

MNS Care Plc

Hanbury Court 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Hanbury Court Care Home provides 24 hour care, including personal care for up to 34 adults. This includes nursing care for older people who may be living with dementia. The service is a purpose built property. The accommodation is arranged over two levels. There were three bedrooms with en suite toilet facilities. All other bathrooms and toilets were shared. There were 30 people living at the service at the time of our inspection.

The service had a manager who had been at the service for 14 months at the time of our inspection and was awaiting the outcome of her application to become 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 registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 22, 23 and 27 June 2016 we found three breaches of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 regarding, medicines management and supporting staff and good governance.

We inspected Hanbury Court Care Home on 31 January and 1 February 2017. This was an unannounced inspection. At this inspection we found the service had improved in some areas. However further improvements should be made regarding care planning and quality monitoring at the service.

People and their relatives told us they felt safe using the service. Staff knew how to report safeguarding concerns. Risk assessments were completed and management plans put in place to enable people to receive safe care and support. There were systems in place to maintain the safety of the premises and equipment. We found there were enough staff working at the service and recruitment checks were in place to ensure new staff were suitable to work at the service. Medicines were administered and managed safely.

Appropriate applications for Deprivation of Liberty Safeguards had been made and authorised. Staff received appraisals and group supervisions. People using the service had access to healthcare professionals as required to meet their needs.

People were offered a choice of nutritious food and drink. Staff knew people they were supporting including their preferences. People using the service and their relatives told us the service was caring and we observed staff supporting people in a caring and respectful manner. Staff respected people's privacy and dignity and encouraged independence. People and their relatives knew how to make a complaint.

Regular meetings took place for staff, people using the service and their relatives. Staff, people and their relatives told us the management team were supportive and approachable. However, we found areas for

improvement regarding quality assurance mechanisms used by the service.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations. You can see what action we asked the provider to take at the back of the full version of this 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 always safe. There were arrangements in place for the safe administration of medicines. However, we found medicines were not always recorded appropriately. We have made a recommendation about the recording of medicines.

People and their relatives told us they felt the service was safe.

There were robust safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it.

Staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

Requires Improvement 

Is the service effective?

The service was effective. People were supported to maintain good health and to access health care services and professionals when they needed them.

People had access to enough food and drinks.

Staff received training, appraisals and supervision to support them in their role.

Staff had a good understanding of the Mental Capacity Act (2005).

Good 

Is the service caring?

The service was caring. People told us the service was caring and staff treated them with respect and dignity.

Care and support was centred on people's individual needs and wishes. Staff knew about people's interests and preferences.

People using the service were involved in planning and making

Good 

decisions about the care and support provided at the service.

The service enabled people to maintain their religious practices.

Is the service responsive?

The service was not always responsive because people's care plans did not always contain information to guide staff.

People were able to take part in a programme of activities in accordance with their needs and preferences.

People's health and care needs were assessed regularly and individual choices and preferences were discussed with people who used the service. However these were not always fully reflected in care records.

People were encouraged and supported to provide feedback about the service.

There was a complaints process and people using the service and their relatives said they knew how to complain.

Requires Improvement 

Is the service well-led?

The service was not always well led. Systems in place to monitor the quality of the service were not always effective.

People using the service, their relatives and staff told us they found the manager to be approachable.

Records of care were accurate and kept up to date.

Requires Improvement 

Hanbury Court Care Home

Detailed findings

Background to this inspection

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

On the first day the inspection team consisted of two inspectors, a pharmacy inspector 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. On the second day, the inspection was carried out by one inspector and an Expert by Experience.

Before the inspection we looked at the information we already held about this service. This included details of its registration, previous inspection reports and notifications the provider had sent us. We contacted the host local authority to gain their views about the service.

We had received information of concern following the unexpected death of a person who used the service. Information shared with CQC by the coroner about the circumstances indicated potential concerns about the management of a serious deterioration in a person's health. This inspection examined those risks. We had also received information of concern about poor staffing levels and inconsistent staff supervision.

During the inspection we spoke with 17 people and seven relatives of people who used the service. We spoke with 13 members of staff. This included the manager, a senior manager, clinical lead nurse, one registered nurse, four care workers, one senior care worker, the administrator, activity co-ordinator, chef and maintenance person.

