

Newslease Limited

# Trinity Court Nursing Home

## Inspection report

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Date of inspection visit:

03 April 2018

10 April 2018

Date of publication:

10 May 2018

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We inspected Trinity Court Nursing Home on 3 and 10 April 2018. The first day of the inspection was announced and the provider knew we would be returning for the second day.

At the last inspection, the service was rated Good.

At this inspection, the service was rated Requires Improvement.

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.

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

The provider had transitioned to a new electronic care plan system computer system in July 2017 but we found that staff were still adapting to the new system. Some records were still being completed on both the old and the new care plan system and were not always consistent. Some record keeping in relation to risk was not being reviewed in a timely manner. People that were identified at being at high risk did not always have their records reviewed in line with the level of risk.

The provider did not always follow the appropriate procedures with regards to covert medicines for people who lacked the capacity to make decisions about their medicines.

Although people told us they enjoyed the food and they were provided with appropriate amounts food and drink throughout the day, the provider was not following guidelines in relation to food hygiene.

The registered manager was not fulfilling the requirements of her registration and had not submitted notifications in relation to safeguarding concerns and applications for DoLS that had been granted.

The quality assurance audits were not effective in identifying the issues we found during the inspection, however the provider demonstrated they were open to feedback and acted upon the recommendations we made throughout the inspection. This included arranging for staff to undergo training in the new care plan system and signing up to the CQC Provider Portal to enable them to submit future notifications in a timely manner.

People using the service and their relatives told us they had no concerns about safety and that staff were caring and looked after them. They were confident that if they were to raise any concerns, they would be listened to and the provider would take action where necessary. We saw that when concerns were raised, the provider investigated and acted to resolve these to the satisfaction of the complainants.

Staff recruitment procedures were robust and staff received mandatory training which enabled them to support people effectively. Staff told us they felt supported and worked well as a team. Records confirmed they received regular supervision.

People's healthcare needs were managed by staff. Appropriate referrals were made to community professionals if required and a GP visited the home regularly to review people who were not feeling well. The provider had good working relationships with health and social care professionals, which was reflected in the feedback we received from them. The provider worked collaboratively with external organisations to support care provision and service development.

The service enabled people to carry out person-centred activities and encouraged them to access activities by arranging for external agencies to facilitate them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

At this inspection, We found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made a recommendation about good governance. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service has deteriorated to Requires Improvement.

Some record keeping in relation to risk was not being reviewed in a timely manner.

Some aspects of good infection control practice were not being followed.

Staff recruitment checks were robust and there were enough staff employed to support people.

Staff were knowledgeable about the procedures relating to safeguarding and whistleblowing.

### Is the service effective?

**Good** ●

The service remains Good.

### Is the service caring?

**Good** ●

The service remains Good.

### Is the service responsive?

**Good** ●

The service remains Good.

### Is the service well-led?

**Requires Improvement** ●

The service has deteriorated to Requires Improvement.

The registered manager had not submitted notifications in relation to safeguarding concerns and applications for DoLS that had been granted.

Some aspects of the governance and auditing procedures were not always robust.

The service worked collaboratively with external stakeholders to support care provision and service development.

# Trinity Court 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.

This comprehensive inspection took place on 3 and 10 April 2018, the first day of the inspection was unannounced. The provider knew we would be returning for the second day. The first day of the inspection was carried out by one inspector, two specialist advisors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses services for older people. Both of the specialist advisors were nurses and specialised in infection control and tissue viability. The second day of the inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths.

During the inspection we spoke with nine people using the service, four visitors and one member of staff. We also spoke with the head of operations, registered manager, deputy manager, two nurses, three care workers and a visiting professional.

We reviewed a range of documents and records including nine care plans, four staff records, as well as a sample of other records such as 10 medicines records, quality audits, complaints and training records kept by the service.

We contacted 17 health and social care professionals to gather their views of the service and heard back from three of them.

# Is the service safe?

## Our findings

The provider had transitioned to a new electronic care plan system computer system in July 2017 but we found that staff were still adapting to the system. Some record keeping in relation to risk was not being reviewed in a timely manner. Information about risks and safety was not always comprehensive or up to date.

