

# Abbeyfield Society (The) James House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

James House is a care home that provides accommodation and personal care for up to 12 people. At the time of the inspection 9 people were using this service. This care home is owned by the Abbeyfield Society who have a number of other care services in the UK.

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

At this inspection we found the provider had made improvements in the areas of concern we found at the last inspection. The provider had addressed the environmental hazards identified at the last inspection and now stored equipment in an appropriate manner. However, we found some aspects of the service now required improvement.

Staffing need was not being assessed and people complained to us of not receiving a timely service from staff on occasions. Whilst people spoke positively about the care workers they all felt there was a lack of staff that sometimes impacted on the service they received.

One person's documents had not been updated in a timely manner this had included assessments used to monitor their health and well-being.

Although not effective in addressing the concerns identified above the registered manager had systems in place to monitor and manage the quality of the service provided.

Medicines records were completed without error or gaps and medicines were stored in a safe manner.

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

The provider notified the local authority if they identified a safeguarding adults concern. The registered manager demonstrated lessons learnt had been shared with senior staff working with the provider, so they could learn from each other's experiences.

Staff had received an induction prior to commencing their role and ongoing training to support them to work in a well-informed way with people. Supervision was provided to support staff to undertake their role.

People told us they were given a choice of meals and that food provided was good. Care workers were reminded by the provider to ensure people remained well hydrated.

Staff were described as caring and people told us staff provided care as they wanted it to be provided. People were supported to make day to day decisions.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement 11 October 2018 (published on 4 December 2018). At this inspection there a breach of regulation 15 in Premises and equipment. The provider completed an action plan after the last inspection to show what they would do by November 2018 to address the concerns identified.

At this inspection we found an improvement had been made in this area and the provider was no longer in breach of Regulation 15. However, at this inspection we found a breach of Regulation 18 Staffing. And Regulation 17 Good governance. This service has been rated requires improvement in safe and well-led and good in effective, caring and responsive. The rating is requires improvement overall.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# James House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

James House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We inspected on the 3 and 4 December 2019. The first day was unannounced and we arranged to return the second day to complete the reviews of documents and speak further with the registered manager.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. Including notifications. This is information the provider must inform us by law. We sought feedback from the local authority and professionals who work with the service.

#### During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with two senior care workers and one care worker. We spoke with the registered manager and the area manager. We observed staff interaction with people throughout both days of inspection.

We reviewed a range of records. This included three people's care records and their associated documents. We looked at five people's medicines records. We reviewed three staff files in relation to recruitment and staff supervision. Also, a variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Four people told us there were not enough staff. They gave examples of how it affected the service they received. "Have to wait [for an aspect of personal care support] wait and wait and wait if they are busy with another resident. Even one more [staff] would help," and "It's changed from when I first came here. The [Registered manager] put in ads [Advertisements] for more [staff]. Very, very short of staff we need someone else am and pm, getting up and getting to bed. When I didn't feel well all I wanted to do was to get to bed... still waiting for 45 minutes. Then someone came to help me into bed," and "Really could do with more staff, ought to be someone to do the odd jobs [Gave examples] ...been kept waiting lots of times. I rang twice nobody came, they came up later," and "Need extra staff advertising for so long and no response. They [staff] are busy and not a lot of time to chat."
- On the first day inspection a senior care worker and a care worker were supporting people. We found the rota reflected on some days there was a senior care worker and one care staff available on the morning shift and on other mornings three staff. There was no staffing needs assessment in place to show how the fluctuating staffing provision had been identified as suitable to meet people's needs.
- The registered manager told us the staffing dependency tool was in the process of being updated by the provider. They supported staff when they needed extra help. They had recruited some new staff but there had been a poor response to recruitment adverts throughout the year. The registered manager had advertised and appointed a new head of care. They were going through their recruitment checks. Their role would be to support staff, "On the floor" as well as management responsibility.
- Whilst the registered manager was actively working towards a solution to the staffing issues it still meant at times people had to wait for support. There was a concern therefore people would not receive care and support as they wanted it to be provided.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.

