

Abbeyfield East London Extra Care Society Limited

The Abbeyfield East London Extra Care Society Limited

Inspection report

George Brooker House
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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Inadequate



Overall summary

George Brooker House provides accommodation and support with personal care for up to 44 older people. The service is a large purpose built property. The accommodation is arranged over two levels. There were 42 people living at the service at the time of our inspection.

This was an unannounced inspection, carried out over two days on 26 and 30 January 2015. During the inspection we spoke with 14 people who lived in the service, three visitors, 15 staff, one volunteer, one member of the executive team, the deputy manager and the registered manager of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

During our last inspection of George Brooker House on 21 July 2014 the provider was not meeting the legal requirements in relation to cleanliness and infection control, assessing and monitoring the quality of the service provision and staff training in safeguarding people who use the service from abuse.

We found ten breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of this report.

People were not always kept safe at the service. There were poor arrangements for the administration of medicines and infection control. Risk assessments were not completed in a timely manner and did not address the risks to people using the service which put people at risk of harm.

Each person had a care plan which set out their individual and assessed needs. However some people were not protected against the risks of unsafe or inappropriate care and treatment by monitoring of their medical condition.

Staff did not always receive regular supervision or appraisals and there was no line management structure for care staff. The training matrix showed that some staff had not received up to date training in relation to first aid, dementia awareness, care planning, mental capacity and record keeping.

Senior staff demonstrated they had an awareness of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where people did not have capacity.

People told us they felt cared for. People were treated with dignity and respect. The staff knew peoples likes and dislikes.

The provider did not always inform the Care Quality Commission of important events that happen in the service in a timely manner.

Summary of findings

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. There were poor arrangements for the administration of medicines and infection control. Risk assessments were not always completed when people were admitted to the service and did not address the risks to people.

The service had a safeguarding procedure in place and staff were aware of their responsibility with regard to safeguarding adults.

There were enough staff at the service.

Inadequate



Is the service effective?

The service was not always effective. Staff told us they undertook regular training however the training matrix showed that some staff had not received up to date training in relation to first aid, dementia awareness, care planning, mental capacity and record keeping.

Staff did not always receive regular supervision or appraisals and there was no line management structure for care staff.

People received nutrition which was compatible with their specific dietary requirements.

Peoples had access to health care professionals.

Senior staff demonstrated they had an awareness of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where people did not have capacity.

Requires Improvement



Is the service caring?

People were treated with kindness and compassion in their day-to-day care. People told us they felt cared for. The staff knew peoples likes and dislikes.

Good



Is the service responsive?

The service was not always responsive. Each person had a care plan which set out their individual and assessed needs. However some people were not protected against the risks of unsafe or inappropriate care and treatment by monitoring of their medical condition.

There was a programme of activities and most people said they joined in with the activities at the service.

People said they knew how to complain if they needed to.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not always well led. We found that the provider had not sent in notifications to the Care Quality Commission about important events that happen in the service. Quality assurance systems at the service were not always robust.

People were not involved in meetings to obtain their views about the service.

Records relating to peoples care were not always easily accessible to staff or completed in a timely manner.

People using the service and staff told us the management team were approachable.

Inadequate



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Detailed findings

Background to this inspection

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

This inspection was brought forward because we wanted to review if the provider had made improvements following enforcement action taken after the last inspection on 21 July 2014. We had also received concerning information about the management of medicines, the qualifications of staff employed and a recent outbreak of an infection at the service.

We visited the service unannounced on 26 and 30 January. On the first day of our visit the inspection team consisted of two inspectors and an expert by experience who is a person who has personal experience of using or caring for someone who uses this type of service. We were also accompanied by two pharmacist inspectors and a specialist advisor. A specialist advisor is a person who has professional experience in caring for people who use this type of care service. On the second day an inspector visited the service.

During our inspection we spoke with 14 people who lived in the service, three visitors, one volunteer, a member of the executive team, the chef, two domestic staff, nine care staff, the activities co-ordinator, the care team leader, deputy manager and the registered manager of the service.

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.

Before the inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since the last inspection. We contacted the local commissioning team for the service to obtain their views about it. Prior to this inspection we received information of concern relating to the qualifications of staff on night duty and a recent outbreak of an infection at the service.