We examined various documents. This included seven care records relating to people who used the service, 27 medicine administration records, five staff files including staff recruitment, training and supervision records, minutes of staff meetings, audits and various policies and procedures including adult safeguarding procedures. 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.

Is the service safe?

Our findings

At our last inspection of the service in June 2016 we found significant concerns. Medicines were not administered or managed safely. Appropriate action was not taken to ensure people were safe when moving around the service. The service was in a poor decorative state. At this inspection we found improvements in the decorative state and safety of people when moving around the service. However, we found some concerns with medicines management which were addressed by the management team during the inspection.

We reviewed 27 Medicines administration record (MAR) charts and six gaps in the recording of administration of medicines were identified. It was unclear if these medicines had been administered but not signed for by the nurse administering. We raised this with the management team who acknowledged these findings. They told us processes in place meant these would have been identified during the monthly medicines audit which was due to be completed in the next few days. The medicines audits for the previous three month period had not identified the issues we found. However, we found other medicines concerns were appropriately addressed and staff competency was reassessed.

Some people using the service were prescribed creams for personal care and to treat skin conditions. There were no instructions on the MAR charts regarding the location for application of creams, or charts in to be completed by staff when giving personal care. Records for two people showed they were prescribed topical medicines via a transdermal patch. We noted application records were not up to date. The records had been filed and were seen on the second day of the inspection. Another person was prescribed a transdermal patch for pain relief. However, there was no chart detailing the recording of the site of the application or its removal. We raised this with the management team. Following the inspection we received confirmation from the manager that transdermal patch application records and body maps were now in use for people who received prescribed medicines via a transdermal patch. This enabled staff to record where the medicines were applied and ensured safe administration. Charts were also implemented for recording the application of prescribed creams.

On the first day of the inspection we found some people using the service were prescribed anticipatory medicines as required for use at the end of their life. There was no procedure for when these should be initiated or records of the decision-making process. We discussed this with the management team. On the second day we saw the management team had taken action and protocols for medicines used for end of life care were in place and clearly documented in people's care files.

Due to the issues we identified, we recommend the service seeks guidance about medicines record keeping.

Controlled drugs (CD) were appropriately stored and managed. Controlled drugs are medicines which are legally subject to special storage and recording arrangements. All CDs were stored securely in clinical rooms and records were accurate and witnessed with regular checks of balances available. People had their prescribed medicines stored in locked cabinets in their rooms. Observations showed nurses were caring and patient when giving medicines. Nurses explained to people using the service what the medicines were used

for and asked if people needed pain relief where these were prescribed.

Medicines taken as needed or as required are known as 'PRN' medicines. Information was available to enable staff to make decisions about when to give these medicines. This ensured people were given their medicines when they need them. Pain assessments were carried out before and after administering PRN pain relieving medicines. This meant the people were not at risk of experiencing discomfort.

People in the home who had medicines administered without their knowledge, (covert administration) had a covert administration plan completed. The procedure involved the person's family member signing their consent and guidance for staff on how the medicine should be administered. Records of best interest meetings and decisions made were available in care files.

Records showed the GP completed regular three to six monthly medicines reviews of all of the people using the service and actions taken were clearly recorded. Medicines were prescribed, ordered and administered in a timely way to enable people to have their medicines when they needed them. All waste medicines were recorded when disposed of and were kept securely in locked clinical rooms.

During this inspection we examined risks relating to information of concern received following the unexpected death of a person who used the service. Information shared with CQC by the coroner about the circumstances indicated potential concerns about the management of a serious deterioration in a person's health. We spoke with the management team about these concerns. The service had taken action and reviewed its procedures for the management of a serious deterioration in a person's health and for responding to medical emergencies. An internal investigation was carried out relating to the concerns raised and appropriate action taken by the management team and service provider. Of the 50 staff employed 14 had attended first aid refresher training which included cardio pulmonary resuscitation technique in January 2017. Records showed remaining staff were booked on first aid refresher training scheduled for 5 and 6 April 2017.

The updated emergency and on-call procedures were discussed at team meetings and staff we spoke with, including kitchen and maintenance staff, knew the procedure for responding to medical emergencies. One non-care staff member told us, "I've been on training about this, on how to report things and how to deal with emergencies in the home. We are all aware and keep our eyes open as we walk around the home." Clinical handover procedure had been reviewed to ensure staff were updated at the beginning and end of each shift. The manager told us lessons had been learnt about how the management team and senior staff had responded and carried out investigations immediately following the incident. The service had taken action to update their processes and procedures to address the concerns raised.

