

Bupa Care Homes (ANS) Limited

Manley Court Care Home

Inspection report

John Williams Close
Off Cold Blow Lane, New Cross
London
SE14 5XA

Tel: 02076354600

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 18 and 23 March 2016 and was unannounced. We received information of concern and as a result we brought our planned inspection forward.

Manley Court Nursing Centre provides accommodation and nursing care for a maximum of 85 people. At the time of our inspection, 75 people were using the service. The home provides care for older people, some of whom have dementia and adults with a physical disability.

The home was last inspected on 16 and 17 April 2015. At the time the service was in breach of a regulation relating to staffing levels. The provider had not ensured the staffing levels were adequate to meet the care and support needs of people adequately and safely. We also made recommendations in relation to staff supervisions and appraisals, team building and effective temperature control systems for the medicine room.

You can read previous inspection reports of the service, by selecting the 'all reports' link for Manley Court Nursing Centre Unit on our website at www.cqc.org.uk.

The previously registered manager of the service had left since our last inspection. At the time of inspection, the home had a manager who had applied for the Care Quality Commission (CQC) registration. A registered manager is a person who has registered with the CQC 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.

At this inspection we found that the provider had not addressed all the concerns we had at our last inspection. We found that sufficient actions had not been taken in relation to low staffing levels and the service continued to be in breach of the relevant regulation.

We found four new breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to staffing (regulation 18); good governance (regulation 17); safeguarding service users from abuse and improper treatment (regulation 13); need for consent (regulation 11); Also, a breach of the CQC (Registration) Regulations 2009 for notification of other incidents.

Prior to the inspection the CQC had been informed of a concern about an aspect of the service. This was being investigated by other agencies at the time of the inspection. CQC will continue to monitor the progress and outcome of this investigation.

We found that people's risk assessments and care records were inadequately completed. This meant that information was not shared as required and people's safety was put at risk.

The service followed safe staff recruitment procedures. Staff were aware of potential signs of abuse to

people and supported people to managed risks as required. This help to ensure that people received the care they needed. People had support to take their medicines safely and as prescribed.

The service had not carried out regular supervision and appraisal to ensure that staff had the support required. People's mental capacity assessments were inadequately completed. There was a risk that people's capacity was not assessed in a way that met their needs. The service had not met the Deprivation of Liberty Safeguards conditions to ensure that people were not unlawfully restricted.

Staff attended regular training courses that were relevant to their role and ensured effective care provision for people. Systems were in place to support staff during their induction period. This meant that newly employed staff had the knowledge to support people with their needs. Staff assisted people to make decisions on a daily basis and ensured that the support was available for people when they required help to make more complicated decisions. People had their nutritional needs met. Staff worked together with health professionals to provide continuous and effective care for people. People received support with their health appointments as required.

People said they had good relationships with staff who attended to their support with care. Staff were aware of people's communication needs and helped them to make decisions for themselves. People were supported to plan their care and staff took people's views into account when providing support. The service provided people with a choice of food they wanted to eat. People felt they were treated with respect. Staff ensured that people's privacy was maintained. The service supported people to maintain relationships with their families.

People had their care and support needs assessed which ensured they received the care required. Staff were aware about people's individual needs and preferences. People had a choice of the activities they wanted to attend. The service supported people and their relatives to express their concerns where required. However, some family members we spoke to felt their complaints raised were not adhered to appropriately and therefore were reluctant to complain.

The service had not sent the CQC notifications in relation to the outcomes of Deprivation of Liberty (DoLS) applications.

Staff told us the new manager provided them with guidance and support where needed. This meant that staff were supported to carry out their roles effectively. Staff had different opinions in relation to the team working practices at the service. Some staff felt that relationships between the staff team were good, whereas others thought the relationships between the care assistants and nurses could improve. Staff said that their suggestions about the working practices were not taken into account, which meant that they were not involved in developing the service. The service used effective quality assurance systems to monitor the care and support provided for people.

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. Staffing levels were insufficient to meet people's care and support needs safely. People were put at risk of harm because the risk assessments were not carried out adequately to identify risks to people, so plans could be put in place to mitigate the risks.