We usually ask the provider to complete a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, on this occasion, the provider was not asked to complete a PIR so we obtained this information during the inspection.

We observed care and support in communal areas, spoke with people in private, and looked at care records for 11 people. We also looked at records that related to how the service is managed including training records, quality assurance records, policies, staff duty rotas and maintenance records.

Is the service safe?

Our findings

The service was not safe. We found problems with the management of medicines at the George Brooker House. The service did not have suitable arrangements in place for the management, recording, handling, safe keeping, safe administration and disposal of medicines.

Medicines were not stored safely for the protection of people who used the service. The cupboard used to store controlled drugs did not comply with legal requirements. Controlled drugs are medicines which the law requires are subject to special storage and recording arrangements. There was no monitoring of the room temperatures where medicines were stored and we recorded this at 28C. This is above the recommended maximum temperature.

Medicines requiring cold storage were stored in secure fridges, the fridge temperatures were monitored each day and we found these were within acceptable limits. However, staff were not following the service's policy which required the maximum and minimum temperatures of the fridges to be recorded each day. We noted that the temperatures of both fridges had reached a maximum temperature above the recommended level of 8C. We also found medicines stored in the fridge which should not have been there as the packaging clearly stated "when in use do not refrigerate". Staff were not aware, until we told them, that this storage instruction was on the packaging of the medicine and there was a risk the medicine would not be effective. We also found food items stored alongside medicines in one of the fridges. This is poor practice.

Medicines were not administered safely. Arrangements were in place to record when medicines were received, given to people and disposed of. Our pharmacist inspector looked at the medicine records for ten of the 42 people on the day of our inspection. We found some records of receipt and disposal were not completed. We also found some discrepancies between the quantity of medicine in stock and what should have been if the records were accurate. We could not therefore account for all medicines used. In some cases staff did not record the actual time medicines were given to people if different to those printed on the medicine record forms. This meant that people were at risk of receiving medicines too close together. When medicines were given in variable doses, for example, "one or two tablets" the actual quantity given was not always recorded and this could result in people receiving too

much or too little medicine for their needs. We found some people were not given their medicines as the prescriber had intended. Some medicines had been omitted because the person was asleep but there was no record of any attempts to give them their medicines once they awoke.

Some people received their medicines in the form of a skin patch. We looked at the records made when these patches were applied and found that the site of application was not being recorded. Staff we spoke with were not aware of the time interval which should be left before the same site is used again. This meant that there was risk of damage to a person's skin if the same site was used repeatedly.

We found some people were sometimes given their medicines hidden in food or drink. We found documentary evidence that this had been agreed with the person's next of kin and their GP, but we were not assured that the best interests of the person were considered in these circumstances as we could not find any assessment of the person's mental capacity and other health professionals and interested parties had not been consulted. There was no recorded date on which this would be reviewed.

The manager and staff told us, and training records confirmed that they had received recent training on the safe use of medicines. However, there was no record that staff had been assessed as competent to handle medicines.

We found that one person was permitted to look after and take a medicine themselves when they needed it. But we found there was no reference made to this in their care plan and any risks this posed to them and other people had not been assessed.

The manager told us that medication administration record sheets were being checked on a regular basis. We looked at the records of these audits completed during the previous three months and found they had not picked up the issues we found with the management of medicines. We were therefore not assured that there were appropriate arrangements in place to identify and resolve any medicines errors promptly.

The manager told us that the service had a policy for the safe handling of medicines. We looked at this policy and found it did not include an issue date or review date. We also found that it did not address some of the points that we were concerned about, for example, the temperature of storage areas other than fridge, how to apply and record

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skin patches, how to record variable doses, the need for protocols for medicines prescribed “when required”, or what to do when someone is asleep when their medicines were due to be given. We were therefore not assured that appropriate arrangements were in place for the safe handling and administration of medicines.

This was a breach of Regulation 13 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service did not always have risk assessments carried out in a timely manner. The provider had a risk assessment policy and procedure which stated that risk assessments should be carried out when people were admitted to the service and reviewed within the first seven days. After this time risk assessments would be carried out monthly or sooner if there was a significant change in people’s needs. The registered manager told us risk assessments were carried out on admission to the service and then reviewed as necessary.

