

Brownlow Enterprises Limited

# St Francis Residential Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

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

St Francis Residential Care Home could accommodate up to 29 people who may have dementia in a two storey building. The ground floor had been reconfigured and extended and the provider had applied to increase the bed numbers to 39. At the time of this inspection, there were 27 people using the service.

This inspection took place on 22 and 29 October 2018 and was unannounced. At the last inspection in July 2016, the service was rated as Good. During this inspection, we found two breaches of the regulations and the service is now Requires Improvement. This was the first time the service has been rated Requires Improvement. We found there was not always enough staff to meet people's needs and the provider's quality assurance systems did not identify the issues we picked up on at inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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.

Staff were knowledgeable about reporting safeguarding concerns and whistleblowing. People had risk assessments carried out to mitigate the risks of harm they may face. However, the risk assessment for the building and renovations work lacked detail and we identified trip hazards in the newly created garden area. Building safety checks were carried out in line with building safety requirements. Recruitment checks were carried out before new staff began working at the service. There were systems in place to manage medicines safely. People were protected from the risks associated with the spread of infection. The provider used accidents and incidents to make improvements to the service.

People's needs were assessed before they began to use the service to ensure the right care could be provided. Staff were supported with regular supervisions, annual appraisal and training opportunities to help them to carry out their role effectively. The provider had communication systems in place for staff to be updated on people's well-being and changes in care needs. People were supported to eat a nutritionally balanced diet and to maintain their health. However, the dining experience for people was not always positive. The provider and staff understood the requirements of the Mental Capacity Act (2005).

People and their relatives were involved in decisions about the care and thought staff were caring. Staff knew people well and understood their care needs. People were supported to maintain their independence and their privacy and dignity was promoted. Staff were knowledgeable about equality and diversity.

Staff understood how to deliver personalised care. Care plans were detailed and contained people's

preferences. However, care plans were not always accurate. People were offered a variety of activities and their communication needs were met. Complaints and compliments were recorded and used to improve the service. The provider had a system to capture people's end of life care wishes.

Not all people and relatives knew the new registered manager. The provider obtained feedback from people using the service, relatives and health professionals. People had regular meetings to be updated on service development and for improvement suggestions. The provider worked in partnership with other agencies to improve the service provided.

We found the registered provider was not meeting legal requirements and was in breach of two regulations. These were in relation to staffing and good governance.

We have made three recommendations about risk assessments, record-keeping and the dining experience.

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?

The service was not consistently safe. There were not always enough staff to meet people's needs.

People had individual risk assessments to mitigate the risks they may face. However, the risk assessment for the building works lacked detail. Building safety checks were carried out.

The provider followed a safe recruitment procedure. There were systems in place to protect people from the risk of abuse.

Medicines were managed safely. People were protected from the risks associated with the spread of infection. The provider had a system of recording and reporting accidents and incidents.

**Requires Improvement** 

### Is the service effective?

The service was effective. People had an assessment carried out of their care needs before they began to use the service.

Staff were supported to carry out their job effectively through training, supervisions and annual appraisals.

People were supported to eat a nutritionally balanced diet. However, people did not always receive a positive dining experience.

There was effective joint working and communication within the staff team.

People were supported to access healthcare as needed.

The provider and staff provided care in line with the requirements of the Mental Capacity Act (2005).

**Good** 

### Is the service caring?

The service was caring. People and relatives gave positive feedback about the staff being caring.

**Good** 

Staff demonstrated they were caring through their interactions with people.

Staff knew about people and their care needs.

People and relatives were involved in the care planning process.

Staff understood how to provide an equitable service.

People's independence, privacy and dignity were promoted.

### **Is the service responsive?**

The service was responsive. Staff understood how to deliver a personalised care service.

Care plans were detailed but were not consistently accurate.

People were offered a variety of activities.

Care plans included guidance for staff on the person's communication needs.

People received information in a format they could understand in line with the accessible information standard.