Accidents and incidents were managed by the service. Records showed incidents had taken place involving people who use the service and prevention plans had been devised and recorded in the accident file to prevent reoccurrence. Serious incidents were reported to the local authority safeguarding team and CQC as appropriate. Staff we spoke with knew the procedure for reporting accidents and incidents.

At the last inspection the service was poor decorative state. The corridors were untidy and cluttered with equipment restricting the safe movement of people using the service. Bathrooms and toilets were being used as storage areas for hoists and continence supplies. At this inspection we found improvements had been made to the environment. Corridors were free from trolleys and new storage areas had been provided for hoists and equipment. The service was bright and well maintained with no offensive smells. The entrance area, corridors and most bedrooms had been redecorated and new flooring fitted. Further refurbishment plans were in place for the redecoration of the remaining three bedrooms, bathrooms and communal

lounge areas. All bedrooms throughout the service were of an acceptable standard, clean, with sufficient space. People using the service, their relatives and staff told us they were pleased with the changes made to the environment of the service.

All rooms were clearly labelled regarding their function and whether the door should be kept locked. We noted that the sluice room doors on both the ground and first floor were both unlocked despite having bolts and appropriate signage for them to be kept locked. In addition, the 'Electrical Hazard' room was also found to be unlocked. We informed the manager about this and the rooms were immediately locked. During the inspection we saw that orders for key pad locking systems had been placed. Following the inspection we received confirmation that these had been fitted on 2 February 2017. The provider had taken appropriate action in a timely manner to ensure the safety of people when moving around the service.

Prior to this inspection we received information of concern about poor staffing levels at the service. We looked at staffing levels during the inspection. People using the service told us they felt there were enough staff available to meet their needs. Relatives of people using the service had mixed views about staffing levels. One relative told us, "There are more staff than there were previously. The staff turnover (care staff) is very low but there have been some changes in the nurses." Another relative said, "There are staff to help." However a third relative told us they thought staffing problems and availability of hoists led to delays in responding to their relatives request to use the toilet.

Staff felt the level of staffing at the service was adequate and told us they had seen an improvement in staffing levels. When asked if there were enough staff one staff member said, "Staffing levels are better now and at weekends too." Another staff member said, "Staffing levels are pretty good, it's all coming together." Staffing rotas showed staff were available to cover staff sickness or absence at short notice. The service used bank staff who were familiar with the home to provide cover. During our visit we saw staff provided the support people needed, when they required it, in a timely manner.

The service carried out risk assessments for people using the service. Risk assessments identified the risk and detailed actions needed to minimise and manage risk for the person and included risks associated with specific medical conditions, sensory impairment, pressure areas, mobility and falls, bed safety, behaviour that challenges the service and nutrition. Records showed risk assessments were reviewed monthly or sooner if a new risk was identified. Staff we spoke with were knowledgeable about people's individual risk management plans and knew actions needed to minimise the risk.

Infection control policies and procedures were in place and the service had a lead nurse for infection control. Records showed infection control audits were carried out monthly and an overall audit annually. Observations showed staff adhering to infection control procedures to minimise the risks of infection.

People using the service told us they felt safe at Hanbury Court Care Home. When asked if they felt safe one person said, "Oh definitely. These are all lovely girls." Another person said, "I feel as safe as you can be." One relative told us, "The good thing is I can go away knowing that [relative] is OK and I can call up to find out how she is. The nurses are good, I don't worry." The service had a safeguarding policy and procedure in place to guide practice. Safeguarding training for staff was mandatory. Staff we spoke with had a good understanding of safeguarding adults and gave examples of the different types of abuse people might be vulnerable to. Staff were knowledgeable about the process for reporting abuse and knew who to notify. The service had a whistleblowing policy and procedure and staff told us they were confident that they could use this process. Staff we spoke with knew how and where to raise concerns about unsafe practice at the service. This meant people were protected from avoidable harm and abuse.