Risk assessments were not completed. We looked at 11 care files and noted risk assessments were not in place for some people using the service. One person who had been recently admitted to the service had not had a risk assessment carried out. Due to their medical history it was important that staff were aware of the risks and the actions to be taken to minimise the risk however staff we spoke with were unaware of the person’s needs and actions to be taken in an emergency. One member of staff we spoke with told us they were not aware of the person’s medical history because they were not on duty when the person was admitted to the service.

We spoke with the registered manager and deputy manager about our concerns regarding a risk assessment and stressed that this should be done urgently to keep the person safe. They confirmed that a risk assessment had not been completed and said this would be addressed. On the second day of our inspection we looked at this person’s care file and noted that a serious incident had taken place since our first visit and the person had needed emergency medical treatment. We looked at the risk assessment and daily records. The risk assessment was dated the day after our first visit and did not include signs or symptoms staff needed to be aware of to keep the person safe.

There were no specific skin risk assessments in place. We asked a member of staff why this was and they said, “we are a residential service”. One care staff told us there was one person using the service who was being re-positioned due to their frail skin however when we looked at their care plan we saw no evidence of this being carried out. A care plan was in place for a pressure ulcer and although the evaluation stated the pressure ulcer had healed, the care plan had not been updated. This person had vulnerable and frail skin and had a previous pressure ulcer however there was no risk assessment in place relating to their vulnerable skin such as positioning or what staff should look for to minimise this risk. We checked the care file of another person who had diabetes and a risk of reopening of a pressure ulcer but we found no care plan or risk assessment regarding skin care in the person’s care file. Another person had a history of difficulty swallowing and had a high risk of choking but there was no risk assessment in place to minimise this risk.

There were body maps in place that recorded cuts or bruising although it did not appear that these were reviewed on a regular basis. On one occasion a person had a cut and although this was recorded on the body map there was no information in the daily information notes or any follow up actions recorded. It was apparent that equipment was being used such as pressure relieving cushions and air mattresses, although we were not able to locate any re-positioning charts. There was also evidence of input from the district nurse for wound care. Another person had been under the care of the dietician and was due for a review although it appeared that this had not been completed and no actions had been taken to follow this up.

This was a breach of Regulation 9 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service were not always kept safe from the risk of infection. During our visit we saw staff moving between different people and areas of the service without changing gloves and aprons. We observed a member of staff changing bed linen and handling the used linen without wearing gloves or an apron before putting them in a dirty linen cart in the corridor. We spoke with the deputy manager about this as we were concerned that infections

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could be transmitted between people using the service in this way. They told us this was usual practice. The provider's infection control policy dated 2012 stated that gloves and aprons should be worn when dealing with all activities that may result in contamination of clothing with blood or body fluids.

We spoke with a member of the domestic staff who told us they did not always wear gloves or aprons when cleaning the areas of the service because they "don't get on with gloves". They told us they would wear gloves and aprons when cleaning body fluids. We looked at the domestic store rooms and noted there were personal protective equipment (PPE) such as gloves and aprons available. In this store room we did not see a cleaning schedule for communal areas of the premises.

We spoke to another member of the domestic staff who told us about the schedule of cleaning and the area they were responsible for. We looked at the cleaning schedule for the communal area displayed on a message board in the store cupboard. They described how cleaning was monitored by them and covered by colleagues when they were on holiday. We noted that PPE was available for their use but observed that they were not wearing these while cleaning the area they were responsible for.

During our visit we observed a member of the care team had long painted nails. We brought this to the attention of the manager who told us this was against the infection control policy. We looked at the policy which stated that nails must be kept short and free from nail varnish. This meant people may be at risk from a risk of cross infection.

At our last inspection we had concerns that staff were not adequately trained in infection control. We looked at records of training completed by staff and noted that the staff team had attended training. Infection control audits were completed by the deputy manager. However we did not see information highlighting the need for staff to wear PPE while carrying out their duties and this had not been identified in the audit.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the recent outbreak of infectious diseases the service was closed for seven days on both occasions.

Visitors were notified of this and advised by email or telephone not to visit the service. We saw information for visitors displayed on the notice board regarding reporting to staff any symptoms of infectious diseases they may be experiencing before visiting the service.