The provider kept a record of compliments and complaints.

The service had processes in place to meet people's end of life care wishes.

**Good** ●

### **Is the service well-led?**

The service was not consistently well led. The provider carried out regular quality audits but these did not identify the issues we highlighted during the inspection.

There was a new registered manager in post. Not all people and relatives knew who the registered manager was. Staff gave positive feedback about the registered manager and the support they received.

The provider had a system in place to obtain feedback from people, relatives and healthcare professionals about the quality of care.

People had regular meetings to discuss important issues about

**Requires Improvement** ●

the service being provided.

Staff had regular meetings to be updated on the service which they found useful.

The service worked in partnership with other agencies in order to improve the service.

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# St Francis Residential 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 inspection was prompted by concerns following a local authority visit about risk assessments in connection to ongoing building works, and staffing levels. We were aware that the provider had applied to increase the number of beds at the service.

This inspection took place on 22 and 29 October 2018 and was unannounced. The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we looked at the evidence we already held about the service including the previous inspection report and notifications the provider had sent us. A notification is information about important events which the service is required to send us by law. We also spoke with the local authority regarding the concerns they had.

During the inspection we spoke with seven staff which included the operations manager, registered manager, two senior carers and three care workers. We also spoke with five people who used the service and two relatives. We observed care and support provided in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We reviewed four care records including risk assessments and care plans and reviewed four staff records including recruitment and supervision. We looked at records relating to how the service was managed including staff training, medicines, policies and procedures and quality assurance documentation.

# Is the service safe?

## Our findings

People and relatives gave us mixed feedback about whether there were enough staff on duty. One person told us, "There are enough carers." However, another person said, "Individual attention is needed for some [people who used the service]. Sometimes two or three carers are needed, then there is not enough staff on the floor." A relative told us, "There are enough carers but fewer carers at the weekend."

Staff gave us mixed feedback about whether there were enough staff on duty to meet people's needs. Three staff told us there were enough staff. One staff member explained, "The manager and senior carers chip in if staff calls in sick. We do not use agency staff, not since I started working here." Two staff told us there were times when more staff were needed. One staff member explained, "Some [people who used the service] need two staff for personal care. We look after people properly but if we had more staff we would look after them better. For example, when we go to put a person to bed, needing two staff, I have to put them [to bed] by myself. I think it's dangerous. I think staffing can be improved."

The operations manager and registered manager told us staff from the provider's other services helped out to cover staff absences. Records confirmed this. The training matrix showed staff were trained to undertake other roles within the service and we saw this was the case. For example, during the inspection a care staff member worked in the kitchen as the cook was on annual leave and records confirmed this.

Prior to the inspection, the local authority had raised concerns about staffing levels. During a monitoring visit, the local authority had witnessed a person fall in the communal area. Staff were busy supporting other people and there was a delay before staff could assist the person who had fallen. We reviewed the rotas and saw there were four care staff and one senior on duty during the day and two care staff on duty at night to support 27 people. One staff member told us there were five people who required the support of two staff for all transfers.

One person who had recently had a fall and was unsteady on their feet, told us they spent a lot of time in their bedroom but often there were no staff available to support them to walk to the dining area at mealtimes. This person told us they were worried about falling again. During the inspection, we observed there were times when people had to wait a long time for staff assistance. For example, we noted at mealtimes, people had to wait at least for 30 minutes after sitting at the dining room tables for their food to arrive and one person waited for two hours to be assisted to leave after they finished eating. We raised this with the operations manager and the registered manager. The operations manager told us they planned to employ an extra staff member to work across the kitchen and dining room. They told us this would enable the food to be served in a more timely manner and would free up the care staff to support people directly. The operations manager also told us the staffing levels would be reviewed as people moved into the new part of the building

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

People had risk assessments carried out to mitigate the risk of harm they may face. For example, a risk assessment for one person who was independently mobile with a walking aid stated, "Ensure the floor is clutter free to prevent tripping. While giving shower or bath, staff to ensure that bathroom floor is not wet with water to prevent slipping or fall leading to injuries." Risk assessments carried out included falls, wandering, fire evacuation, malnutrition and dehydration, skin integrity, heatwave, confusion and self-neglect.