The above was a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had systems in place for the safe recruitment of staff. Prospective staff completed application forms and attended an interview to assess their aptitude for a caring role. The provider undertook proof of identity checks, obtained references from previous employers and criminal records checks prior the staff

commencing work.

#### Assessing risk, safety monitoring and management

- Whilst most monitoring records and risk assessments were up to date and reflected the person's current situation one person's records were not. This was due to their keyworker no longer being present in the home.
- The person had been losing weight consistently, but their nutritional assessment called a Malnutrition Universal Screening Tool (MUST) was blank and their weight had not been recorded since July 2019 when they weighed 38.4. Their monthly care plan review records were not completed since 2 September 2019. This included their nutritional care plan review, moving and handling risk assessment and falls assessment.
- We checked and found there had been a dietitian and SALT referral. Professionals had visited, and the person was receiving a fortified diet. As such whilst no impact to the person was identified records were not in this instance up to date and did not reflect the actual actions being taken.
- The person's Waterlow assessment which assessed their risk of pressure sores had also not been updated. Previous Waterlow risk scores indicated a high risk of a pressure ulcer occurring. As such completion of this assessment was important to the monitoring of the person's health and safety.
- Notwithstanding the above, the registered manager assessed the risks to people and ensured there was guidance for staff to mitigate the risk of harm. Risks assessed included, mobility, health, falls, nutrition, skin integrity, and self-harm. Risks were highlighted in colour. This showed for example a person was at a high risk of falls in red and allowed staff to access this information quickly.
- There were personal emergency evacuation plans (PEEP) in place for each person. These were made available in a central location to be referenced by emergency services staff. In addition, people had hospital passports to take with them should they go to hospital in an emergency. These documents stated what support people needed to remain safe.

#### Using medicines safely

- We observed a medicine round and found generally staff administered medicines appropriately. Although we observed the medicines trolley being used upstairs there were several comments made to us by people the medicines trolley was not usually seen upstairs in their bedrooms. One staff member did not wash their hands prior to and in between administering eye drops to two people. This was poor infection control practice, so we brought this immediately to the attention of the registered manager who took appropriate action.
- People's medicines administration records were completed without errors or gaps. There were systems in place to check administration was completed appropriately daily. In addition, there was a monthly medicines audit. When we counted a sample of medicines this tallied with the amounts recorded.
- All medicines were stored at a suitable temperature and were kept secured. Controlled drugs were signed for by two staff members. Where medicine patches were used for pain relief there was a record of the previous patch being removed and a body map to show where on the body the new patch had been applied.

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

- People told us they felt safe. Their comments included, "Absolutely safe," and "Yes it feels safe here," and "Oh safe yes, care as you would want it to be provided."
- The registered manager had ensured there were displayed both in the office and corridor safeguarding adults' posters reminding staff of their responsibility to whistle blow should they witness any concerns. This included a safeguarding adults flow charts to guide staff through the safeguarding adult's policy and procedure.
- Staff demonstrated they could recognise signs and of abuse and knew how to report this. The registered



manager contacted the local authority to discuss and raise concerns appropriately.

#### Preventing and controlling infection

- The home was clean and free of mal-odour. Staff had received food hygiene and infection control training. They used colour coded equipment to avoid cross contamination. The kitchen was well maintained, and food was stored appropriately. For example, opened foods were refrigerated and dated to show when they were to be used by.
- The registered manager told us how they monitored Infection control by observing staff practice. They completed infection control audits which covered specific areas for example the kitchen. They ensured there was adequate supplies of personal protective equipment for staff ordering specific gloves for one staff with an allergy to latex.