People told us they felt safe living at George Brooker House. One person said, "I feel very safe." Another person said, "I feel safe here because staff are nice." People said that they felt safe for different reasons. Some people felt safe because of others. One person told us, "The people around you are all friendly and make you feel safe." Another person said, "There's always someone around. There are night staff on [duty] who look in". One visitor told us they felt reassured that their relative was safe. They said, "we have a good relationship with the carers and they keep us updated"

The service had safeguarding policies and procedures in place to guide practice. Staff told us they received training in safeguarding adults and we saw records of this. They told us about the different types of abuse and the procedure for reporting abuse. They said they would report concerns to the registered manager or deputy manager in the first instance. Staff were able to explain whistleblowing and knew how to report concerns.

The service followed safe recruitment practices. Appropriate and necessary checks were carried out prior to staff being employed by the service. We looked at six staff files to check that information satisfied the relevant requirements. We saw that a copy of staff's proof of identity, eligibility to work in the UK and their application form which included their employment history were kept on file. The records also showed people had been subject to criminal records checks. We saw that references had been obtained to ensure people were of good character and fit for work. Staff had also completed a health self-declaration form in order to ensure they were able to work. This meant the provider had taken appropriate steps to make sure people were safe and their welfare needs were met by staff who were suitably qualified, skilled and experienced at the time of recruitment.

There were adequate staffing levels in place. There were nine staff on duty at all times during the day and five staff at night. Staff sickness or absence at short notice was covered by bank staff directly employed by the provider. During our visits we saw that the staff provided the support people needed, when they required it. Some people told us

Is the service safe?

they felt that there were enough members of staff to look after them including at night and at weekends. One person said, "I think so. There is quite a lot of staff." However some people seemed less sure. They said, "It's difficult to say. You get used to the routine." Another person said, "They can always do with more", but went on to say "They do look after me properly as best they can." One relative we spoke with said, "I think there is enough staff." There were sufficient staff employed to cover annual leave and sickness. We looked at staffing rotas which reflected this.

The environment was well maintained. We looked at records of maintenance carried out at the service. We saw that a maintenance person was employed by the service and maintenance was carried out when needed and recorded. There was a system for identifying and completing urgent repairs. The registered manager told us there were plans in progress to change some assisted bathrooms into walk in shower rooms so people could chose to have a bath or a shower with assistance.

People were positive about living at the service and found it comfortable. The communal areas and rooms seemed well presented and clean. Some people had brought personal belongings for their rooms such as small pieces of furniture, books, pictures and photographs. One person said the service was "comfortable and good a place to live". Another person said, "It's very pleasant"

Monthly checks were carried out to summarise accidents and incidents and to monitor trends. A falls log was also kept to provide clarity about how and where people fell in the service in order to identify any actions to be taken to prevent falls. We checked five people's accident and incident records that were mainly related to slips and falls, hospitalisation or infection. Records detailed the accident or incident and included the actions that were taken following the event.

Is the service effective?

Our findings

Staff did not always have effective support, supervision, appraisal and training to carry out their role. Staff we spoke with including the registered manager and deputy manager told us they did not have regular supervisions or appraisal. Staff felt that when they did have supervisions these were beneficial as they could discuss things openly, but told us these were sometimes missed or cancelled. **We looked at staff files which showed a lack of supervision and appraisal meetings. One member of staff had not had an appraisal since 2011.**

The voluntary staff member said they had not attended any training or supervision meetings since starting at the service 15 months ago. They said they had “chats” with the manager about how they were getting on but this was not documented. There was a risk this person was not supported to carry out their role.

Staff said while they found the registered manager and deputy manager supportive they did not have line managers. We looked at the staffing structure chart for the service and noted that this reflected a lack of line management of staff. On our second visit the registered manager told us they had met with senior staff and would be implementing a staff structure which would enable staff to have line managers who would be responsible for their one to one meetings and appraisals. We looked at minutes of this meeting which showed that planning had begun for allocation of line managers.

Care staff we spoke with said they did not have regular staff meetings at the service. They said they could speak to the care team leader, registered manager or deputy manager at any time about any concerns they may have.

The service did not have processes in place to access sector specific guidance and training linked to best practice in leadership and the delivery of care. The registered manager told us the service had links with a larger care provider on occasions but this was not formalised or on a regular basis and was usually done by the executive team when required.