At the time of this inspection there were ongoing building renovation works. The management told us the building works were now completed. However, we noted the foyer to the entrance of the building was still unfinished and an area in the car park to the side of the building was still cordoned off. The management also told us there were plans to build a new kitchen block subject to local authority planning permission. This meant there was still a potential risk to people from continued building works. During the inspection the risk assessment for the impact of the building works on people who used the service was unavailable.

The registered manager sent us the pre-construction risk assessment following the inspection. We reviewed the risk assessment and found this lacked detail. For example, the section of the risk assessment that dealt with dust and noise stated, "Works producing excessive noise should be undertaken at agreed times and having regard for the homes manager being able to mitigate the impact of the noise on [people who use the service]." However, there was no detail about how the registered manager would mitigate the impact of the noise on people using the service who may find this distressing.

We found there were trip hazards in the newly created garden area. These consisted of a raised kerb stone surrounding the grass area in the middle and the ramp leading off both sides of a pagoda raised above the level of the pathway. Following the inspection, the registered manager sent us details of the steps that were being taken to remove the trip hazards.

We recommend the provider seek advice and guidance from a reputable source about risk assessments.

Building safety checks had been carried out in accordance with building safety requirements with no issues identified. For example, a gas safety check was carried out on 24 April 2018, the five-year electrical installation check was completed on 25 April 2018 and portable electrical appliances had been tested on 29 August 2018. The service had window restrictors in place to prevent people accidentally falling out of a window. The fire risk assessment was last reviewed in November 2017. The registered manager told us this was due to be reviewed again because of the recent building works. Fire equipment was checked on 13 February 2018 and a fire evacuation drill was carried out on 25 August 2018.

The provider had a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. Staff had produced proof of identification, confirmation of their legal entitlement to work in the UK and had provided written references. New staff had undergone criminal record checks to confirm they were suitable to work with people and the provider had a system to obtain regular updates to check their continued suitability. This showed a safe recruitment procedure was in place.

The provider had safeguarding and whistleblowing policies which gave guidance to staff about how to identify and report abuse. Staff explained the actions they would take if they suspected somebody was being abused. One staff member told us, "It's about protecting someone from any harm and abuse. If I notice anything I would escalate it to my manager. If any staff raised concerns with me I would report it to the manager. If [registered manager] does not do anything, I would go above her to head office and notify CQC. I would feel comfortable doing this as it is about the person's and my safety." Another staff member said, "To keep residents safe from abuse. Types of abuse can be mental, physical, neglect. Signs I would look

for are bruises, marks, dirty clothes, lack of things. If I notice these signs I would tell the manager. If it is very dangerous and the manager does not do anything I would report it to CQC." A third staff member told us, "The carer will report to the senior who will see what the concern is, who will then speak to the manager. When you want to raise a concern about something that is not right, and you have the right to be anonymous. In the office there is the whistleblowing procedure. Report to CQC, local authority, the police." This meant the provider had systems in place to protect people from the risk of abuse.

The provider had a comprehensive medicines policy which included guidelines to staff about medicine administration, ordering and receiving stocks of medicines and record keeping. People's medicines were stored appropriately and securely. Medicine administration record (MAR) sheets had been completed and signed with no gaps to indicate people had received their medicines as prescribed. Some prescription medicines are controlled under the Misuse of Drugs legislation to prevent them being misused, being obtained illegally or causing harm. The provider had effective systems in place to ensure controlled drugs were stored appropriately and correctly accounted for in line with current legislation.