The provider used a number of standardised evidence-based tools to assess people's needs. This included the Waterlow score for assessing the risk of developing pressure ulcers and Malnutrition Universal Screening Tool (MUST) for assessing the risk of malnutrition.

Appropriate risk assessments tools had been used to identify those people at risk but there were not always appropriate action plans in place to mitigate the identified risks. Staff demonstrated having knowledge of being able to identify those at risk but were not always able to demonstrate how they linked the identified risks to the care plans as well as developing action plans to mitigate the risks identified.

One person who had acquired a grade two pressure ulcer following a hospital admission did not have their Waterlow risk assessment reviewed on their return to the home. Another person, identified as being at very high risk of developing pressure ulcers did not have their Waterlow risk assessment reviewed since November 2017, either in the old or the new care plan system.

One person assessed as being at very high risk of developing pressure ulcers, was found sitting in the lounge without a pressure relieving cushion and they had a low pressure relieving mattress on their bed which may not be appropriate for people at high risk. The turning charts viewed showed inconsistent recording in the time and date when the repositioning was done.

A person was seen by the tissue viability nurse on 23 March 2018, their report stated "Maintain a strict turning chart to ensure they do not lie on the same side for more than two hours at least." Some of the turning charts for this person were recorded on paper, others were recorded on the new electronic system and were not always consistent in line with the recommendations.

In another example, we observed a person being transferred using a stand aid hoist. We reviewed the moving and handling risk assessment for this person which was completed in March 2018 which stated that the person was non-weight bearing, but that a stand aid hoist should be used. Stand aid hoists are used to transfer people with some weight bearing ability by assisting them to a standing position by means of a sling placed around the lower back. Therefore, staff were using the wrong hoist based on the information on the moving and handling assessment. We spoke with the in-house physiotherapist who was responsible for completing the moving and handling risk assessment who told us an assessment of the person had been updated and recorded in the person's daily notes that due to variable ability that a stand aid hoist or a full hoist could be used. However, these comments had not been transferred to the moving and handling risk assessment record for this person. One of the stand aid hoists was also checked and we discovered that this was faulty as one of the legs was loose, we highlighted this to the staff and this was taken out of use

immediately.

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

We found some discrepancies when we counted medicine stocks. A random medicine audit count was carried out in the presence of the registered nurse on duty and the number of the medicine did not tally with the stock balance. One of the medicines checked showed a balance of 94 tablets instead of the expected 90 tablets, and another medicine showed a balance of 96 instead of 92 when it was counted.

The provider did not always follow correct procedures when people lacked the capacity to make decisions about taking medicines and when they needed to be administered without their knowledge or consent. Two people, assessed as having no capacity to make decisions concerning their medicines were being given medicines covertly, crushed. Although there was evidence that this had been discussed with the GP and family as a joint decision in their best interests, the provider had not sought advice from the pharmacist regarding the suitability of the medicines to be crushed and whether an alternate form of the medicine was available. There was no medicine care plan to give instructions about the covert medicine. We highlighted this to the registered manager and on the second day of the inspection they confirmed that advice from the pharmacist had been sought and they would ensure this would happen in future.

People using the service said, "Yes they do help me with medicines, and I'm okay with that" and "Staff do my medicine, and I do get it on time."

Medicines were stored appropriately, including in a medicine fridge when medicines were required to be stored there. The temperature of the fridge was monitored regularly and recorded.

Medicines were only administered by registered nurses who had been assessed and deemed competent to administer medicine. There were no missing gaps on the medicine administration records viewed. Staff were observed supporting people to take their medicines safely and they did so in a professional and compassionate manner without any rush.

One the day of inspection there were no malodours and we noticed that hand washing facilities were available in every room, in bathrooms, and toilets there were also hand gel dispensers in corridors and in appropriate areas.

We observed domestic staff cleaning people's bedrooms, bathrooms and communal areas during the inspection. Cleaning schedules were kept and the premises were found to be clean and tidy. An infection control audit that was completed in November 2017 noted that all actions had been completed.

