, difficult people to place. I'm pleased there is that sort of resource available."

We observed that care staff had the right skills to support the people who used the service. Managers and nurses were visible, talking with both people who used the service and staff. The office door was always open and we saw people going in and out of the office, being greeted in a friendly manner and requests being responded to, for example booking a cab on request. Staff said they felt supported by the managers and could talk to them if they had any concerns or needed support.

Food was cooked freshly each day and served in the dining room. When we asked people who used the service what they thought of the food they said, "The food is fine. It hasn't got much better but it has always been alright to be honest", "The food is good. You can have seconds if you want to.", "The food has improved, it's better than before but there still not a lot of choice." and "Drinks are left out in the day area now, which wasn't happening before."

People could eat in the dining room, their bedrooms or wherever they chose. Some people brought food in from outside and some people preferred to make their own meals. One professional told us the person they placed at Rainbow Lodge "has strict dietary needs, and they allow that, and encourage him to cook his own meals."

Dietary needs were assessed and recorded in the care plans. Where required, people had weight monitoring charts. Staff told us if a person had a specific dietary need, for example diabetes, the staff were instructed by the dietician and the nurses and it was recorded on a form in the kitchen.

In the morning, staff advised people what was on the menu for the day. There were two choices and if they wanted something completely different, they could ask for it. The kitchen had a daily request food form which recorded people's individual dietary needs. We saw evidence in the residents meetings that food was an ongoing agenda item.

People were supported to maintain good health and had access to various healthcare professionals including care co-ordinators, social workers, occupational therapists, GP, psychiatrist and district nurse. We saw evidence of referrals being made and followed up. People who used the service told us, "I am able to see a GP when I need to.", "I think I saw a dietician a while ago. She was talking to me about my diet and what to eat or not as I have diabetes." and "The GP used to come here once a week or once every two weeks, but I haven't seen much of him."

Good

Is the service caring?

Our findings

At the inspection on 8 September 2015, we saw that people's privacy and dignity was not always respected. Areas specifically identified were staff knocking on doors and staff attitudes toward people who used the service.

At the inspection on 3 June 2016, we saw staff attended good care practice training on 9 October 2015 that specifically looked at dignity in care. The manager attended weekly residents' meetings for feedback and the satisfaction surveys for people who used the service incorporated a question specifically around staff knocking on people's doors. The deputy manager was a Dignity in Care Champion and we saw people were treated with dignity and respect.

People's comments included, "They have been very good actually. Now they are knocking on the door before coming into my room and they are more polite.", "Staff have improved. Everything is fine now in relation to that.", "'Staff always knock on the door now and remember to close the door which is good.", "I have been here for a few months now, whilst others have been here for years and I feel that I have been treated alright. I am treated with respect and it's better than other places I have been to.", "I highly recommend the staff here – couldn't get better", "I have no complaints about the staff here." and "The staff are fine. They ask me how I am and if I need anything and I feel that they have always been that way. Some are really good and some are okay."

A relative said, "Staff knock before they go in. Staff are kind and caring. They talk to (their relative) and find out little things about him. That's their strongest point – they're patient." and "If (their relative) decides they don't want their medication. Staff understand to let him think about it." There is "a lot of tolerance here. They don't make a big issue out of little things." A professional told us, "The attitude of staff is quite caring."

We observed positive interactions between staff and people who used the service. In one instance a person who appeared unhappy was approached by staff and appeared to feel better at the end of the communication. We also saw staff empowering residents to help them make decisions. For example a person wanted to go out and asked staff when they thought would be the best time. The staff member responded by asking the person when did they think would be the best time to go out and provided support around the person's chosen time.

Staff spoke to people in a kind and caring manner. Staff told us they came to know people's needs through reading care plans and one to one key working sessions. Many people who used the service and the staff had worked together for a significant amount of time. A staff member said, "We are like a family here because most residents have been here over 10 years."

Another member of staff noted, "Everyone should be treated equally and fairly depending on their needs." They went on to say that people should be supported to do activities according to what they enjoyed and gave the example of one person who used the service who liked planes, so every month the library brought him books on planes to read.

Another member of staff told us that they always gave people a choice and respected their decision. The staff member would never "push" a person to do something. "You can never say because they wanted it yesterday, they want it today. Always give them a choice." People who use the service are "very independent. Most things they can do themselves but if you're preparing something for them, always address what you're doing and where you're going."