People who required 'pro re nata' (PRN) medicines had detailed guidelines in place. PRN medicines are those used as and when needed for specific situations. Records showed PRN medicines were administered as prescribed. However, the provider did not have a system to record the number of tablets in stock for medicines not contained in the blister pack system. We raised this with the registered manager who following the inspection confirmed they had spoken with the supplying pharmacy who had provided a stock count sheet. The registered manager confirmed the stock count sheet had been immediately implemented.

Covert medicines are those that need to be given in a disguised format because the person lacks the capacity to understand why the medicine is needed. People who required their medicines to be given covertly had guidelines on how to administer the medicine and signed agreement by the GP. Although the guidelines were signed by the GP there was no evidence that pharmacy advice had been sought on the best method to disguise the medicines. We raised this with the registered manager who following the inspection discussed this with the supplying pharmacy. The registered manager also sent us the written pharmacy guidance and confirmed the MAR chart reflected this guidance. This meant medicines were managed safely.

People were protected from the risks associated with the spread of infection. During the inspection we noted the premises were free from malodour. Staff received training about infection control. The provider had an infection control policy which gave clear guidance to staff about preventing the spread of infection. Staff confirmed they were provided with sufficient amounts of personal protective equipment such as gloves and aprons. There were handwashing facilities available including hand soap and paper towels. The provider employed domestic staff to keep the premises clean.

The provider had a system of recording and reporting accidents and incidents which included actions taken and recommendations to prevent reoccurrence. These records were checked and signed off by the registered manager. Records showed lessons learnt from accidents and incidents were shared with staff at team meetings, supervisions and staff handovers.

## Is the service effective?

### Our findings

People had an assessment before they began to use the service so the provider could ensure they could meet their care needs. The assessment included capturing information about the person's support needs around communication, mobility, personal care, nutrition and hydration, mental health, choice and control, and daily activities.

Staff we spoke with told us they received regular and sufficient training to do their job effectively and records confirmed this. One staff member said, "I had an induction. I got to know the [people who used the service], got to know the staff and their routines. I did online training courses. Recently had face to face dementia training. I shadowed the senior [staff member]." Another staff member told us, "We have sufficient training opportunities but mainly all e-learning." A third staff member said, "I had induction training when I started. It was for three days where someone showed me how to support people, for example, with their personal care [and] care plans. I attended face to face training last week in 'Significant 7' and incontinence. Yes, it was good." The 'Significant 7' is a toolkit designed to support care home staff to identify health deterioration earlier, in people who used the service, so that they can receive appropriate care at home rather than undergo a hospital admission.

The training matrix showed staff received training in safety related topics such as health and safety, fire awareness and first aid. Staff received training in key care topics including nutrition, dementia and mental health. Records showed 96% of staff were up to date with their training with the remainder booked on upcoming sessions.

Staff confirmed they received supervision every three months and found these helpful. The provider's supervision system included observing a staff member at work followed by a discussion and setting the staff member knowledge quizzes. Records showed key areas of care were covered during the knowledge checks such as fire awareness, managing behaviours which challenge services, and moving and handling. Documentation showed discussions following a staff member being observed at work included principles of care, communication, dignity, choice, privacy and mental capacity.

Records showed staff received an annual appraisal. During appraisal meetings the staff member's performance over the past year was discussed and areas for improvement were identified. This meant staff were supported to be effective in their role.

People and relatives gave us mixed feedback about the food. One person told us, "I think the food is fantastic." Another person said, "The food is good. I love the food. However, one person told us, "The food is a bit simplistic. Very bland. Some people are allergic to onions, so we never have onions." Another person said, "There are too many cheese sandwiches at supper time. Not enough variety is offered. There are plenty of drinks."

One relative told us, "[Person using the service] looks healthy. I think that they have put on weight. [Person] is on the appropriate diet." However, another relative told us, "The food can be very good but also not so

good. Food portions are not sufficient. [Person using the service] just eats what is put in front of them." We observed during lunchtime on both inspection days that people were served small portions and were not asked if they would like second helpings. On the second inspection day, one person asked for another helping and this was given.