Staff had knowledge of the potential signs of abuse to people and helped people to minimise risk of harm.

The provider had followed safe staff recruitment procedures to ensure that newly employed staff had the skills and knowledge to support people with their needs.

People received their medicines safely and in line with their prescriptions.

People received their medicines safely and in line with their prescriptions.

Requires Improvement ●

Is the service effective?

The service was not always effective. The service did not provide staff with regular supervisions and appraisals, which meant they were not supported to develop in their role.

Mental Capacity assessments were not carried out adequately to ensure that people's capacity was assessed as required; The service had not met Deprivation of Liberty Safeguards conditions making sure that people were not unlawfully deprived of their liberty.

Staff were provided with appropriate training courses to ensure they had the required knowledge and skills to meet people's care needs.

The service supported people as necessary with their nutrition needs. People were assisted to access healthcare services as required.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring. People told us their privacy and dignity was respected and choices were listened to. People had good relationships with staff who were caring.

People received support to use their preferred form of communication. Staff supported people to make decisions and plan their care as appropriate. People had a choice of what to eat and drink.

Is the service responsive?

Good ●

The service was responsive. Staff assessed people's individual needs to ensure the care they received was appropriate. People were involved in developing their support plans. Staff helped people to take part in activities of their choice.

People and their relatives were provided with opportunities to provide feedback about the service. People were supported to raise a complaint about the service if they wished to. However, a few relatives told us they had raised complains that were not dealt with appropriately.

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well-led. The service had not sent the CQC notifications in relation to the outcomes of Deprivation of Liberty (DoLS) applications.

Staff felt supported and approached the manager for advice when needed. Some staff felt they were not involved in planning service delivery for people.

Regular quality audits were carried out to improve the quality of the care and support provided for people.

Manley Court Care 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 service was last inspected on 16 and 17 April 2016. The care home was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to insufficient staffing level to safely meet the needs of people.

This inspection took place on 18 and 23 March 2016 and was unannounced.

The inspection team included three inspectors, a nurse specialist advisor, and an expert by experience for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that is completed by the provider to give some key information about the service, including what the service does well and what improvements are required. We also viewed the information we held about the service, including statutory notifications received. A notification is information about important events which the service is required to send us by law.

During the inspection we looked at 19 people's care plans, five staff files, medicines records, training records, staff rotas, safeguarding and complaints records, team meeting minutes and other records related to the management of the service. We used the Short Observational Framework for Inspection (SOFI) to observe the support provided for people at the service. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We talked with eight people living in the care home, four relatives who were visiting people at the time of inspection, 12 staff members, the clinical manager and the manager for this service.

Is the service safe?

Our findings

At our previous inspection on 16 and 17 April 2015 we found that staffing levels were not adequate to meet people's needs safely. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were insufficient numbers of staff at the service. This meant that staff were not able to respond to people's needs promptly.

We saw that staffing levels were still not sufficient to meet people's support needs as required. Some people told us that staff were not always available when they required assistance. Staff shortages were affecting their daily routines, including going early to bed and not having enough showers. People's relatives also observed insufficient levels of staff at the service. A family member told us there were not enough staff and, "nothing we can do about it."

Relatives told us that although people had access to a call bell system when they needed assistance, staff response to calls for help was slow. One family member said that sometimes it takes, "around 15 min" for staff to provide support for people after they rang the call bell. Ten out of 12 staff told us there were not enough staff at the service. Staff told us they were not able to attend to every call made by people in good time. Two staff said they let people know if they were busy and when they will be back to assist them. However, staff felt that certain actions had to be carried out promptly but staff were not available for this. For example, they were not always able to intervene promptly where people with dementia required immediate reassurance to make them feel safe. Staff said they were always in a rush and tired, which made them feel stressed.

The provider had staffing level guidelines, which were used to assess how many staff were required to support people. We reviewed the staffing rotas and found that the staffing levels provided were less as recommended by the provider's staffing level guidance. For example, we saw that one of the units was covered by one nurse and four care assistants during the day, whereas the provider staffing level guidelines recommended two nurses and five care assistants. We discussed this with the manager who told us the guidelines were only used to, "guide managers and were not to be followed as it is." The staff numbers were not reduced when there were less people in the service. The manager had reassured us that the current staffing levels were meeting people's support needs as required.