The service had robust staff recruitment procedures in place. Staff told us and records confirmed the service carried out checks on prospective staff before they were able to commence working at the service. Records showed copies of proof of identity, interview record, application form, which included their employment history, were kept on file. References had been obtained to ensure people were of good character and fit for work. Criminal record checks were carried out to confirm newly recruited staff were suitable to work with people using the service. Records showed that staff's nursing registration, criminal checks and visa status where relevant had been monitored on a regular basis to ensure they were eligible to practice or work. This meant the service had safe recruitment practices.

Is the service effective?

Our findings

At the last inspection in June 2016 we found staff did not receive regular appraisals and some staff did not have up to date training. At this inspection we found staff appraisals were now in place and this was monitored and carried out by the manager at the service. Staff we spoke with told us they found the appraisal process useful. However we found some improvements were needed to ensure staff received up to date training.

Staff told us they attended training courses relevant to their role. Staff said workshops now took place to support on line training and they found this useful. The management team told us this consisted of live streamed programs, group discussions and completion of workbooks and quizzes to test staff knowledge and ensure information is retained. The service had a program of training which was divided between mandatory training completed annually and essential training which should be completed by all staff within three months of commencing employment at the service. Mandatory training included fire training, food hygiene, moving and handling, infection control, medicines competency and safeguarding. Essential training included Mental Capacity Act (2005), Deprivation of Liberty Safeguards (DoLS), dementia, first aid, documentation, health and safety and nutrition.

We looked at the most up to date training records submitted on 21 February 2017. Most staff were up to date with mandatory training. However, records showed some staff had not completed training in the Mental Capacity Act (2005), equality and diversity, food hygiene awareness and infection control. Essential training in wound care and nutrition had not been completed by some staff. This meant staff were not always supported to receive training to enable them to fulfil the requirements of their role. We contacted the manager on 6 March 2017. They explained that they had already booked training for staff and that the records would be updated and submitted again. The updated training records showed staff had completed the relevant training. Most of the courses we identified as gaps in the training records took place between 6 and 8 March 2017. Further training courses had been booked for individual staff following a review of their training needs.

From October 2015 it was a requirement that new staff were inducted in accordance with the principles of the Care Certificate. The Care Certificate requires staff to complete a programme of training, be observed by a senior colleague and be assessed as competent within 12 weeks of starting. New staff completed training relevant to their role during the induction period which included shadowing shifts working alongside an experienced colleague over a one week period and a programme of training. Staff told us and records showed they had completed an induction programme in accordance with the principles of the Care Certificate.

Staff received support to carry out their roles through supervision meetings. Supervision meetings are held so staff and their manager can discuss the staff member's on-going performance, development and support needs, and any concerns. Records of supervision meetings showed individual and group supervision sessions had taken place for most staff and future dates had been planned. Staff were positive about their experiences regarding their supervision sessions. One staff member said, "Supervisions allow me get

feedback about my work. It's useful." Another staff, "We have supervisions just us and the person managing us but we have supervision in a group as well with a bit of training thrown in."

People using the service told us staff obtained consent before carrying out care. One person told us, "Yes. They always ask." Observations included many occasions of staff asking people before they carried out care or support. For example, we saw staff asking a person with limited mobility if they could escort them to the lounge and if it was alright for another member of staff to walk with them to support the person. Care records reviewed showed people signed consent to care where able to do so.

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 are called the Deprivation of Liberty Safeguards (DoLS).

Staff were knowledgeable about the MCA, how to obtain consent before giving care and about completing mental capacity assessments for people using the service. Records showed staff had attended MCA and DoLS training and were confident in their understanding of MCA and DoLS and gave examples of its application to practice.

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. The service had completed appropriate assessments in partnership with the local authority and any restriction on people's liberty was within the legal framework. The provider had sent in notifications to the CQC about the decisions of applications submitted for DoLS. Mental capacity assessments were carried out every six months or sooner for people using the service. In one person's care file we saw monthly assessments were being carried out due to their mental health needs.

We observed the lunch time on both days of the inspection. People using the service had a selection of meal choices for breakfast, lunch, dinner and supper. Mid-morning and mid-afternoon drinks and snacks were available. Drinks were provided at meal times, in the lounge area and in people's bedrooms and were placed within their reach. Observations showed staff offering drinks regularly to people who were unable to leave their bedrooms. People told us they enjoyed the meals at the service. Meals were flavoursome and well presented. People were able to choose other meal options if they wished. One person told us, "The food is very good. We can ask for a change to what is on the menu if we want." We observed one person returned their meal for a different option because "The curry smelt lovely."