Staff were knowledgeable about people's nutritional needs and food preferences. One staff member told us, "The food budget is big and the fridges, freezers and cupboards are well stocked. [People who used the service] can ask for seconds. There is always enough food. We have people who eat halal food, vegetarian, on low calorie and low sugar diets." A third staff member told us, "We offer a variety of drinks and juices. We offer tea and coffee throughout the day. We have a variety of snacks throughout the day, crisps, biscuits, croissants, fresh fruit, yoghurts."

The kitchen was well stocked with a variety of nutritional food. Care plans had guidelines that described how staff were to support people at meal times. People chose in the morning what they wanted to have for lunch.

We observed lunch on both inspection days and staff supported people in a kind and compassionate manner. However, the lunch time meal was not well managed. People were encouraged to sit at the dining tables and waited for 30 minutes before food was ready to be served. We observed some people became impatient, left the dining area and staff had to encourage them to be seated again. A staff member put music on for people to listen to whilst they ate but the volume was too loud and people could not hear each other speak. We noted there were no condiments, seasoning or drinks on the tables for people to use if they wished. People were not asked during the meal if they wanted second helpings or more drinks. We raised this with the management who told us in the past they used to put condiments and seasoning on the tables but felt it was a risk to some people so this practice was stopped. The registered manager told us they would observe lunch to ensure people's mealtime experience was improved. The management told us they planned to employ an additional staff member for the kitchen who would be responsible for ensuring people's experience at mealtimes was positive.

We recommend the provider seek advice and guidance from a reputable source about the provision of a positive dining experience for people who used the service.

Records confirmed the service had a system of staff handover twice a day. This ensured new staff coming on shifts were aware of people's physical and emotional wellbeing and of any appointments or visits scheduled that day.

Staff gave positive feedback about communication within the team. One staff member told us, "Staff does work as a team. We have staff handovers in the morning and afternoon, we talk about people's needs. Staff meetings are good we are informed on any changes, updated on things related to people's care." Another staff member said, "I would say staff do work well as a team. We do work as a team." A third staff member told us, "We all work and communicate as a team and everyone's treated fairly. Seniors have a communication book. Seniors and managers communicate verbally. Every morning and evening time we have handover, so if there's any changes that is communicated daily."

Each person who used the service had details of healthcare professional visits and health related significant events recorded in their care files. These included the outcome of appointments and action taken. Records showed people had access to the chiropodist, GP and community nurses as needed. During the inspection the optician visited the service to check people's vision. We spoke to the GP who also visited the service and they told us, "It's okay. No particular concerns. The new manager is very good with communication."

The building was laid out across two floors which was accessible by lift. People's bedrooms were personalised with pictures of their choice on the walls. The provider had arranged for an extension to the ground floor to be built which was completed two to three months before this inspection. This involved a reconfiguration of the communal area and additional bedrooms to be created. The management told us there were plans to build a bigger kitchen so that extra people could be catered for.

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 authorisations to deprive a person of their liberty were being met. At the time of this inspection there were 16 people with legally authorised DoLS and two people awaiting a decision because they required a level of supervision that may amount to their liberty being deprived. Records showed assessments and decision-making processes had been followed correctly.

Staff understood MCA and DoLS. One staff member told us, "[MCA] protects those who lack capacity to make decisions. Communication is very important. You have to be clear and concise, explain all the support tasks and actions and support them. I give people choices. If they refuse to take medicines, I would go and sit for five minutes and I will go back to the person and ask again. I cannot force them." Another staff member said, "People who lack capacity, they cannot choose for themselves. We have to explain to them the process and options to encourage them to make decisions, even a small thing like choosing biscuits. We have to ask everybody what they want. Give them choices." A third staff member told us, "You have to get consent, for example, when you want to assist them with personal care. With regards to food, drinks and activities [we] offer them choices as well." This staff member explained how some people who used the service had their liberty deprived and they said, "The manager has to apply for DoLS and for decisions to be made in their best interests."