Staff told us opportunities for training were available. They said that they had attended training although one staff member told us their first aid training was out of date. The training records showed the essential training included dementia awareness, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), care planning awareness, medication management, infection control, record keeping, moving and handling, health and safety, food hygiene, personal care risk management, first aid, pressure care and safeguarding awareness. However we found that some staff had not attended training or were overdue their refresher course.

We observed interaction between the executive and management staff and noted that the management staff were not always supported in their role. Staff we spoke with and records reviewed showed a lack of supervision and appraisal meetings. We were not confident that management team were supported in a constructive and motivating way that meant they knew actions they needed to take to improve the way the service was led.

This meant that people’s health and welfare needs were not being met by competent staff who were properly trained, supervised and appraised. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) with the registered manager and deputy manager. MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. The registered manager and deputy manager knew how to make an application for consideration to deprive a person of their liberty. Three of the care staff we spoke with had heard of MCA and the DoLS although the information they provided was very basic and it appeared they had a lack of understanding. One member of staff did not know what DoLS or MCA was although they said they had attended training.

There were currently four DoLS in place and no applications going through the authorisation process. We looked at the applications which included detailing risk, needs of the person and ways care may be offered and

Is the service effective?

least restrictive options explored. It was noted that the registered manager had not informed the Care Quality Commission, (the CQC), of the outcome of the applications in a timely manner.

This meant that the CQC were unable to monitor that appropriate action had been taken. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 Notification of Other Incidents.

People said that staff asked permission before giving them support. One person said that they were always asked if they wanted help with personal care or dressing. Staff told us they always sought permission to assist people before carrying out care or support.

Care files showed that for some people using the service there were inconsistent records relating to **the Malnutrition Universal Screening Tool (MUST)** which is necessary to monitor people's nutritional intake to ensure they are not at risk of malnutrition. MUST's were in place for 5 people and were usually updated monthly or on an as required basis. However for one person October and December were not completed. On one occasion a risk was identified for a person and a food chart was completed as per MUST protocol. It was apparent that the person had eaten the meals offered however there was no evidence of snacks offered or that the food charts had been reviewed. The MUST for another person also indicated a high risk of malnutrition and although there was evidence that the dietician was involved and supplements were prescribed there was limited information on the care plan about what actions were being taken to minimise the risk of malnutrition. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were positive about the food at the service. One person told us, "It's nice food. It's lovely food." Another person said, "The food's alright here. I'm satisfied." They told us they had a choice of food at meal times and could choose where they wanted to eat their meals. One person told us that some days they chose to have breakfast in their bedroom. Another told us they could choose the time they had their breakfast. We observed someone having their breakfast in one of the dining areas at 10.20am. They told us they "fancied a lie in."

The service had a four weekly rotating menu which was changed every three to four months. The deputy manager told us people and their relatives were asked about their views regarding the menu at the relatives' meetings and through questionnaires. We looked at records of this. We looked at the menu and found that choices of food and drink were varied and nutritionally balanced including fruits and vegetables. Staff told us people had access to snacks and drinks throughout the day and fresh fruits were available for them though we found these were stored in the kitchen. Trolleys with tea, coffee and biscuits were in use and people were offered hot drinks throughout the day. Each day people chose from the menu for the following day. A list was completed and given to the kitchen staff. The list showed people's dietary or special needs regarding their food and specific equipment, for example a "rimmed" plate which would enable them to eat their meals independently. We observed that one person asked for soup instead of their chosen meal and the kitchen staff quickly prepared and served it.

We spoke with one of the six kitchen staff who showed records of the daily checks they completed. They followed a weekly cleaning schedule and carried out various health and safety checks to ensure good level of hygiene throughout. Colour coded chopping boards and knives were in use, the storage room was tidy and any opened food containers were stored and labelled in the fridge correctly. Staff carried out food temperature checks and we saw records of this. The service was given a rating of 5 by the Food Standards Agency on 18 December 2013. This meant the level of food hygiene in the service was 'very good'.