We saw that moving and handling slings were shared, a potential infection control risk. We made a recommendation to the registered manager and head of operations that individual slings should be used. They confirmed this had been done by the second day of the inspection.

The provider did not follow required standards and practice in food safety, including hygiene, when preparing or handling food. We saw some opened food in the kitchen which had not been labelled with the date they had been opened. Although they were within their expiry date, they stated they were to be disposed of after a certain number of days after opening. This was highlighted to the registered manager and head of operations at the end of the inspection.

People using the service and their visitors told us that people were safe at Trinity Court. Comments included, "Yes, I feel safe with them all...day and night staff", "I feel safe here", "Yes, [family member] is completely safe here" and "I believe that [family member] is very safe here, and they look after them well."

Staff were knowledgeable about the procedures relating to safeguarding and whistleblowing. Staff told us they had undergone training in relation to abuse, safeguarding and managing difficult situations. One staff member said if they "Witnessed anything untoward, I would have no hesitation in reporting to the manager." Training records confirmed that safeguarding training was delivered as mandatory training and staff had completed this recently.

Where safeguarding concerns had been raised, the provider managed these using local safeguarding procedures when necessary. One person told us there had been occasions in the past when they did not feel safe but was happy that this had been resolved by the provider.

People using the service said there were enough staff available to help and support them when needed, they said, "Yes, but I've not needed to use the call bell often", "Yes, there's always someone and I have my bell to call them."

Staff said there was enough staff on duty, one staff member said that "Sometimes it can be short here but we work as a team." We reviewed the staff rotas for two weeks leading up to the week of the inspection which showed there were always enough competent staff on duty. There were two nurses and nine care workers on shift during the day, plus additional staff such as domestics, activities coordinators, and kitchen staff and the registered manager. These were allocated as two care workers on the ground floor, three on first floor and two on the top floor, with one floating between the three and one based in the lounge. At night there was one nurse and five care workers.

Staff files contained evidence of appropriate recruitment procedures such as an application form, evidence of identity and address, references and criminal record checks.



## Is the service effective?

### Our findings

People's needs were assessed before they began using the service and care was planned in response to their needs. A healthcare professional said, "I find them very cooperative, professional and deal with my referrals within reasonable time. It has always been a pleasure working with them and I always consider them first if I have any referral as we work well with them." Pre-admission assessments were completed and contained relevant information such as likes and dislikes along with baseline observations, medical history, medicines and any allergies. Care plans had a number of ongoing monthly assessments to check whether their needs were being met or if they were changing.

Staff told us they received regular training and development. Induction training for new staff was completed in house by the registered manager, the nurses and the in-house physiotherapist who completed moving and handling training. We asked the head of operations and the registered manager 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. Ongoing, mandatory training was a mixture of e-learning and face to face training. The head of operations was responsible for overseeing and arranging training for staff and the providers training matrix showed that staff received regular, mandatory training in areas that were relevant to their role.

Staff files contained evidence of appropriate and regular supervision.

People were content with the food that was provided at Trinity Court. They said, "It's quite nice and we have choices...I like the 'afters'. We have lunch at 13.30 and supper at 17.30. They come around with eleven o'clocks in the morning and a cup of tea and biscuits at a quarter to four.... it's earlier if I'm downstairs in the lounge. I've got my drinks in my jug and they change it every day", "The meals are alright", "They will give me something else different from what's on the menu if there's nothing there that I like", "The food is okay" and "The food's not bad, it's improving."

Some people who had meals in their rooms told us by the time they received their food, it was not always hot. One person said, "It could be quite nice but it's not very warm." We discussed this with the head of operations who said, "We are already discussing the provision of a hot trolley for the food, as we are aware of issues regarding food delivered to the resident's room."

We observed people's experiences during lunch and saw that people were supported by enough members of staff to provide personal support. Most of the staff present that were assisting people to eat their meals did not always engage with them whilst helping them. People enjoyed their meal and there were plenty of drinks available. Staff encouraged service users to have a drink of their choice, they also took time to remind them to drink.