## Is the service caring?

### Our findings

People and relatives spoke positively about the staff. One person told us, "The carers are fantastic. I can't find fault whatsoever. I hope that heaven is as good as this." Another person said, "Carers help me. They are very good." A third person told us, "The carers do a good job of looking after me." One relative told us, "Can't complain about the staff. Carers are very friendly and caring. Some speak the same language as [person who used the service]." Another relative said, "The staff are very nice."

We observed caring interactions between staff and people who used the service. For example, one person was being encouraged to walk independently by a staff member who had their walking frame to hand in case this was needed. The person was seen smiling and enjoying the congratulatory comments being made about them successfully walking unaided.

Staff were knowledgeable about people who used the service and their care needs. One staff member told us, "When I started, I had a brief look through their care plans, also working with the residents. I am getting to know interesting things about them every day, most of them tell you and you get to know their history." Another staff member said, "I have read the care plans and they have enough information on people and how we should support them."

People and relatives were involved in the care planning process. The registered manager told us, "[We have an] open door policy. When we are making the care plan with the residents I usually talk to them and the next of kin or if [their] representative." A staff member told us, "The [people who used the service] who don't have family we liaise with advocates, the social worker or whoever is involved. Sometimes we will arrange meetings for relatives or phone them to update them."

The provider had an equality and diversity policy which gave guidance to staff about providing an equitable service. The registered manager told us, "We treat everybody as an individual unless there is a risk to them. We don't discriminate." A staff member said, "We treat people equally but as individuals, by the person-centred approach and we look at their individual needs."

The registered manager and staff explained how they would support people who identified as being lesbian, gay, bisexual or transgender (LGBT). The registered manager told us, "We are going to treat everybody as individuals. One staff member said, "For me, I treat everybody equally as an individual. That's their right and who are we to judge? We are all humans. Be treated how you would like to be treated." Another staff member told us, "I treat people equally and do not discriminate. I don't have any problems with LGBT people. I would not gossip about their sexual orientation. I would just treat them like others as we all are human beings. I cannot judge. Just support them with their needs." A third staff member said, "[People who used the service] are treated equally, we do not discriminate. We take to them [LGBT] like everybody else. If people are discriminated by others we have to tell them to not do that."

The provider had a policy which gave clear guidance to staff about how to promote people's privacy and dignity. We observed staff knocked on doors before entering people's bedrooms or bathrooms. Staff

described how they maintained people's privacy and dignity. One staff member told us, "We maintain confidentiality and do not share people's confidential information. I close the door when providing personal care support. Respect their choices. I don't rush people but support them as per their pace." Another staff member said, "We cover them with a towel. We shut the curtains, make sure the door is shut." This meant people's privacy and dignity was promoted.

People were supported to maintain their independence. One staff member told us, "Some people dress themselves. We just supervise." Another staff member said, "We do try to encourage them to be as independent as possible. I will encourage them to wash their face and give them the flannel. If they can walk, we encourage them to walk. We try to encourage them to eat by themselves."

## Is the service responsive?

### Our findings

Staff described how they gave care to people in the way that they wished. One staff member told us, "They are involved in planning their care." Another staff member said, "It's about the person and catering for their personal needs and all needs in general. Everyone's different."

Care plans were comprehensive and contained people's preferences. They included information about people's background, healthcare needs and how they wished to be supported. For example, one person's care plan stated, "[Person] no longer mobilises independently and uses the aid of a zimmer frame to walk indoors and close supervision of two staff since discharge from wheelchair." However, we noted two people's care plans contained the wrong name part way through. We raised this with the registered manager who said they would review the care plans to ensure they contained accurate information.

We recommend the provider seek advice and guidance from a reputable source about accurate record-keeping.

People were offered a range of activities. One staff member told us, "I usually decide on the day what activities we have, depending on the staff working on the day as some staff are better art and crafts and others at music and signing." Another staff member said, "We [staff] are doing activities such as exercise, painting. Senior carer chooses the staff member everyday who should organise activities." A third staff member told us, "We have fruity Wednesdays so we make it as a fun activity."