People told us the service listened to their feedback about meals. One person said, "Sometimes the food is really beautiful, but at other times it's not. For instance the crust on the cherry pie was like iron. If you don't like the food served you tell them and they won't give it to you next time."

The service had a main dining room situated on the ground floor. People told us the number of people who used the dining room varied from day to day. One person said, "It's a bit quiet today. [Resident] is in her room because she's coming to the lounge later." People had a choice of where they wanted to eat their meals and we observed people having their meals in the lounge area or their bedrooms. Support was given with patience to people who required it during meal times and we saw staff gently encouraging people to eat their meals.

Care plans contained information about the nutritional and hydration needs of people using the service. Records included monthly weight monitoring charts as well as dietary and food texture needs. We saw protocols for people who were unable to swallow and were fed via a feeding tube and regular reviews by the dietician and GP took place. People's diet and fluid intake was recorded to ensure they received adequate nutrition and hydration. There were multidisciplinary agreements in place for people which involved the GP, pharmacists, the dietician and family members as appropriate. People's dietary needs were reflected in the meals provided. Information about people's specific dietary needs were held in files in the kitchen and records updated by nursing and care staff as necessary. The chef told us about foods prepared for people at risk of malnutrition which included extra butter, cream and that people with a poor appetite could have meals made to "tempt them" to eat. People's likes and dislikes in relation to food and drink were clearly documented.

Although there was a varied menu at the service fresh fruit was not always available. The chef told us fruit was provided once a week. They said tinned fruit was sometimes a dessert option and bananas and custard was served twice a month. We discussed this with the management team who told us they were reviewing the menu options to include additional home-made items such as soups, and they said they would ensure more fresh fruit was available.

Records showed relevant safety checks were carried out daily in the kitchen, for example temperatures of the fridges, food labelling and expiry date checks and reheating guidelines. Food was appropriately stored and labelled.

People were supported to access healthcare services and received support to maintain their health. People told us they were able to see a doctor if they needed to. One person said, "We can ask to see a doctor when we want." A relative told us their relative had become unwell recently. They said, "The nurse contacted GP who arranged a prescription over the phone making the response quick. The [medical condition] is getting better." Another relative told us they were pleased an optician and a chiropodist attend the service.

Staff told us and records confirmed GP visits to people living at the service took place weekly and at other times as required. Records of these visits included the outcome of the visit and any treatment given. For example, requests for blood tests for monitoring the toxicity of high risk medicines was recorded on the list and also in the person's care plan along with other health professional visit records. Records showed visits to the service from various health care professionals such as speech and language therapists, palliative care team, physiotherapist, tissue viability nurse and dieticians. People's care records contained information relating to various appointment letters following up from referrals. One health professional told us they worked closely with the service and found the person they visited was always ready and prepared by the staff team to receive their treatment. They said any instructions given to staff in relation to the person's treatment were always followed.

Handover meetings took place at the end of the day shift and end of the night shift. The nurse on duty handed over to the nurse coming on the next shift. They in turn handed the information over to all care staff. Staff told us this worked well and they were always aware of events that had taken place. They told us following a recent medical emergency at the service the procedures had been updated and we saw records of this.

Is the service caring?

Our findings

At the last inspection in June 2016 we found people were not always treated in a dignified manner because staff approach was not always consistent. At this inspection observations showed staff treating people with dignity and respect and discreetly offering personal care or support with continence needs. A person using the service told us, "They [staff] close all the doors and keep me covered up." Another person said, "Yes, everything is always done in private." Staff told us how they promoted dignity and privacy. They said this had been discussed in team meetings. There were records of these discussions which related to ensuring staff did not discuss people's care needs in front of other people using the service.

On the second day of our inspection people participated in a discussion group to celebrate Dignity Day. This was facilitated by the activities co-ordinator and was well attended. Each person was given time and support to share what dignity meant to them. One person who was unable to communicate verbally made gestures to explain that dignity meant keeping herself covered up. All answers were written down and displayed. People we spoke with told us they enjoyed this and staff said they found it reinforced the importance of maintaining each person's dignity.