There was a risk that staff were not able to provide effective care for people in line with their support needs. We observed different staffing levels on each unit. The manager told us that the staffing levels were based on people's dependency levels. We were also told that additional staff were provided when people's needs changed and they required more support. However, in the last three months we did not see the staffing levels increasing, even though the staff we spoke with told us they raised their concerns with the manager about the low staff numbers. This demonstrated that there were not enough staff to support people with their daily care needs.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Service had addressed some of the issues identified at the previous inspection, but further improvements were required. At the time of the inspection the service was in the process of recruiting three new staff members and planned to carry out more interviews. The manager told us they used regular bank and agency staff to cover shifts where required. The service was working towards reducing the use of non-permanent staff at the service. The health and social care professionals and staff said to us that the agency staff were now used less than previously.

People's safety was put at risk because the risk assessments were not specific to people's individual needs. Some of the provider's systems to help identify and manage risks to people were not effective. We found that not all identified risks had risk management plans in place. For example, a person was assessed as being at risk for depression within the Geriatric Depression scale however there was no evidence of a risk management plan, care planning or advice on how to mitigate the risk documented in the file. Geriatric Depression Scale is a screening test for depression symptoms in older people. This meant that actions were not taken to manage the risk identified.

People's care records were not accurately updated to ensure that information was shared within the team as required. We found that information was not always recorded after the actions were carried out for people. For example, we saw record gaps between 8 and 24 hours for people with pressure sores who required turning every two hours. People told us the staff helped them to turn as required. This meant that information was not recorded in a timely way and could have been easily lost. There was a risk that people were not provided with continuity of care in accordance with their support plans.

We saw that people's care records were not always fully completed and precise. The personal emergency evacuation plan (PEEP) of one person did not adequately reflect their needs in relation to their reduced mobility. Staff had assessed the person to be at high risk in the event of an evacuation, which meant they would be dependent on help to leave the building. However, the documented horizontal evacuation method was very basic and a 'factors to be considered' section in the PEEP was blank. This meant that people's safety was put at risk because their needs were not accurately recorded.

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

The provider had arrangements to support people to smoke. A policy in relation to people's smoking included encouraging people to use electronic cigarettes instead of tobacco and making sure people were supported to go into the garden to smoke whenever they wanted to. The manager had ordered personal fire protectors for people to wear when smoking. This equipment reduced the risk of ash or a spark resulting in a fire. In addition, staff had checked the clothes of people who smoked were flame-resistant, made records for burn marks in clothes and documented when they instructed people not to use flammable sprays in the same area where they smoked. Staff worked with people to help them to understand the fire risks inside the building. For example, one person had overloaded an electrical extension cord, resulting in a fire risk. Staff arranged for a fire officer to meet with the person who explained what the risk was and found a solution of using a higher voltage extension, which staff provided. This demonstrated that staff had implemented safety precautions to reduce the risks associated with people smoking in and around the home.

Staff had the knowledge to support people in an emergency. There was specialist equipment to enable people to evacuate the building safely. There were emergency slides available which could be used to safely and rapidly evacuate people with poor mobility. The staff we spoke with told us they had practical training in the use of the slides and were confident in this. Staff also told us consistently about the emergency procedures in the home, such as what their initial response would be and who was in charge if

the fire alarm sounded. This meant that staff had received and understood appropriate fire and emergency training and were able to support people if needed. However, we found that in the last year the service carried out fire drills approximately every three months, instead of monthly as required by the provider's policy. The manager told us that the staff team was not provided with the necessary equipment for practicing and therefore did not undertake the tests. Since the equipment was put in place, the last two fire drills were carried out monthly.

The Care Quality Commission had been informed of a concern about an aspect of the service which was being investigated by other agencies at the time of the inspection. CQC will continue to monitor the progress and outcome of this investigation.