People gave their opinion about activities in the service. Two people said, "Not bothered about activities" and "I don't do much activities. I don't want to take part." One person told us, "I do colouring and exercise but there is a lack of people to talk to." This person explained that most people had dementia and so needed more attention from the care staff. Another person said, "There are no trips out. We used to go and feed the ducks. Outings put you back into everyday life."

During both inspection days, we observed staff engaged in individual activities with people. We observed people were engaged in a weekly group activity with a visiting entertainer, dancing and singing along to music. Staff assisted with the delivery of this activity in an upbeat and energetic manner. People were seen to enjoy the session by their smiles, giggles and active participation.

The activities planner showed a variety of activities including musical exercise, walking exercise, quizzes, bingo, board games, memory exercises, numeracy and spelling, carpet bowling and arts and crafts. A spiritual leader from a local church visited once a week for prayers and holy communion for those that wished to attend. There was a weekly outing to the local shops or park weather permitting. People were able to participate in light household tasks if they wished such as setting the dining tables or helping staff to take clothes off the washing line. Outside entertainers who regularly visited the service on a monthly basis included animal therapy, musicians and art therapy.

At the previous inspection we discussed with the registered manager that some people may not like the

noise levels in the communal lounge area. We saw as part of the refurbishment of the building a quiet room had been created. The operations manager explained they were considering what they could do with this space to make it more inviting for people who wished to spend time quietly.

We asked the registered manager what they had done to implement the Accessible Information Standard (AIS). The AIS requires providers to evidence that they record, flag and meet the accessible communication needs of people who used the service. The registered manager told us, "We do use picture information. If a person has sight impairment, I would ask my line manager about braille in a simpler form. If [person who used the service] has hearing impairment and are able to read, we will provide them with written information. First, we will have to test their hearing and check if they want to wear a hearing aid."

People's care records contained a communication care plan which included details about how they chose to communicate, whether they were able to retain information and whether they had hearing or sight needs.

The provider had a complaints policy which gave staff clear guidance on how to handle complaints. People and relatives told us they knew how to complain if they were not happy. One staff member told us, "We have a complaints procedure. I would direct them to the manager who would report it to the company." Another staff member said, "If a [person who used the service] wants to make a complaint, I would ask what it is and if [person] does not want to share with me I will inform the senior." We reviewed the record of complaints and saw no complaints had been made this year. Two complaints were made during 2017 and records showed these were dealt with appropriately and to the complainant's satisfaction.

The provider kept a record of compliments consisting of thank you cards and letters. For example, one compliment stated, "The whole family would like to thank you for the kind care and comfort you gave to [person who used the service] whilst he was with you. Words cannot express how grateful we are."

At the time of this inspection there was nobody receiving end of life care. The provider had an end of life care policy to give guidance to staff on how to provide people with appropriate care at the end of their life. A staff member told us, "I would find their end of life plan is in their care plans which the staff and myself read on a regular basis." We noted care plans contained documentation to indicate if the person wished to be resuscitated or not in the event they had a cardiac arrest or died suddenly. Documentation showed discussions were had with the person and their next of kin and signed by the GP.

## Is the service well-led?

### Our findings

The service was not consistently well led. There was a registered manager at the service who was new in post. The registered manager advised us the building works started in 2016 and were completed two to three months prior to this inspection. We noted the extension was completed but refurbishment to the original building was ongoing. The provider had not notified CQC of their plans to carry out extensive renovation and building works. The operations manager explained they were not aware of the need to do this because the works were planned in a way that would not disrupt the service. The operations manager told us the building contractors hired for the works had the skills and equipment to keep levels of noise and dust to a minimum and no utilities were interrupted. We noted that nobody had raised any issues or concerns during the time the building works were being carried out. Following a discussion about this, the operations manager reassured us that the need to notify CQC under these circumstances would be shared across the provider's other services.