Care records showed input from health and social care professionals including opticians, audiologist,

mental health team, occupational therapist and palliative care nurses. The GP visited the home twice a week. The provider had a good working relationship with the supplying pharmacy who visited the provider when needed.

People's healthcare needs were described in their care plans and healthcare records were kept securely on the electronic system. Specialist healthcare support, such as tissue viability nurse, physiotherapist and podiatrist were sought as required and the provider made appropriate and timely referrals to the relevant professionals, and acted on their recommendations. Where there was involvement of professionals, this was documented in the multidisciplinary team notes located within the care records.

Care plans included guidance from health professionals. For example, risks to people's skin integrity were identified and assessed, suitable pressure relieving equipment identified and there was guidance for staff on how people should be supported to reposition. Wounds were closely monitored and tracked for healing or deterioration and dressed in line with the wound care plan and there was evidence of involvement with the GP.

Good practice was observed for one person with a wound. The nurses monitored the wound and dressed the wound according to the advice of the Tissue Viability Nurse (TVN). There were clear records in relation to the wound charts to show that wound dressings were done in a way that promoted wound healing. The nurses had good knowledge on wound management.

In plans relating to people with diabetes, care plans contained information regarding hypoglycaemic or hyperglycaemic reactions. The care plans also described the need for high fibre/low sugar diet, discussed the need for good foot care and the need to have regular retinopathy. Where there were concerns of potential weight loss in people, this was recorded regularly and regular evaluations completed. There was evidence they were being monitored by a dietitian and the GP. A healthcare professional who visited the home regularly said, "The staff are always very helpful and considerate to the patient's needs."

Some refurbishment work had already been completed at the time of the inspection including new flooring on the ground floor. Rooms were decorated according to people's wishes. The head of operations and the director told us more work was being planned, including redecoration and updating more of the bedrooms and communal areas.

People had access to an outside space that was well maintained, there was also a conservatory for them to use.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

There was evidence in care records that people had risk assessments for bed rails and for moving and handling. Risk assessments had been carried out along with best interest decisions in collaboration with the Multi-Disciplinary Team.

Mental capacity assessments had been completed and these records were within people's care plans. There

was evidence that the provider submitted applications for DoLS where it was assessed that people were being deprived of their liberty for their own safety.

We saw some instances where people with capacity had refused recommendations in relation to managing the risk of pressure sores as identified in their care plans, for example the use of an air mattress or cushion. However, their decision had not been formally documented in the care records. We raised this with the head of operations and registered manager on the day of the inspection, they took this feedback on board and had these decisions formally recorded by the second day. In future, we recommend these decisions are recorded and reviewed during monthly care plan reviews.

# Is the service caring?

## Our findings

People using the service told us they were treated respectfully and staff were caring towards them. They said, "Yes, they are civil. ... really kind", "Staff are respectful and caring", "I'm treated very good" and "Yes, staff talk to me nicely." We observed that staff spoke with people with compassion and respect. This was reflected in feedback received from health professionals.

People and their relatives told us their choices were respected by staff. People were able to express their views and be involved in making decisions about their care, support and treatment. People said, "The doors always open in the daytime which is my choice", "Yes, they do respect my choices and I can go out", "They help me, wash and dress and look after me the way that I want to be looked after", "I'm able to go out when I want, and I have friends come here." A relative said, "[My family member] is able to do what [they] want and I take [them] out. We've been to the local pub for a pint. When the weather's good we get out more."

Each person was allocated a named nurse and a key worker who they, or their family could speak with if needed. There was evidence within the care records that people and relatives who were important to them were involved in planning and agreeing on their support needs. Reviews took place on a regular basis and records were signed by those present at review meetings. One person said, "They do listen to what I say. I know that because the things that were agreed on the initial assessment do happen."