The service protected people from the risk of abuse. The safeguarding and whistleblowing policies were available at the service and accessible to the staff team when required. Staff had the knowledge and skills to recognise signs of potential abuse to people and told us what they would do if they suspected someone was at risk of abuse. Staff said they provided initial support to ensure a person's safety and reported their concerns to the manager for putting a protection plan in place. This ensured that immediate support was provided to people where required. The manager escalated concerns to a local authority for investigating and taking actions to protect people. We saw that recently the service had raised a safeguarding concern with the local authority in relation to a person's treatment at the service. At the time, the staff had taken necessary actions to protect the person while the investigation was taking place. These actions ensured that people were supported to be safe from harm and poor care.

The service followed safe staff recruitment practices, which ensured that staff had the necessary skills to support people as required. Staff records included interview notes, references, job application forms and completion of criminal records checks.

People were supported to take their medicines safely and as prescribed. Medicines administrations were carried out by qualified nurses. The medicines administration record (MAR) sheets were up to date and signed for by the staff as appropriate. We observed that staff supported people to take their medicines safely. The medicines were individually prepared and administered before commencing the next person's medicines. Staff were aware of the assistance people required to take their medicines. We saw a nurse prompting a person to take their medicines and providing their preferred drink to help them to take the medicines as necessary. The MAR chart was not signed for until the medicines were taken by the person. The clinical manager carried out regular medicines audits to minimise risks in relation to medicines errors and to maintain a safe medicines management. People's medicines were kept in a secure medicines trolley which was locked away in the clinical room. There were processes and records in place for the safe return of unwanted medicines to the pharmacy.

Is the service effective?

Our findings

At our previous inspection on 16 and 17 April 2015 we found that staff were not properly supported and supervised to ensure they were effective in their roles. We recommended that the system for supervising and appraising staff to be reviewed to make it more effective.

At this inspection we found this had not been fully addressed by the provider, and required further improvement. People were still being cared for by staff who did not receive adequate support to carry out their roles. We found that staff did not receive regular appraisal and supervision. Records showed that some staff have not had supervision for six months. There were no appraisal records available for some staff. This meant that the actions agreed were not recorded and therefore could not be checked to see if they took place. The manager told us that the supervision and appraisal were carried out by a deputy manager who had left the service. The manager did not have a record of when the supervisions and appraisals took place. We asked staff how often they had supervision. Some staff said they were supervised every two months and others every 4 months. We were not clear how often the supervision was happening. This meant that staff were not provided with regular one to one meetings to discuss their performance and to reflect on their practice in order to be able to carry out their duties as required.

Staff said they had their supervision sessions mostly regularly; however we heard that the supervisions carried out were not always effective because staff did not feel that they were listened to. One staff member said to us, "We do get supervision but I'm not sure they help very much as nothing happens after that." Some staff were not sure if they had an appraisal meeting last year. There was a risk that staff's developmental needs were not properly monitored and the follow-up actions were carried out as necessary.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff did not always work within the principles of the Mental Capacity Act (MCA) 2005. Information was not available on how the conclusions were reached and whether information about the proposed care was provided to people in a way that they could understand. Staff told us that people's capacity varied in relation to the decisions they were required to make. Records showed that the Mental capacity assessment were carried out if people's capacity was doubted, followed by the best interests meetings if staff were concerned that people were not able to understand risks in relation to the care they received. We reviewed the mental capacity assessments carried out for people and found they lacked detail on how people were supported to make specific decisions. For example, an assessment was carried out to determine if a person had capacity to make decisions related to their nursing care. There was no information available to demonstrate that the meaning of the nursing care was explained to them. Therefore, we could not be reassured that people's capacity was assessed in a way that met their needs. There was risk that staff made decisions on people's behalf although they were able to make these decisions for themselves.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