The provider carried out regular quality audits in order to identify areas for improvement. However, the issues we highlighted at inspection were either not identified or acted upon through the provider's quality assurance systems regarding the building and renovations risk assessment, PRN and covert medicines, people's mealtime experience and record-keeping.

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

Care staff completed a daily care delivery log for each person who used the service over two weeks. The design of the log ensured important information had been recorded. Staff were required to indicate on the log if the person's medicines had been administered, description of person's mood at different times of the day, bladder and bowel monitoring, details of personal care, additional charts completed, professional and family visits. The daily care delivery logs were signed off by the registered manager at the end of the two weeks and contained a space for identified issues to be recorded by the registered manager.

The registered manager had a system of carrying out various quality audits. These included weekly checks of medicines and response times to call bells. For example, a check of MAR charts on 25 October 2018 identified that some people had refused to take their tablets. The action noted was for staff to continue monitoring refusals and to consult with the GP if the issue persisted. The registered manager also carried out unannounced night visits and issues identified were discussed with the relevant staff members. For example, an action identified on 23 August 2018 was for hourly checks to be done in a timely manner and this was discussed with all night staff.

We reviewed three recent audits and saw that a medicines training deficiency was identified in night staff on 18 June 2018. The action was for the registered manager to ensure one core night staff undertook medicines training. The registered manager had taken action and records showed night staff had now received this training.

We asked people and relatives what they thought regarding the management of the service. One person told us, "Manager is very good." Another person said, "I find it difficult to talk to the manager. I am not good with new people." Two people who used the service and two relatives told us they did not know who the registered manager was.

Staff gave positive feedback about the registered manager. One staff member told us, "[Registered manager] communicates well. She helps me and I help her, very good team work. [Registered manager] is approachable and I would tell her if I have a problem. She asks us for our views." Another staff member said, "The manager is helpful and listens to us. I feel supported in my role. [Registered manager] always encourages us to speak to her if [we are] not sure of anything. [Registered manager] is approachable and easy to talk to." A third staff member told us, "The manager's really supportive. They work really well with the staff."

The provider promoted staff equality. The registered manager told us, "Everybody [staff] are treated equally. We have an open-door policy." A staff member confirmed, "The manager does not discriminate. We are all treated equally."

The provider carried out annual surveys to seek feedback from people using the service, relatives and healthcare professionals about the quality of care. Areas covered in surveys included choice of home, care and treatment, care planning and activities, meals, medicines, staffing and complaints.

The provider was in the process of carrying out this year's survey. We reviewed some of the returned survey forms and noted they were all positive. A healthcare professional's survey form stated, "Very happy with the new manager, very accommodating and helpful." A relative's survey form stated, "Staff are very friendly and my father is happy."

We reviewed the analysis for the feedback survey carried out in November 2017. This showed people and their relatives were generally happy with the service. The analysis indicated that 94% of people were happy with the service, liked living in the home, felt comfortable, safe and cared for, thought the home was kept fresh and clean, and found the management approachable and helpful.

People who used the service had meetings every three months. Records confirmed these were up to date. Topics discussed included activities, meals, staffing, building improvement and care. This meant people could be updated on the development of the service and make suggestions for improvements.

Staff had regular meetings to receive up to date information and share feedback and ideas. Topics discussed included activities for people who used the service, laundry, infection control, team work, change in management and how to support people safely during the heatwave. Staff told us they found these meetings helpful.

The service worked in partnership with other agencies in order to improve the service. The registered manager told us they attended the Waltham Forest care home forum where they shared examples of good practice. The registered manager also told us they organised training with the local Clinical Commissioning Group (CCG).

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  (a) <input type="checkbox"/> The provider did not assess, monitor and improve the quality and safety of the service provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  (1) <input type="checkbox"/> The provider did not ensure they employed sufficient numbers of suitably qualified, competent, skilled and experienced persons in order to meet the requirements of this regulation.