At the last inspection the service did not seek information about people who identified as lesbian, gay, bisexual or transgender (LGBT). Training records showed staff had not received training in equality and diversity and this was not included in the mandatory or essential training programme. We made a recommendation the service seeks and follows best practice guidance on supporting people who identify as LGBT in care homes. At this inspection we found the service displayed contact details for LGBT groups. The provider had included equality and diversity training as part of their training program. Records showed staff had attended this training and future training dates had been booked for staff. Staff we spoke with told us they found the training useful.

People and their relatives told us the service was caring. One person told us, "Anything I want, they get me. They do anything for me. I've known them a long time. They know me well." Another person said, "We get looked after very well." A relative said, "The carers are great. Some of them are exceptional." Another relative told us, "My [relative] is very happy here and I'm very happy here. I feel like I am part of the place. I am here a lot of the time. Some (staff) are particularly caring and go over and above the call, like arranging film afternoons. They are exceptional and engaging, it's rather touching to see sometimes. They all get to know everybody's individual needs." Another relative said, "Our [relative] likes it here and she is getting the care and attention she needs. 99% of the boxes are ticked."

People were able to make choices about their independence and staff adapted care to ensure people's wishes were carried out. One person told us they were able to get up, go to bed and do things at times of their choosing. Another person said, "You're free to do what you want when you want." A third person said, "It's very good here. We can do what we like." A relative told us staff always followed their relative's wishes and made changes as necessary. They said their family member usually spent time in the lounge but had chosen to go back to bed as she felt tired and staff had assisted. They said although their relative could sometimes transfer from chair to bed independently staff sometimes offered use of a hoist to assist if they

noticed their relative was tired.

Staff told us they ensured people using the service were supported to make their own choices. One staff member said, "You always have to offer things and be prepared for them to say no or change their minds. I ask what they want to do, what they want to wear. This is their home not ours. I ask them if they want to be left alone to have some privacy and space. They lead us in what they want."

Staff were attentive to people's needs. Staff actively paid attention to what was going on around them, glancing into rooms as they walked along corridors. All the interactions observed between staff and people using the service were caring and not solely task based. Staff provided information and explanations when supporting people with daily living activities.

Staff interacted with people in a kind, respectful and personalised way. There was laughter and good natured exchanges between staff and people using the service. Staff anticipated people's needs. One staff member noticed a person looking around them as if searching for something and brought their knitting to them. The person thanked the staff member. Staff described how they developed relationships with people which included speaking with the person and their family to gather information about their life history and their likes and dislikes. One member of staff told us, "[Person using the service] likes birds and animals it's in her care plan but I find lots of ways to engage her in conversation about that. We look out the window and talk, we look at books and if there's something on TV we watch it together." Another staff member told us, "You really get to know your residents. What they like, don't like, what they want to do and you make it happen for them." Relatives told us staff knew their family member well and they had built good relationships with staff.

Care files contained individual preference questionnaires which were completed when people were admitted to the service and reviewed as their preferences changed. People's life history was evident and informed staff of people's childhood, adolescence, young adulthood, middle age and later years. Information included siblings, hobbies, previous jobs and meaningful relationships. One person's life history showed they had worked in a cinema. During our visit we observed staff talking to this person about old films.

People were supported to take part in their spiritual practices outside of the service. The service had identified the need to ensure people could have access to religious services at home and had begun exploring options for inviting faith groups into the service. Staff knew about people's backgrounds and told us how they supported them.

People's care files showed detailed plans were in place for end of life care and included people's wishes for preferred place of care and specific funeral plans. In one person's end of life care plan they had stated, "I take each day as a blessing but my family and I have discussed my thoughts on if I die and if I want to be resuscitated. The answer is no. I have lived a good life." They detailed further thoughts, wishes and instructions for staff regarding funeral arrangements.

The service had a procedure for discretely ensuring staff could identify people who at the end of their life did not want resuscitation to be attempted. This procedure had been discussed with the person, their family member and medical professionals. Staff we spoke with knew people's wishes. Staff told us about the process for arranging support for people and their family members with the palliative care team, GP and with end of life facilitators in the local borough.

Is the service responsive?