We found that the service had identified people who they believed would benefit from DoLS assessments. Staff had completed application forms to request authorisation from the local authority to deprive some people of their liberty. Records showed that the local authority had granted the authorisations and placed conditions on some of them. The condition is a legal part of the authorisation and must be complied with. We found that not all conditions were met. For example, a condition was put in place to carry out a best interests meeting with a person's family in relation to their care and support. There were no records available to demonstrate that the meeting took place. We asked the clinical manager about this who told us the meeting did not take place. There was a risk that the service did not protect people who lacked capacity to make complex decisions for themselves in relation to their care and treatment and ensured that they were not unlawfully restricted.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received training to ensure effective care provision for people. People told us that staff had skills to support them. A person said to us, "They [staff] know what they are doing." One other person told us that staff, "are very good and helped me in the right away". Relatives we spoke with said that staff had the appropriate knowledge to their role and provided good care for people. Staff were positive about their training experiences. Records showed that staff were up-to-date with mandatory courses, including health and safety, fire safety awareness, medication management and safeguarding people. Systems were in place to alert the registered manager when staff required refresher courses. This ensured that staff had attended the training courses as required. Staff were also nominated to attend training in more specialist areas to support individual staff development and improve the quality of care provided for people. These included a palliative care and cardiopulmonary resuscitation (CPR) training courses.

Systems were in place to support newly appointed staff in the induction process to ensure they had the skills to begin caring for people. Records showed that staff undertook induction training before they started working with people. This included the completion of mandatory training relevant to their role and shadowing more experienced staff members. The service undertook competency assessments to ensure that staff had the appropriate knowledge and skills to carry out their roles effectively.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on DoLS authorisations to deprive a person of their liberty were being met.

People told us staff asked them if they could provide care and support. Care plans had information on people's preferences and staff supported them to make decisions about their day-to-day care needs. We observed staff providing people with informed choices in relation to their personal care, for example when they wanted to have their clothes changed. The service arranged additional support, such as relatives'

involvement where people required to make more complicated decisions.

Staff supported people with their nutritional needs as necessary. Staff were aware of people's individual dietary requirements, including people who required their food to be a certain consistency. Staff completed appropriate risk assessments for people who were at risk of malnutrition and dehydration and needed support to eat and drink. For example, one person who had poor eyesight needed staff to place food in front of them and to cut it up into small pieces. This meant that the person could see their food and retain as much independence as possible. Staff completed a monthly weight chart to monitor people's weight. Staff asked for health professional's advice and support where necessary to ensure that people's needs were addressed appropriately. For example, records showed that people had routine choking and dietary assessments and referrals to dietician and speech and language therapist were made in response to assessed difficulties.

People had support to attend to their medical appointments as required. People told us that staff arranged the health professionals to visit them as necessary. One person said they saw their GP when they needed it. Qualified nurses were available to ensure that people's health needs were monitored and met as necessary. Care records had information on health checks carried out for people, such as medicines reviews. The service worked in partnership with other health professionals to ensure continuity of care provided for people. Care records had information about people's health needs that were shared with the health professionals for their input where required. A health professional told us that staff, "always will engage with us and send us information we request."

Is the service caring?

Our findings

People told us that staff were caring and attended to their needs with understanding. One person said, "Staff are wonderful and speak to us nicely." One other person said, "They [staff] look after me really well and are very patient." A relative told us, "The staff are really good here, they are very caring and try to do everything that they can." A health and social care professional said the staff, "know their job and carry it out with compassion."

People told us they had good relationships with staff. A person said to us, "It's very good, can't say anything bad about carers." A relative told us that, "the staff here are very good with people." Staff were seen to engage in general discussions with people when in their company and provided assistance to them. For example, a staff member was seen speaking in a calm tone while assisting a person with cleaning their glasses. Staff knew people's preferences and personal histories and used this information to have conversations with them. We observed that interactions between staff and people were kind, for example staff and people were laughing and joking together. This showed that staff attended to people's needs with care.

Staff were aware of people's communication needs. Staff told us they developed ways to communicate with people who did not use verbal language, for example through body language and facial expressions. We observed that staff used simple and easy to understand language making sure that people understood what they were saying. Care records had information about people's communication needs and guidelines were available for staff where required.