#### Learning lessons when things go wrong

- The registered manager demonstrated to us how they had addressed poor staff practice, investigated and had taken steps to ensure there was no reoccurrence. For example, they found on one occasion the call bell system had been switched off. Investigations could not identify who had switched the system off. All staff potentially involved received a letter to inform them of the dangers to people of this practice and should they be found to switch the system off disciplinary action would be taken. There were now daily visual checks in place to ensure there was no reoccurrence.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to robustly ensure the premises were suitable for the purpose which they were being used. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 15

Adapting service, design, decoration to meet people's

- At our previous inspection in October 2019 there were not tamper-proof window restrictor fittings in place on all the upper floor windows. The provider had put in place tamperproof fittings and was actively of fitting further tamperproof fittings on the ground floor during our inspection.
- At our last inspection we found the bathroom contained stored equipment. At this inspection only, equipment used to bathe people remained in the bathroom.
- When we inspected last year, the provider was planning some refurbishment to the home. This had not yet taken place, but work was approved to start in January 2020. The registered manager told us they would risk assess and aimed to keep disruption to people to a minimum. They felt once the work was completed the outcome would be beneficial for people. They aimed to involve people in decisions such as choosing new living and dining room furniture, so they could have a say in how the new rooms would look.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider worked in line with the MCA. People had signed to say they consented to their care as recorded in their care plan. The registered manager had made DoLS applications on behalf of people when

they were assessed as lacking the capacity to consent to their care and treatment. They also ensured if a relative or friend made decisions on behalf of someone they had been appointed as Lasting Power of Attorney (LPA). LPA is the legal right to make certain decisions on behalf of another person in their best interest.

- Staff had received MCA and DoLS training. They told us how they gave people choice and asked for their consent prior to providing care. People confirmed they were given choices and listened to by staff. One person told us, "They do give a choice if I say no they do accept that, also if I say no to pills."

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

- The registered manager used a pre-admission assessment tool to assess people prior to them being offered a place at the home. The assessment included identifying risks to people and ascertained the home could safely meet their support needs.
- The assessment was used to complete a person-centred care plan that informed staff how people would like their care provided.

Staff support: induction, training, skills and experience

- New staff told us they had received an induction and felt well supported to undertake their role. One care worker told us, "Yes enough training. My manager asked do you feel you like you are ready to start, or do you want more induction. I was able to start when I felt ready."
- Care workers received training which included, food and hygiene, infection control, fire safety, MCA and DoLS, safeguarding adults, dementia and manual handling both theory and a practical session.
- Experienced staff received further training in addition to their mandatory training to broaden and add depth to their knowledge. This included a virtual dementia training course and supported the staff member to understand how a person with dementia might experience the world around them.

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

- People told us the food was good and they were given a choice. Their comments included, "Very good, a good choice of food," and "Generally food is good. Today was nice, roast beef and sherry trifle," and "The food is nice today."
- The chef tried to ensure people had a choice they would enjoy. We observed them telling people what was on the menu and making alternative suggestions based on people's known likes and dislikes. Food was made from basic ingredients rather than purchased readymade. There was for example a, "homemade" tomato soup served which people commented they enjoyed and homemade cakes.
- People living at the home at the time of our inspection did not need support to eat. One person who sight impaired was told what food was on the plate by describing the plate like a clock face. This helped them eat food in the sequence they wanted independently. People who had dietary requirements such as a fortified diet were given food with added ingredients or supplements to ensure they had adequate nutrition.
- People were served regular drinks both hot and cold. There was a display about hydration to remind staff about the importance to people to promote good health. Ways of increasing people's fluid intake was explored with the staff team.

Staff working with other agencies to provide consistent, effective, timely care

- People told us staff were pro- active at contacting the healthcare services if they required medical help. One person said, "First thing they say is get the doctor." We saw evidence in people's records the GP was called for advice if there were health concerns.
- The staff worked with health professionals to understand people's declining cognitive state and to identify what course of action was required. The staff team had worked with a memory clinic and the consultant on behalf of one individual. On one occasion the registered manager had advocated for a person by

questioning the assessment findings as they felt it was not representative of the person's usual pattern of behaviour.