Our findings

The service was not always responsive. Care plans were personalised although some had more detail than others. Not all care plans contained sufficient information for staff to know how to manage or offer particular care and support. Care files were not always organised to assist accessibility and some files contained contradictory, incorrect or missing information which made it difficult to understand the needs and dependence levels of the individual. There were gaps regarding the care and support people required. One person's care plan stated they needed staff support to change their position by using a slide sheet. However staff told us this person was able to change their position independently. Staff demonstrated knowledge of people's needs and were able to explain how they used this knowledge to ensure care was given to meet their needs. New staff would not have the information they needed to meet people's care needs and preferences.

We discussed our findings with the management team. The service had changed the template used for care planning since the last inspection which should have addressed the issues. They had already identified some of the issues with care plans and implemented a new procedure for auditing. An audit completed in December 2016 had identified a significant number of issues with the quality of information recorded and targets had been given for the manager to address these issues. Staff meeting records showed care planning and documentation were discussed.

Action had not been taken in a timely manner to ensure all care plans reflected people's needs and provided staff with clear guidance. This meant people using the service may be at risk of receiving inappropriate care or support.

These findings were a breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Initial assessments were carried out when people came to live at the home and each person had a care plan. People living at the service and their relatives told us they had been involved in the care planning process. One relative said, "We have meetings about [our relative's] care plan and the care they need." We viewed seven care files which included personal care, nutritional needs, continence, falls, mobility and dexterity, sleeping, dementia care, medicines and social wellbeing. Care plans were reviewed monthly or sooner if the persons care needs changed.

Activities were led by an activity co-ordinator who had been at the service for three months at the time of the inspection. The activities coordinator told us the activity choices were led by people using the service and they ensured people had the opportunity to participate in activities they enjoyed.

People spoke positively about the difference the activity co-ordinator had made and the new programme of activities. They told us they enjoyed the activities at the home. One person said, "I like to attend and get involved but if I just want my own company then that's alright." Another person said, "I used to do mainly colouring but now I do lots of different things that they put on here and it's good." Relatives spoke positively

about activities at the service. One relative told us about how staff used their knowledge of their family member's interests to make activities relevant. Another relative said that the service was very inclusive and they could join in activities with their family member to "integrate and engage with the life of the home."

Observations of the Bingo activity on the first day of our visit showed it was well attended. Care staff ensured people chose where they wanted to sit and constantly supported people as required to ensure they got the best out of the experience. The activity co-ordinator moved around the room, supporting people, chatting with them and making the session lively and inclusive. Throughout the inspection various activities were taking place including art and craft sessions and one to one activities. People using the service talked with excitement about a planned social event soon to take place at the service.

Care plans contained information about the types of activities people enjoyed, for example, "I like to read, play bingo and join in home activities." The service documented the activities that people were doing. The records were personalised and recorded every activity undertaken individually. There were references to family engagement, such as visits outside the home with family. Refusals to participate were also noted and there was a pattern of increasing varieties of activities offered to engage people in an activity they enjoyed. People who were unable to leave their bedrooms were offered a programme of one to one activities. Records showed that several of the people who had previously consistently refused activities had started to engage. A number of outings had been planned for people living at the service including museums and other locations of their choice. This meant that the service responded to people's preferences.

Bedrooms were personalised. Each bedroom door had the name and photograph of the person residing in it. Bedroom doors had been fitted with a door knocker and letterbox which the manager said was to aid people to recognise this as the door to their room. Rooms were decorated with personal items including photographs and pictures. People told us they liked their rooms and had been involved in choosing wallpaper and paint colours during the recent upgrade of the home. This meant the service gave people choice and encouraged individuality.

The service had a complaints policy and procedure. People using the service and their relatives said they knew how to complain if they needed to. One relative told us, "If we have any niggles we go straight to [the manager] or [senior carer]." They said complaints and concerns were appropriately addressed. The management team and staff were able to explain how they would deal with a complaint. The service had received two complaints which were recorded and had been responded to and resolved in line with the providers' complaints procedure.

Is the service well-led?

Our findings

At the last inspection in June 2016 we found the service was not always well led. People's care records were not always up to date, pre-admission assessments did not always include information relating to people's background, and needs and abilities assessments were incomplete. Consent forms were not always signed and dated and there were gaps in monitoring forms. At this inspection we found some of the issues had been addressed. However, other issues we had identified during our inspection such as recording of medicines administered and quality of documentation in care plans were not always identified during audits carried out by the management team or addressed in a timely manner.