Records showed people's needs were assessed in order to identify their support needs regarding nutrition. Details of people's dietary needs, food preferences and likes/dislikes were recorded in their care plan. We observed lunchtime on one unit and saw that some people had their lunch in the lounge but most people were at the dining area. People who needed support with eating were supported by staff accordingly. People were asked if they wanted spoons or if they wanted their food cut up if they appeared to be having difficulty eating. We found the atmosphere of the lunchtime calm though staff had to be quick on their feet to ensure everybody's meal was served. We noted that drinks

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were only given to people 10-15 minutes after their main meal was served. We also noted that staff had to support people in the lounge while the 11 people in the dining area were left unsupervised for some minutes.

The service had a food safety and health & safety management system in place which included relevant policies and risk assessments with measures to control the

identified risks related to food hygiene and safety. Monthly, quarterly and annual quality audits were carried out to check staff were up to date with their training, appropriate records were kept and health and safety rules were adhered to. Kitchen staff training records showed they were up to date with training that was relevant to their roles.

Is the service caring?

Our findings

People felt that the staff were caring and would do anything for them. People were positive about the staff that worked at the service and felt that they did a good job. One person said, "I think they're very good staff. They're very helpful." Another person said, "Anything you want, they'll do it for you." A visitor told us staff were very friendly and helpful. They said, "they really care about the residents".

It was observed that staff were positive and affectionate towards people using the service. There was a lot of supportive and affectionate contact such as hand holding. Staff interaction with people was polite, kind and patient.

Each person using the service had an assigned key worker. A keyworker is a staff member who is responsible for overseeing the care a person receives and liaising with other professionals involved in a person's life. Staff we spoke with were key workers for people. They were able to describe how they developed relationships with people which included speaking with the person and their family to gather information about their life history and likes and dislikes. One person told us, "One of the carers filled out a form about what I like and what I don't like." People we spoke with knew who their key worker was and one person told us they felt able to tell their keyworker of any problems they had. People's preferences were displayed in their room so that staff had the opportunity to respond appropriately.

We saw staff speaking with people in a way that promoted their independence. We observed that one person, who was in their room, had everything that they needed within their reach, so they would not have to get out of their chair or ask someone for it.

We observed staff speaking with people as they walked past the door to their bedroom, asking if they were alright and having a quick conversation with them. People described how staff regularly spoke to them and came into their rooms to see if they were alright and if there was anything they needed. They said the night staff "looked in" on them during the night to make sure they were comfortable.

Staff told us how they promoted people's dignity, choice, privacy and independence. For example they said they always ensured doors were closed when providing personal care to people. People said that their privacy and dignity were respected. People said that staff knocked on the door to their rooms and asked permission to come in. One person said, "They knock before they come in." One person, who managed their own personal care, told us staff knew when they get up in the morning and avoided interrupting them during this time. Others said that staff shut the door to their room when giving personal care. We observed a member of staff promoting dignity in a positive way by whispering in a person's ear if they would like to use the toilet because they were sitting with others. We observed staff interacting with a person who was distressed. They comforted them in an appropriate way and spoke with them in a calm manner. The person became less distressed appeared to relax after the conversation.

Is the service responsive?

Our findings

There was insufficient guidance available for staff supporting people with medical conditions. Each person had a care plan which set out the individual and assessed needs of people; however some people were not protected against the risk of unsafe or inappropriate care and treatment by accurate monitoring of their medical condition. Care plans for specific conditions were not in place. For example two of the care plans we looked at belonged to people who had diabetes but there was no specific care plan in place detailing their condition, or signs and symptoms to look out for and actions to be taken if their blood sugar levels became too high or too low. One person also had asthma and there was no care plan in place for this.

Care plans were not always updated in regards to changing needs. For one person, it was recorded in their care plan that they had very poor fluid intake and almost minimal food intake although there were no charts in place recording input. When reading further in the evaluation it was recorded that their appetite had got better and they now liked to sit at the dining table. However this information had not been updated in the care plan. None of the care plans we looked at had care plan reviews although there were post it notes reminding staff to arrange this.

We saw plans in some people's care files detailing their wishes regarding end of life care. Staff we spoke with were able to tell us about people's wishes for their end of life care and how they involved them and their families to ensure their wishes were known by staff. However, there were no end of life care plans in place for three people who had an advance planning form completed by the service in light of their natural death procedure. There were options in place about whether they were to be resuscitated or not and one of the boxes had been ticked and signed by the GP. It also indicated that the decision had been discussed with someone close to the person but this discussion was not recorded and there was no signature.