- People were supported to have appropriate dental treatment at the home, Staff supported people when they required support with ongoing dental care. In addition, people attended audiology and optician appointments, so they could communicate with people effectively. They were also supported to attend other clinics that included cardiology and ear, nose and throat appointments.

Supporting people to live healthier lives, access healthcare services and support;

- The staff team demonstrated they took note of people's general well-being. One person moved rooms due to an emergency caused by a water leak in the room. Staff noted they appeared happier since the move. As such they offered the person a choice and plenty of time to decide if they wanted to move back to their former bedroom or stay in the new room. The person chose to stay in the new room and their general mood had improved.

- We observed at our last inspection one person's health had deteriorated significantly they had become bed bound. The staff team recognised remaining in bed was detrimental to the person's physical health and mental well-being had worked with professionals to address the situation. They had successfully encouraged the person to sit out of bed in their arm chair on some days. At this inspection the person was observed sitting comfortably in their arm chair and enjoyed a few hours out of their bed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us, "Staff are very nice, most of them are very good indeed," and "One [Care worker] who helps me. A very, very nice person and [another care worker] also is very good I also like [Another care worker] they are very good. Makes you feel it is no trouble at all, an asset. Another one, a new staff [Care worker] is good," And "Kind and caring. All very good."
- Care worker told us how they build a working relationship with people. Their comments included, "Just being open and willing to do things for them. I ask questions are you alright? warm enough? well fed? I think do they look happy," and "Smile in the morning, go the extra mile, ask them what would you like and always get their consent," and "I empathise, just put myself in their shoes... just to have pain and be incapacitated it is hard for them, I emphasise."
- We observed all staff addressed people in a polite manner and respected their wishes. Care workers both long serving and new were spoken about in a positive manner. People spoke very fondly of individual workers including the housekeeper and the chef as being accommodating, proactive and supportive.
- The home had visiting religious leaders who held monthly services and said prayers with people. There were also weekly prayer meetings where people could if they wished pray together. Christmas was being celebrated and the home had been decorated by both staff and people it looked festive and welcoming.
- People's care plans stated their protected characteristics and stated how they practised their religion. For example, one person's plan stated they no longer practiced their religion but would still like to be invited to the prayer meeting and the monthly service to decide if they wanted to attend.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- One person told us staff communicated well with them despite their hearing impairment. They said, "They can communicate well. I go to an audiology appointment and get batteries." They felt care was as they wanted it to be provided, they said, "They look after me, getting me up and get breakfast and help me dress."
- Care plans stated how people communicated, what support they required and how they wanted their care provided. Care workers told us how they supported people to make decisions and retain their independence. One care worker told us, "I ask, would you like a wash or a shower? Or do you want a wash now or should I come back? I offer clothes and ask is this ok or would you like to try something else? The most important thing is you must get consent and they must have choice."