People were treated with dignity and respect without discrimination. People and their relatives said, "Yes, they do respect my privacy and dignity, and they normally come quite quickly when I need help", "They close the door for washes, but the rest of the time it's open", "Yes, they do respect [family member's] dignity and privacy. When they are giving them a wash or moving their position in bed staff will always knock before they enter and will close the door when helping. They ask us to leave when they are doing these things."

People's social needs were understood. People were supported to maintain and develop their relationships with those close to them and the community. People were free to maintain contact with family and friends and they were able to have visitors to the home. On the day of inspection the activity coordinator was carrying out different activities such as reminiscence and having a singalong with people, they did so enthusiastically and in a caring manner with good interaction between people and the staff.

The care records were accessible via a computer system that only allowed designated staff to have access to them. The system ensures that confidential information was securely stored. Paper records of care files were also stored securely in locked cupboards.

## Is the service responsive?

### Our findings

The registered manager and operations director explained they had transitioned to a new electronic care planning system in July 2017. We found that staff were still coming to terms with this system and it had not been fully embedded into the service.

Care plans viewed were clear and covered a number of areas such as personal hygiene, medicines, nutrition, skin integrity and end of life care. Care plans addressed people's well-being and guidance was clear for staff to follow on how these needs should be met. The system provided an alert that notified staff when it was due for review.

Care workers were provided with mobile devices on which they could access people's care records. When they supported people with personal care or any other support such as offering them a drink or helping to mobilise them, they confirmed this on the mobile app. These records were then available as daily care notes on the care planning system.

People were supported to make decisions about their preferences for end of life care. Advanced care plans, where people made decisions about the care they would like to receive and end of life care plans were included in care records. There was evidence that, where appropriate, these were discussed and involved family members and other important relevant people. One person had a funeral plan in place and information relating to this was available within the person's care record.

Staff were aware of national good practice guidance and professional guidelines for end of life care. The provider had received a platinum award for their Gold Standards Framework (GSF) in September 2017, this award is given to those homes that achieve re-accreditation in relation to their GSF. GSF is a systematic, evidence based approach to optimising care for all patients approaching the end of life.

The provider worked with palliative care specialists and others, to provide a dignified and pain-free death.

The service enabled people to carry out person-centred activities and encouraged them to access activities by arranging for external agencies to facilitate them. One person said, "They look after me and a man comes once a week and makes me do exercises...I like doing my exercises."

They were a broad range of activities on offer at Trinity Court such as music, physical exercise, board games, video reminiscence and arts and crafts. The home had the use of their own minibus and arrangements were in place to have at least one major outing at least one major one a year plus more smaller outings locally.

There were two activity co-ordinators employed. One activity co-ordinator also worked as a care worker, and facilitated activities during their shifts, and was supported by management to do so. We observed the activity co-ordinator doing both group and one to one activities with people. They did some memory/reminiscence work with pictures and photographs with people in the communal lounge. They also played different musical instruments and sang with people in the lounge. They also spent time with

individuals chatting and delivering newspapers to them in their rooms. The activity co-ordinator had a very friendly, engaging and open personality and was good at arranging appropriate activities for people.

School children from a local school visited once a week and spent time doing activities and playing games with people. An aromatherapist also visited the home once a week. Some people were taken to a day centre where they met other people from the local community. People's religious and cultural needs were met. A catholic priest visited to give communion to people and people of other religious denominations were also given the opportunity to practice their faith.

The provider was actively looking at external activity organisations that were able to provide effective, specialist activities that were appropriate for people using the service but could also provide training to staff on delivering activities.

People using the service told us they felt confident if they raised any concerns, these would be listened to. Comments include, "Yes, I believe that I'm listened to", "I've never complained but if there was a problem I'd speak to the staff downstairs in blue", "If I had any concerns I'd speak to my keyworker", "I'd know how to make a complaint but it's not been necessary", "No, we have never needed to make a complaint but we've only been here a few weeks, and everything has been fine so far."

One staff member said, "We always encourage our residents to say if they are not happy and can advise them on what to do if they wish to complain"

We reviewed the complaints that had been received. Where concerns were raised, there was evidence that the provider listened and acted upon them to make things right. Examples included replacing lost items and cleaning bedrooms.