We looked at behaviour charts that had been completed. On one occasion when the form asked how the situation can be diffused it was recorded 'can't be'. There was also no care plan in place for behaviours that challenge for two people even though there was apparent history of verbal/physical aggression. There was also no evidence that these

had been reviewed by the registered manager, deputy manager or care team leader. This meant there was a risk that staff did not have access to information to guide them in supporting people.

We noted that some information from people's medical history had not been included in their care plans or actions detailing how to support them. For example, one person's medical history showed they had recurrent urine infections and constipation however this was not included in their continence care plan. Another person had high cholesterol but this was not included with their nutrition care plan.

Records relating to DoLS and referrals to health care professionals were held on a computerised file and were not always transferred to people's files promptly which meant staff were unable to access important information to assist in providing appropriate care. The registered manager told us record keeping was an area they recognised as requiring improvement to ensure all records were fully completed in a timely manner and readily available to staff.

These issues were a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

General care plans were titled risk assessments although it was clear they were care plans. The care plans however did contain some informative personalised information. For example, what the person liked to wear, how they behaved and what they liked or disliked.

People told us they were able to see a doctor and a district nurse at the service and that they had seen an optician. People said "There's always a doctor that pops in here" and that "the optician had been to see everybody." Staff told us the GP visited the service weekly and could be contacted for visits at other times if people became unwell. We saw records of visits to the service from various health care professionals. There were records of recent visits from the chiropodist, the optician, the district nurse, diabetes nurse and various appointment letters following up from referrals. A number of people had been supported with visits to hospital and clinics.

People using the service told us they enjoyed the activities and could join in as much or as little as they wished. The service had an activity co-ordinator five days per week

Is the service responsive?

sometimes working weekends. Activities took place between 10am and 3pm. We looked at a four week rota of planned activities that included cake making, light gardening, pamper sessions, reminiscence, films and music and movement. There was also evidence of trips out to a shopping centre and lunch. One person said, "If I need to go to the shops, somebody will take me." There were books to read and an area that contained reminiscence items such as old records, books and model cars. Memory boxes were displayed outside person's rooms that displayed items such as flowers and photographs of their younger days. We spoke with the activities co-ordinator during our visit. They were in the process of training a member of staff to take over the role as they were leaving the service soon. The new activities co-ordinator had lots of ideas and plans to help meet the needs of people who were often unable to attend planned activities for example those persons who stayed in their rooms. There were photographs displayed of activities and events that had taken place. On the first day of our visit music was played during the morning. We observed staff interaction with people as they joined in various activities such as knitting and reading. In the main lounge area people and staff were joining in with singing and dancing and in the afternoon there was a belated Christmas party with an entertainer. Relatives were invited and we observed people sitting with friends and relatives during the event.

People we spoke with said they knew how to complain if they needed to. They said they would tell a member of staff. People were able to name somebody they could talk to if they were not happy or had a concern. These included their key worker, the manager, the deputy manager and other members of staff. Photographs of the registered manager and deputy manager were clearly displayed on both floors as people that could be contacted if people using the service or their relatives wanted to make a complaint or raise a concern.

People said that they felt staff would listen to them if they had a complaint or concern. One person said, "They would give a listening ear." A visitor said that the service had responded to their complaints and had resolved the issues they had raised. Another person we spoke with said they complained about things in the beginning in writing and those issues were resolved. They said, "Now we are very happy, [relative] is really settled. I'm quite confident they would sort it out if we had any problems."

The registered manager and staff were able to explain how they would deal with a complaint. The service had a complaints policy. We looked at the complaints log and saw that complaints were dealt with in line with the provider's procedure.

Is the service well-led?

Our findings

Care services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the service had not informed the CQC of significant events in a timely way during the closure of the service for seven days on two occasions following an outbreak of infectious disease at the service. The provider also did not notify us of a serious incident involving a person living in George Brooker House.

This meant that the CQC were unable to monitor that appropriate action had been taken. This was further evidence of a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 Notification of Other Incidents.