- We observed staff knocking and waiting before entering a room. One person had a sight impairment we observed staff always announced who they were. Also, when they were leaving the person's bedroom they would tell the person, "I am leaving now" so they would understand the staff were no longer in the room.
- People told us staff respected their privacy. One person said, "With showering yes has as many as I would like, two a week. Respectful yes and yes they close doors." A care worker told us, "If I am giving personal care I make sure the door and curtains are closed. I use the towel to cover them as I wash them, and I explain to them what I am doing. Respect them and be sensitive."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had person centred care plans that told staff how they wanted their care provided. Care plans contained a background history. In some instances, these were very detailed and contained photos of important events in people's lives. This gave staff topics the person might like to talk about and a sense of the person in the context of their lives.
- We saw where there was a key worker in place information had been updated and shared monthly. However, one person's records had not been updated since 2 September 2019 as the key worker was no longer present in the home. The necessary actions had been taken about their care, but the monthly update had not been written.
- Information was shared highlighted by the keyworker's in monthly reviews. For example, one person liked their hair washed in a particular manner and this had been shared with the staff team and in the care plan review by the keyworker.
- Care plans detailed when the person would like personal care such as showering and if they preferred male or female staff. Information about their bedtime routine was included so staff could help them settle for the night.
- We asked if people could have a shower when they wanted one. We asked this because people had a shower rota. Some people told us they usually showered once a week and this was their choice and said they had an allocated day. Several people chose to have two showers a week. People's comments included, "I have a designated day. If I were at home I would have one every day, but I've got used to it. I don't mind. Don't know if could ask for one maybe I could," and "With showering yes I have as many as I would like." Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
- One person and some relatives told us whilst there whilst there were festive celebrations advertised prior to this there had been fewer activities over the year than previously. One person said, "Enough going on? Not as a rule. Now towards Christmas there are extra things put on. Well I would like an extra person [Staff] to take us out for a walk and fresh air. They do occasionally offer a little tour round the neighbourhood but only very occasionally. There are not enough staff. Some days I would love a breath of fresh air."
- There were activities advertised such as board games and crosswords. For the festive season there were cultural and religious celebrations relevant to the people living at the home. For example, Christmas decorations, card making and carol singing. We saw a singing performance that all who attended enjoyed. A care worker told us, "They enjoy their quizzes it brings people together in the lounge, they play board games...Going out? I reckon it is once every month or every two months. We went for an outing to Ruislip

Lido.

- There was a part-time activities co-ordinator and care workers sometimes engaged people in games. One care worker told us there were not always enough care workers to do activities with people when the activities co-ordinator was not working.
- Some other people told us they were happy with activities provided. One person seated by themselves in the lounge said, "Yes I like it here, comfortable here watching TV." Another person said, "I'm ok for activities, every day they deliver a newspaper. [Go to activities] occasionally yes. Sometimes I chat with others. Yes plenty [activities]."

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had circulated to all their services a policy in September 2019 about staff using accessible formats with people. The registered manager had ensured staff understood the policy and asked them to raise if they had suggestions or identify a person might have a specific support need.
- One sight impaired person could not read their care plan and they did not use braille. Staff read the care plans to them and they signed to state they agreed. Another person struggled with writing, so staff members regularly supported them and wrote what they wished on their behalf.

#### End of life care and support

- The registered manager confirmed there was no one receiving end of life care at the time of inspection. However, people did have their end of life wishes in the event they became very ill. Several records we reviewed contained a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR). This had been undertaken by a doctor in consultation with the person and their family members.
- Some people had a letter with their funeral plan so staff would know who to communicate in the event of their death.

#### Improving care quality in response to complaints or concerns

- People told us they knew how to complain and found the registered manager approachable. Peoples comments included, "I have complained I have filled in a complaint [form]" and "I can speak to the manager [they] are always willing to listen" and "I would speak to any member of staff. There are little notelets we can write down if a complaint. All this time I've been here no complaints and "I'm not the complaining type. I can see both sides."
- There was a complaints policy and procedure displayed in several places to support people to complain. There was a suggestions box, so people or relatives could also write a suggestion if they wanted to. Compliments were displayed, and this recognised care workers good practice and appreciated work. Complaints were logged and investigated by the registered manager and provider.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection we found some concerns about the environment. This was because some windows lacked tamperproof restrictors and some equipment was not stored appropriately. At this inspection this had been addressed. However, we found some short falls in the governance of the service.