People we spoke with told us they had care plans and were generally involved in them. A care co-ordinator we spoke with said people they had placed in the service were given the opportunity to give their views and these were listened to. When we asked people if they were involved in their care plan and if they had a copy of it, they told us, "I am not sure if I have a copy of the care plan, but I know there is one. I think I was asked some questions about it.", "'I do think I have a care plan somewhere in my room but I didn't read it. I can't remember if I was involved in making it," and "I do have a care plan. I was involved in it but it was more like rules than anything."

We saw minutes from weekly meetings for people who lived at the service. Their involvement was evident. Agenda items included smoking, menus and activities. One person said, "We have a group meeting every Tuesday. I never miss it. We talk about no smoking in the building, safeguarding, food and things."

Information on advocacy services was displayed and relatives were able to visit when they chose to.

Requires Improvement

Is the service responsive?

Our findings

At the inspection on 8 September 2015, we saw people did not receive a service that was fully responsive or personalised to their individual need.

When we inspected on 3 June 2016, we saw that the care plans had been reviewed and the areas of concern raised at the previous inspection had been incorporated into the care plans. The service was documenting referrals and outcomes. Care plans had improved in terms of providing guidelines for staff offering support. However where care plans indicated one to one time with staff there was no clear evidence that this had happened.

The previous inspection also found that people were at risk of inappropriate care as a full, accurate and up to date record was not maintained. At the 3 June 2016 inspection we saw that the service had put in place records in each person's file to specifically document any meetings with other professionals and any referrals made to other agencies. This was in addition to the daily records and monthly reviews.

At the inspection on 8 September 2015, we saw people had limited opportunities to engage in social, educational and vocational activities that met their needs and that staff had little awareness of how to encourage people whose motivation was low due to their mental health issues.

At the 3 June 2016 inspection, all staff had attended training on "therapeutic activities" in April 2016 and the service had identified an activities co-ordinator. The service provided 15 minute mini "well-being" sessions that had specific topics including living together respectfully, going into the community safely and having control of personal care.

There was an activity board that listed activities such as playing ball or chair exercises. In the morning staff asked people what activity they wanted to do for the day, and this included people going out independently. Some people had an activity planner. For example one person did exercises every morning and this helped to improve their mobility, another person had one to one art sessions and a third person regularly went to the market.

However, the service was not person centred regarding activity provision. The activities on offer were not very meaningful for most of the particular people who used the service. For example we saw people throwing a ball back and forth which was not reflective of their needs and interests. Comments from people who used the service included, "There's still not much happening. It's got a bit better as in they are doing what is on the board but what is on the board is boring and there's not enough of it.", "Not much activities going on here. It might have even got worse since you last came.", "It can get a bit boring actually, but I just like to get on with it so I am fine." and "I do not really do many activities but that is because I do not want to."

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at six care plans for people who used the service. We saw that the pre-assessment included information from previous support services, a service user profile, risk assessments, medicines and mental health needs assessments. The registered manager or the other partner undertook the initial assessment which recorded medicines, mental health needs, mobility, self-care and risk.

The care plans were well organised. Preferences were recorded with likes and dislikes. Care plans were signed by both the person who used the service and a member of staff. Each section of the care plan had a separate evaluation record where the person who used the service was encouraged to make comments on their care plan. The care records documented appointments and if people refused them.

Nurses read through the daily reports and reviewed people's care plans on a monthly basis with the people who used the service. Sometimes relatives attended reviews. Staff said they explained the benefits of the care plan and encouraged people to talk about what they wanted. They told us, "If you involve (people) in the care plan, you will see progress."

There were monthly one to one key working sessions between people who used the service and staff. We saw all 14 people who used the service last had a key working session in May 2016. This provided people with the opportunity to build a relationship with their key worker and discuss any issues of concern.

We saw minutes for weekly residents' meetings which were well attended. Each meeting had a resident representative and standing agenda items that included, safeguarding, activities, the smoking policy, menu requests and individual comments. The residents meetings indicated people were generally happy and there was a clear record of people's voices being heard. A different policy and procedure was raised each week. Smoking was an ongoing agenda item.