The service did not have meetings with people living in the service to involve them. People told us they had not attended any meetings, although some said that they had completed a questionnaire.

A member of staff said that they didn't hold "residents meetings" but that they did hold monthly relatives' meetings. The registered manager told us there had been no resident meeting at the service since 2013. Surveys were sent to residents during January 2014 but the findings had not been collated. This meant people were not able to adequately express their views about the service and the provider could not effectively monitor the quality of the service.

We looked at records of care and quality monitoring at the service. We noted that records relating to peoples care were not always completed by staff.

On the first day of our visit we spoke with a member of the executive team. We asked them how the quality of the service was monitored by the executive team and about the support available to the management team. They told us there was an annual business and strategic plan in place which included the financial plan, policy reviews, staff training and development and refurbishment of the service. A quality monitoring visit was carried out every six months by the executive team. We saw records of two

audits dated January 2014 and January 2015. The audits covered areas supporting staff, management of medicines, complaints and record keeping but had not identified the risks we found during our visit.

These findings were a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at minutes of the most recent relatives meeting held in August 2014 and the most recent relatives survey reviewed in January 2015 which showed they were happy with the care provided and the cleanliness, activities and atmosphere in the service.

The service had a registered manager who had been working in the service in various roles for 22 years and had been the registered manager for the last seven years at the time of our visit. People who lived in the service said they found the registered manager approachable. One person said "She's lovely" and another said, "She looks in every so often to see if everything is alright." A visitor said that they found the deputy manager "Very helpful".

Staff we spoke with said they felt the registered manager and deputy manager were approachable and they felt supported in their job. Staff told us they enjoyed working at the service. One member of staff said the service was a "very good place, very supportive, we get on fine. Management supports us and I enjoy coming here every day." The registered manager told us she promoted a culture of openness with the staff team by discussing issues with them as they arose. Staff were able to speak to the registered manager and deputy manager if they had any concerns. We observed interaction between the staff team and noted that people worked together well and had a good rapport.

When we fed back our findings to the registered manager they were open to our feedback. The service did not always identify shortcomings in the care provision and staff support provided. This meant quality assurance systems were not always robust.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>The registered person did not notify the Commission without delay of the incidents which occur whilst services are being provided in the carrying on of a regulated activity.</p> <p>Regulation 18 (2) (b)(d)(g)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Good governance</p> <p>The registered person did not ensure that service users were protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of maintaining securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p> <p>Regulation 17 (2) (c)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision</p>

This section is primarily information for the provider

Action we have told the provider to take

Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Good governance

Systems or processes were not established and operated effectively to enable the registered person to assess, monitor and improve the quality and safety of the services provided. To assess, monitor and mitigate the risks relating to health, safety and welfare of service users. To maintain secure, accurate, complete and contemporaneous records in respect of each service user, including a record of care and treatment provided. To seek and act on feedback on the service provided in the carrying on of the regulated activity.

Regulation 17 (1) (2)(a)(b)(c)(e)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Person-centred care</p> <p>The registered person did not take proper steps, through individualised and up-to-date needs assessments and care plans, to ensure that each service user received care and treatment that was appropriate and safe.</p> <p>The registered person did not take proper steps to ensure that each service user is protected against risk of receiving care that is inappropriate or unsafe by carrying out carrying out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user and enabling and supporting relevant persons to understand the care or treatment choices available to the service user and to discuss, with a competent health care professional or other competent person, the balance of risks and benefits involved in any particular course of treatment.</p> <p>Regulation 9 (3) (a)(b)(c)</p>

The enforcement action we took:

We have served a warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Safe care and treatment</p>

This section is primarily information for the provider

Enforcement actions

People who use services and others were not protected against the identifiable risks associated with acquiring such an infection by the means of assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.

Regulation 12 (2) (h)

The enforcement action we took:

We have served a warning notice.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Safe care and treatment

The registered person did not protect service users against the risks associated with the unsafe use and management of medicines, by means of where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs and by the proper and safe management of medicines.

Regulation 12 (f) (g)

The enforcement action we took:

We have served a warning notice.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

Regulation 23 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

This section is primarily information for the provider

Enforcement actions

Staffing

The registered person did not have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Regulation 18 (2) (a)

The enforcement action we took:

We have served a warning notice.