- Staffing was not being assessed to ensure there were adequate staff to meet people's needs at all times. Several people had complex support needs and either required two staff to be moved and handled safely or required a high level of interaction and supervision from staff throughout the day. Most people spoken with complained about the low staffing levels and gave examples about how it had impacted on the service they received.
- In addition, one person's monthly records review had not been updated since 2 September 2019. This included risk assessments for nutrition and pressure ulcers. We were told this was because their key-worker had left. However, audits and checks over a three-month period had not identified this gap in their records and alternative arrangements to update the records had not been made.
- We noted also that whilst care plans were in place for everyone and were detailed they were the original care plans. For example, one care plan was dated June 2014. Apart from the identified gap in review as stated above, they have been reviewed and contained hand written updates each month. These reviews were current. However, the main body of the text no longer resembled the support needs of the person as it was over five years old.
- We discussed our findings with the registered manager and they explained they had already identified this through undertaken by a registered manager from another of the provider's services. They had discussed with the provider and agreed they would with the new head of care go through and update all people's paperwork.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.

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

- Notwithstanding the above the registered manager or senior care workers undertook daily checks which included the call bells and medicines audit. They walked around the building to check for example the fire board was operational and to ensure bedrails and pressure relief mattresses were fit for purpose.
- There was also a weekly health and safety checks for equipment which included hoist and slings. Monthly audits for health and safety and medicines. We saw the registered manager had identified medicines errors and addressed them with staff. A registered manager who worked in another home had begun to audit people's records. In addition, to the other checks there were bi annual infection control audits, six monthly medicines audits. The area manager had begun an audit based on the CQC key questions and was in the process of completing the first of these audits.
- There were weekly checks of the fire alarms and fire doors. Fire drills occurred twice a year. There had been a visit and report by the London Fire Service in January 2019. They found the home to be satisfactory in terms of fire safety. They recommended horizontal evacuation. (This is a phased evacuation method of moving people away from the area of danger to a safer place on the same floor. This type of evacuation is usually required where a resident cannot use exit stairs to get outside and must remain on a particular floor until assistance arrives.) The provider's fire officer had undertaken a survey to compartmentalise the home. A fire risk assessment was undertaken by the provider in May 2019.
- We identified a previous survey had found some fire doors required attention to make them effective and safe. We asked for evidence this work had been completed. The registered manager requested this confirmation from the provider. However, this had not been received at the time of writing this report. We will continue to monitor until we have confirmation the work was completed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was able to tell us when they had a legal responsibility to notify the CQC. They had let us know in a timely manner when there was a concern.
- The registered manager demonstrated they informed people and relatives when something had gone wrong. For example, when there was a leaking roof emergency the person's relative were informed. They shared concerns with the staff team, so mistakes could be learnt from. When conducting our inspection, they shared information.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The people and staff equality characteristics were recorded as part of the provider's monitoring information. Residents meetings were advertised in advance, so people knew when a meeting was planned and could arrange to attend. Changes in service and information was shared with people. Several people told us they had brought up issues in meetings. This included their concerns about staffing levels which the registered manager had responded to by explaining the current actions being taken.
- A survey had recently been sent out and responses were coming back to the provider. The registered manager explained outcomes would be analysed and circulated. The registered manager had an open-door policy. We saw people and relatives were welcome to speak with them about any concerns.
- Some staff spoken with, including the registered manager had applied for more senior positions and been promoted to their current position. This had acknowledged their experience and expertise.
- Staff told us they found the registered manager approachable and enjoyed working at the home. Their comments included, "An interesting and homely place. It's a joy to work here, I was a care assistant then a senior care assistant. I get support from the [registered manager] ...they do chase things up", and "I enjoy this, I'm pleased to be working here...I feel like I have got used to it and have support."

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they kept their learning up to date through provider updates and subscribed to a number of health and social care organisations. This supported them to keep abreast of changes in policy and best practice.
- The registered manager worked in partnership with the provider's other registered managers. They told us they found this supportive and were able to share actions they had found successful and learn from others. They had visits from the local authority and welcomed their findings and feedback. They worked in partnership with health professionals for the benefit of people using the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not always ensure systems were operated effectively and in a timely manner to assess, monitor and mitigate the risks relating to the welfare of service users. Regulation 17(1)(2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not deployed enough skilled and competent staff to ensure service users were always cared for according to their needs, wishes and preferences and in a person centred manner. Regulation 18(1)