The service had a complaints policy and procedure which was displayed in communal areas. Staff told us they knew how to make a complaint but would generally speak to one of the managers. People who used the service said, "I would speak to a member of staff and hope something would be done," and "I'm not sure on how to complain." Relatives told us they were aware of the complaint procedure and had seen it displayed on the wall. One relative said, "I feel quite able to walk in and say 'Have you tried….' They do listen."

Requires Improvement

Is the service well-led?

Our findings

At the inspection on 8 September 2015, duty rotas were not up to date. At the inspection on 3 June 2016, the rotas had been changed to reflect individual areas of support which included care staff, domestic staff, kitchen staff and night staff.

At the inspection on 8 September 2015, there was a lack of leadership from management and a lack of effective systems to check on the quality of care, which meant people were at risk of receiving care which was not appropriate to their assessed needs and did not follow best practice.

The provider is a partnership and one of the partners is the registered manager. When we inspected on 3 June 2016, we saw that although the other partner was involved in the service, the registered manager was the person completing supervision with the staff, attending residents' meetings and had a visible presence in the service. Staff told us "(The registered manager) is here every day from 9-5pm and on call on the weekends. Any problem we have, we can call them."

At the inspection on 3 June 2016, we saw that although improvements had been made to the systems and process used to monitor the quality and safety of the service and manage risk to people, the systems were not always effective as demonstrated by the discrepancies in the administration of medicines. We also observed that the manager did not have the necessary level of understanding around the Mental Capacity Act 2005 in terms of consent and least restrictive practice. This meant they were not effective in ensuring the home was well-led and that people received the necessary standards of care and support.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager completed a monthly health and safety audit that included checking the home environment, maintenance and training. A monthly infection control audit was also up to date. We saw monthly audits for food safety and hygiene regulations, a weekly kitchen cleaning schedule completed daily, a weekly thermometer calibration log, a monthly Electroset insect killer record, a monthly fire audit, daily fridge / freezer temperatures and cooking / serving temperature records.

All stakeholders, including most people who used the service, told us the managers were accessible. The service was a family run business and the staff turnover was low. Staff felt supported by the management and there was a sense of teamwork which contributed to the stability of people who used the service and the staff. Staff told us, "They (managers) are very supportive. "(The registered manager) is here every day. They are friendly if you need anything.", "You talk and they take action." and "(The registered manager) is approachable. I'm not uncomfortable going up to her and telling her (my opinion)."

When asked if they ever gave feedback to the manager, people who used the service told us, "The owners are okay, things have gotten better and they like to chat.", "I don't know who the owner or the manager is as I think they keep changing, but (partner) is friendly and I think they are one of them.", "We have a residents'

meetings but that's more about how things are going and turns into a general discussion.", "I have never done anything like a survey or anything here." and "I guess when the staff ask you how you are doing you can call that feedback."

A relative who visited very regularly told us that both the people in the partnership were visible in the service and approachable. "I've never seen (partner) daunted by anything." They said staff listen and gave an example of staff implementing a practice at their request. "They're very amenable."

We saw the service had sent out a satisfaction survey to people who used the service and employees. Twelve out of 14 people who used the service completed the tick box survey. Nine out of 21 staff completed their survey and were generally satisfied. Written comments about the registered manager were positive.

The service worked with various professionals including care co-ordinators, social workers, occupational therapists, GP, psychiatrist and district nurse. There was evidence of contact with professionals recorded in care plans indicating people were receiving the support they needed to maintain good mental and physical health. Professionals confirmed to us that communication with the home was good and that the providers seemed cooperative and willing to engage.

The managers had a network they accessed for best practice, including the local authority's provider forum where new legislation, guidance and best practice were discussed. They attended an annual three day Care Forum in central London and Link meetings which highlighted specific health issues. Human resources was outsourced to an external company and they provided the service with relevant information such as changes in the national living wage. The managers also liaised with colleagues in other nursing homes and at Ealing Hospital. Interaction with other providers kept the managers up to date with legislative changes and current best practice.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person did not ensure the care and treatment of service users was appropriate, met their needs and reflected their preferences. Regulation 9(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure that care and treatment were provided in a safe way for service users because they did not do all that was reasonably practical to mitigate the risk of fire due to people smoking. Regulation 12 (2) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not did not ensure that systems and processes were operated effectively. Regulation 17 (1) (2)(a)(b)