Quality monitoring systems were in place however, they had not identified the poor recording of medicines administered topically or lack of protocols for medicines used for end of life care. Staff monitoring charts and healthcare records such as professional healthcare visits by dieticians, opticians and dentists, repositioning and bath charts were not always easily accessible and on occasions were not in place. This had not been identified by the service during quality audits. This meant people were not protected against the risk of harm or inappropriate or unsafe care and treatment by regular monitoring of the quality of the service provided.

The service completed monthly audits. These included care planning and risk assessments, accidents and incidents, infection control, falls monitoring, medicines management and health and safety. The issues identified by the senior management team were not always addressed by the service promptly. The service had various action plans in progress with actions from residents and relatives meetings, staff meetings and audits. There was also an action plan which was on-going covering areas such as staff training, supervision and appraisals. Although this showed the service had identified some of our concerns not all had been addressed at the time of our inspection.

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

Building checks and audits were carried out by the service. Records showed all communal areas of the service were checked daily by the maintenance person and monthly with the manager. Other checks on equipment such as the nurse call system, hoists, water temperature, fire alarms, emergency lighting, pressure mattress and window restrictors were carried out monthly or weekly. Water hygiene, boiler and electrical checks were carried out annually. The service used external contractors for plumbing and electrical repairs. Records reviewed were up to date and clearly recorded any repairs identified and the date completed.

Staff told us people using the service were encouraged to give their views about the service and spoke with staff and the management team. People using the service told us they sometimes went to meetings but said these didn't happen often. However, they told us they could talk about things at any time and did not have to wait for meetings. We looked at records of meetings and saw action plans and outcomes of completed actions. For example people using the service had requested hand wipes were available at mealtimes. We

saw records that these had been purchased and made available for use.

The service sought feedback from relatives about the quality of the service during relatives meetings. There was a schedule for the year's relatives meetings. One relative said, "We have regular relatives meetings and private meetings to look at my [relative's] care plan." Records of these meetings showed topics discussed included activities, menu options, conduct towards staff and repairs. An action plan had been devised with target dates for completion of actions. The management team told us surveys were planned to take place over the coming months to gain feedback from people using the service and their relatives about care, activities and the environment within the service.

Staff told us and records confirmed staff team meetings had taken place. Records showed areas of discussion included handover, clinical supervision, staffing, confidentiality and team working. Staff said they found the meetings useful and were kept up to date with changes at the service. They said there had been a positive change in the way staff worked together and found they were able to speak freely during meetings.

Daily meetings took place for heads of department and nurses. The meetings were attended by the manager, clinical lead, nurses, senior care workers, and chef and maintenance person. Records showed discussions included care and treatment, medicines, nutrition and premises safety.

People and their relatives told us they found the manager approachable. One person said, "She's helpful. You see her around a lot." Relatives told us they could talk to the manager about any concerns they had. We observed people using the service comfortably speaking with the manager during our inspection.

Staff were positive about the leadership of the service. One staff member said, "The manager is helpful but can be firm when necessary. We have a good working relationship and now I enjoy coming to work." Another staff member said, "It's changed a lot here. I think [Manager] has really turned things around. She's fair with all of us. We just needed to get to know her and she needed to get to know us." A third staff member said, "Management are really approachable. We all work together." Staff told us they had seen improvements in the service.

Staff were positive about the culture in the service. Staff said they enjoyed working with people using the service and with each other. One staff member said, "The staff support is better now. We are more accountable and our residents look forward to each day because things are better." Another staff member said, "I'm proud that I do this job. I have a good bond with our residents and with the (staff) team."

The management team told us there continued to be a number changes at the service but they found staff were working well together through these changes. The management team said they felt well supported by the provider and were able to contact them easily for guidance or support.

During the inspection the manager was open about areas of improvement and reacted promptly and appropriately to address concerns raised. Throughout and following the inspection we requested records and information from the manager, senior manager and administrator which was provided promptly and with detailed explanations. All staff we spoke with were helpful, co-operative and open.

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 9 HSCA RA Regulations 2014 Person-centred care The provider did not ensure people using the service received person-centred care and treatment that is appropriate, meets their needs and reflects their personal preferences. 9(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems or processes were not established and operated effectively to ensure compliance with the requirements. 17(1) The provider did not ensure that their audit and governance systems were effective. 17(2)(f)