## Is the service well-led?

### Our findings

People using the service and their relatives told us the service was good. They said, "Yes, it is a well-managed service, as far as I'm aware", "No, I can't think of anything that would improve the service", "It's good enough", "I think this is a good service, and [my family member] likes it here" and "I can't think of any changes they could make to improve the service."

Staff told us they felt supported, one said "The people I work with are supportive of one another", another said, "I can speak with the manager at any time and if she is not available I can speak with the senior." All staff thought the registered manager was really supportive, one said "She is very good" and another said that "She was very approachable."

There was a long term, established registered manager for the service. 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.

A health professional said, "The staff are very good at the home and the manager is excellent."

The registered manager was not fulfilling the requirements of her registration and had not submitted notifications in relation to safeguarding concerns and applications for DoLS that had been granted. We raised this with the registered manager and operations director at the end of the first day of the inspection. They subsequently signed up to the CQC Provider Portal to enable them to submit notifications in a timely manner in future.

The registered manager and operations director explained they had transitioned to a new electronic care planning system in July 2017. We found that the new system had not been fully embedded into the service.

Some records were still being documented on the old system. We reviewed turning charts for people who were at risk of developing pressure ulcers. There was some inconsistency in the records we saw, with some of these completed on paper records and others on the electronic care plan system. We spoke with the registered manager and head of operations about documenting this on one format or the other to avoid ambiguity.

As a result of some of the areas of concern we highlighted in relation to the care planning system, the head of operations confirmed that more training had been arranged for staff to help their understanding of the system.

Some aspects of the governance and auditing procedures were not always robust.

We spoke with the registered manager about care plan audits that were completed, she told us that care plans were reviewed on a monthly basis and any issues that were identified were brought to the attention of

the nurses but not documented. There was no effective structure to ensure records were being checked to ensure accurate and concurrent records were being recorded, that people had received the care and support they needed on a daily basis.

We reviewed the falls analysis report for the period January 2017 to December 2017. There had been 31 recorded falls. However, these figures were not accurate; four of the incidents were for a test case that was used when demonstrating the new care plan system. This was skewing the figures and had not been identified by the management team.

The area manager completed audits looking at areas such as records, premises, finances and staffing. These audits did not identify some of the areas of concerns in relation to risk assessments and record keeping that we identified during the inspection. They often contained vague statements and did not identify which records had been audited so they could be followed up. They included comment such as "Manager has insisted that entries of all records are made accurately" and "Only a few records were checked and these were found to be clear and accurate."

We recommend that the provider considers current guidance on effective governance practice to ensure that the quality assurance checks are robust enough to assess, monitor and improve the quality and safety of the service.

A medicines audit had been completed by the community pharmacist and this found the service to be managing their medicines appropriately. This audit looked at storage, administration, recording, information and training amongst others.

A health and medicines audit was completed monthly identifying and reporting on the number of clinical occurrences such as urinary tract infections, pressure ulcers, falls and chest infections. This was an internal report for review by the management team. In addition, a monthly report was sent to a pan-London group as part of ongoing monitoring and comparison with other nursing homes.

There was evidence of engagement with people and visitors to the service. An annual quality audit report from December 2017 analysed the results of the feedback survey carried out with people, visitors (relatives/friends), professionals and staff. Although actions points were drawn out and identified, it was not always clear if they had been acted upon.

Regular news letters were sent to relatives and shared providing updates about the service and details of upcoming events.

Regular staff meetings took place, providing a platform for staff to engage and give their feedback these included nurse meetings and a general staff meeting.

The service was transparent and willing to work collaboratively with relevant external stakeholders. It worked in partnership with organisations to support care provision and service development. For example, the provider took part in a recent study by King's College called the EPIC study to enhance the wellbeing of people living with Dementia. It was also involved in working with a project team at University College London on cognitive therapy.



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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not appropriately assess the risks to the health and safety of service users of receiving care or treatment. The provider did not take reasonable, practicable steps to mitigate any such risks. Regulation 12 (1) and (2) (a) (b).</p>