People were involved in making day to day decisions about their care and support needs. People told us they were provided with the choice how they wanted to be cared for. One person did not want staff support to be moved in bed. The person had capacity to make such decisions but staff recognised that they were at risk of developing pressure sores. To mitigate this, a pulley system was installed in the person's room, which enabled them to move themselves.

Care records had information on how people wanted to be supported at the end of their lives and who they wish to be involved. Relatives told us the staff team contacted them to inform about the changes in people's care needs and had involved them in making decisions about their support needs. The local authority carried out regular meetings to review people's care and to find out their views on the care and support they wished to receive. This meant that people's changing needs were discussed and changes made to their support plan as necessary.

People were supported to make choices about the food they wanted to eat. People told us they liked their food and that they were provided with information to make choices about their meals. One person said, "lunch time is always excellent." Another person told us, "We can get something else whenever we want." We spoke with the kitchen staff about how they supported people who required a modified diet. They told us that people were asked how they liked their food to be prepared. For example, people had a choice of cream and condensed milk to be added to thicken their food as necessary. The chef visited each unit regularly and

asked people for their feedback on the rolling menu and if they had special requests. Records showed that people were provided with Kosher, Halal, vegetarian and vegan meals to meet their special requests. However, we saw that staff did not support people to make choices about the drinks they wanted to have. For example, we observed everyone having tea prepared the same way during their meal time.

People told us their privacy was protected and they were treated with dignity and respect. People said to us that staff asked whether they wanted help and when they wanted to be supported. This meant that people's wishes were obtained before staff started assisting them. We observed staff being patient with people. We saw the doors were closed whilst people received personal care. Staff knocked on people's bedroom doors and waited for them to respond before entering. One person told us that staff were, "very cheerful and never complained. They never say anything like why are you calling again." People had personal memorabilia and belongings in their rooms. One person told us they were allowed to bring in their pet to visit. We saw people's relative's photos on the walls. This meant that people's rooms were personalised to meet their individual tastes.

Staff supported people to maintain relationships with their families. People told us they relatives visited whenever it suited them best. People had a choice where to meet with their visitors, such as their bedrooms or in the communal areas. This meant that people felt free to make choices and decisions in their own home.

Is the service responsive?

Our findings

People received care in line with their assessed support needs. One person told us, "I get support when and how I need to." A family member said to us their relative was, "looked after really well, he tended to fall out of his bed so they [staff] had placed a pressure mat next to his bed." A health professional told us the staff were, "committed to the service."

People's care needs were individually assessed and delivered, which ensured they had the support required. People told us that staff knew their individual needs and supported them as necessary. Care records had specific and relevant information to the needs of the people living at the service. For example, a person who had pressure sores was provided with appropriate equipment such as pressure mattress and pillows to support them. This meant that the important information about people care needs was available as required.

People were provided with support to access activities within the home and outside in the community. People said the service provided enough activities to occupy them. A person told us, "lots of activity some of them are quite good with music and exercise, very entertaining." People told us the activity coordinators asked them regularly about the activities they wanted to take part in and considered their likes and dislikes. A family member said to us their relative was supported to do their hobbies at the service. We saw that activity plans were changed regularly to ensure that people had a choice of activities to attend, for example domino and cinema nights. We observed that the activity coordinators provided one to one support with activities for people who received care mostly from their bed, including hand massages and storytelling. However some family members felt their relatives needed more activities to be provided in their rooms.

People were also supported to take part in the outdoor activities if they wished to. We saw pictures of people visiting the coast and London Zoo. The service had links with local community groups who visited regularly to socialise with people. One person told us they had people from the church visiting them. We also saw a group of volunteers singing and dancing on the first day of our inspection, which people enjoyed.

People told us they knew how to complain and staff had addressed their concerns as required. One person told us that staff, "listen" and, "answer any questions raised." The complaints procedure was available to people and their relatives at the service. Records showed that the complaints received were acknowledged, investigated and acted on. The service manager had regularly held meetings to find out relatives' views and suggestions about the services provided for people and to discuss their concerns. Records showed that staff had encouraged people's relatives to take part in these meetings. For example, a relative wanted to attend a meeting but could not make it due to other commitments. To make sure their views were still heard, staff talked with them on the telephone and discussed their feedback at the meeting on their behalf. We saw that the feedback provided by people and their relatives had been acted on, including the purchase of new sofa' chairs and hoists. This meant that people and their relatives were provided with opportunities to raise their concerns where necessary.

People's relatives had different opinions in relation to how the service dealt with the complaints. Some

relatives we spoke with felt that any complaints they raised were addressed to their satisfaction. A relative told us the staff team took appropriate actions to address their concern in relation to a person having their hair washed more often. Three out of eight relatives were not confident that the actions were taken as required after they raised a complaint, for example in relation to how people's clothing was looked after. We were also told that the staff team's attitude towards the relatives changed when they complained. One relative told us the staff were, "snappy" at them after they raised their concerns. This meant that complaints raised were not always addressed effectively and the relatives did not feel confident to raise their concerns where necessary.

People and their relatives were encouraged to give feedback about the service. We reviewed the feedback surveys completed for 2016. The feedback received suggested that compared to the previous year people's relationships with staff had significantly improved. For example staff were responding to people's care needs more promptly. This meant that the feedback received was acted on by the service as appropriate.

Is the service well-led?

Our findings

We saw that the manager was not fully aware of their registration requirements with the Care Quality Commission. The manager was not aware and had not sent the CQC notifications in relation to the outcomes of the Deprivation of Liberty Safeguards (DoLS) applications. The manager told us they followed a provider template that sent them reminders for the actions they had to carry out. However, this template was not up-to-date. At the time of inspection we discussed this with the manager who had agreed to send the notifications as soon as possible. After the inspection we checked if the notifications had been submitted and found out that this action had been taken.

This was a breach of Regulation 18 of CQC (Registration) Regulations 2009.

Staff spoke positively about the current manager who had been in the post since June 2015. Staff told us they were worried about the number of managers who had worked in the home in a short space of time. A staff member said to us, "We're happy now. The new manager is good." Staff told us that the manager was available when they needed advice and she provided guidance to the staff team to ensure good practice. A staff member said to us, "The manager is very approachable and I can ask her anything".

Staff felt they were not always supported to express their opinions and views on how the quality of the services provided for people could be improved. Some staff did not feel confident to raise their concerns with the management team in relation to work practice as the issues raised were not always addressed. These included suggestions how to improve service delivery, for example effective record keeping. A staff member said to us, "The nurses escalate our concerns but they don't seem to get any help either." Staff had different opinions about the work culture in their respective units. Some staff felt that relationships between nurses and care assistants needed improving. A staff member said to us, "Nurses just telling us what to do, we are not working as a team." Some staff told us the team was getting on well and provided good care for people. A staff member said, "The carers and nurses have a very cordial relationship. It's like a family in my unit." Another staff member told us, "The people here are great, we just don't have enough of them. We work together and this keep us positive and motivated."

Staff did not feel they had opportunities to express their suggestions. We looked at the minutes for separate staff meetings. This included short weekly operational meetings, senior team meetings and unit meetings. Manager told us that the team was encouraged to have meetings regularly since she had been in post. Records showed that recently the meetings were held most regularly and were well-attended by a range of different staff. In the meetings there was a consistent focus on meeting the individual needs of people, such as discussing strategies to support people with complex behaviour. We also saw that actions were agreed in relation to the service delivery and followed-up at the next meeting where required. However, the meeting minutes did not contain details of how staff were encouraged to engage in discussions and share the ideas.

Quality assurance systems were in place to review and monitor the care provision at the service. The provider had carried out regular audits at the service to identify good practice and recognise areas for

improvement. Reports viewed covered different areas of the service, including hospital admissions, staff training and safeguarding. We looked at the actions following the latest report and saw that they were addressed. Staff carried out regular audits to monitor the quality of care provided in the service. The service was divided into departments that carried out individual audits to inform the manager about any improvements required. These included kitchen safety, housekeeping and care provision. The manager ensured that the follow-up actions required were addressed for the issues identified. For example, where health action plans required updating. We saw that at the time of our inspection this action was in the process. This meant that the follow-up actions were undertaken to improve where required.