

Rowena House Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

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

This inspection took place on 20 and 21 September 2018 and was unannounced. Rowena House Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 22 people in one adapted building. There were 16 people living at the service at the time of our inspection.

As a result of our last inspection in February 2018 we took enforcement action and served a warning notice on the provider and registered manager requiring them to make improvements in order to ensure the home environment was safe; that identified risks to people were safely managed and; to ensure people's medicines were managed safely. At this inspection we found that whilst the provider had acted to address many of the issues we had previously identified, there remained some shortfalls amounting to a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessment tools, including the Malnutrition Universal Screening Tool (MUST) had not always been used correctly when assessing risks to people. People's care plans did not always include guidance for staff on how to manage identified risks safely. The provider had acted to improve fire safety at the service but further action was required to reduce the risk of legionella and to ensure the environment was safe.

Improvements had been made to the recording of the administration of people's medicines and to the provider's processes for receiving and disposing of medicines. However, we also found prescribed creams were not always securely stored and there continued to be a lack of guidance in place for staff on the support people required to take medicines which had been prescribed to be taken 'as required'.

As a result of our last inspection in February 2018 we took further enforcement action and served a warning notice on the provider and registered manager requiring them to make improvements to their systems for monitoring the quality and safety of the service. At this inspection we found that whilst improvements had been made to address many of the issues we had previously identified, there remained further areas in need of action, amounting to a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Checks on the safety of the environment had not always regularly been conducted and had not always identified issues in order to drive improvements. Staff had not carried out any audits of people's care plans in the time since our last inspection which may have helped identify the issues we found with people's risk assessments. The provider was unable to demonstrate that routine checks had been carried out to monitor for the risk of legionella. Whilst improvement had been made to the process used for auditing people's medicines, medicines audits had not identified the issues we found in regard to the lack of guidance in place for staff on medicines prescribed to people to be taken 'as required'.

At our last inspection in February 2018 we asked the provider to take action to make improvements in order

to protect people from the risk of abuse because allegations of abuse had not always been reported to the local authority safeguarding team. This action had not been completed; we found details of further incidents which had not been reported to the local authority safeguarding team where required amounting to a continued breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in February 2018 we asked the provider to take action to make improvements to ensure they followed safe recruitment practices. This action had not been completed; one staff member had been working at the service without a criminal records check having been completed. This was a continued breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed the criminal records check following our inspection.

The service had a registered manager in post. 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 our last inspection we found improvement was required because the registered manager was not always aware of their legal responsibilities in managing a care home. At this inspection we found continued concerns in regard to the registered manager's understanding of the responsibilities of their role. They had not acted to fully address four breaches of regulations which we had identified at our last inspection and lacked an understanding of the types of incidents which could be defined as being abuse which prevented them from fulfilling their responsibility to properly safeguard the people living at the home. This was a breach of regulation 7 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

At our last inspection in February 2018, we asked the provider to take action to make improvements because the home was not always clean and some furniture was in poor condition. This action has been completed. Improvements had been made to the cleanliness of the home and new furniture had been purchased which could be more easily cleaned in the event of a spillage.

At our last inspection in February 2018, we asked the provider to take action to make improvements to ensure staff were appropriately supported through a programme of training and supervision. This action has been completed; staff completed an induction when they started work at the service. They received training in areas considered mandatory by the provider and regular supervision to support them in their roles.

At this inspection we found that improvements were required to ensure the details of any accidents and incidents were regularly reviewed in order to look for trends and reduce the risk of repeat occurrence. We also found improvement was required to ensure people's preferences about the support they wished to receive at the end of their lives had been consistently discussed with them and included in their care plans to help ensure they received the care they wanted at that time.

There were sufficient people deployed at the service to meet people's needs. Staff wore protective clothing such as gloves and aprons when supporting people with personal care tasks to reduce the risk of infection. People's needs had been assessed before they moved into the home. The provider used nationally recognised tools and guidance when assessing people's needs.

People were supported to maintain a balanced diet and told us they enjoyed the meals on offer at the

service. Staff supported people to access a range of healthcare services when needed. They worked to ensure people received effective joined up care when moving between different services. People told us that they liked the service's living environment. The provider had plans in place to redecorate areas of the home and confirmed they would take people's views into account when the work was carried out.

Staff sought people's consent when offering them support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff treated people with kindness and consideration. People were involved in decisions about their care and treatment. Staff respected people's privacy and treated them with dignity.

People and their relatives had been involved in the planning of their care. Care plans reflected people's needs and included information about their likes and dislikes, and preferences in the way they received support. People were supported to maintain the relationships that were important to them. The provider supported people to take part in a range of activities which met their need for social stimulation and engagement. People knew how to complain and expressed confidence that any issues they raised would be addressed.

The provider had recruited a new home manager who had day to day responsibility for the management of the service. They demonstrated an understanding of the Health and Social Care Act 2008 and their responsibilities in managing the service. Staff spoke positively about the support they received from the management team. People, staff and relatives told us the service was well managed and that the new home manager had made improvements since starting work at the home.

Staff told us there was a positive working culture at the service. They attended regular staff meetings and handover meetings between each shift in order to share information about any service developments and ensure they were aware of the responsibilities of their roles. The provider sought the views of people and their relatives, and acted to make service improvements based on their feedback. The management team worked openly with other agencies including local authority commissioners and quality assurance teams.

The overall rating for this service is 'Requires improvement'. However, the service remains in 'special measures'. This is because the service had been rated as 'Inadequate' in at least one key question over two consecutive comprehensive inspections.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate 

The service was not safe.

People were not always protected from the risk of abuse because safeguarding incidents had not always been reported to the local authority safeguarding team for investigation where required.

The provider had not followed safe recruitment practices when recruiting one new member of staff.

Environmental risks were not always safely managed. Risks to people had been assessed, but risk assessment tools had not always been used correctly and guidance was not always in place for staff on how to safely manage identified risks.

Improvements had been made to the management of people's medicines but prescribed creams were not always safely stored and there was not always guidance in place for staff on how to safely administer medicines prescribed to be taken 'as required'.

Improvements had been made to protect people from the risk of infection but further improvement was required to manage the risk of legionella.

Staff were aware to report incidents and accidents. They discussed incidents at team meetings to share learning but improvement was required to ensure accident and incidents were regularly reviewed to look for trends in order to reduce the risk of repeat occurrence.

There were sufficient staff deployed to meet people's needs.

Is the service effective?

Good 

The service was effective.

Staff received support in their roles through an induction, training and regular supervision.

People's needs were assessed before they moved into the home to ensure the service's suitability.

People were supported to maintain a balanced diet.

Staff worked to ensure people received joined-up care when moving between different services.

People had access to a range of healthcare services when required, in order to maintain good health.

Staff sought people's consent when offering them support. The provider worked in line with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to ensure any restrictions on people's freedoms had been authorised appropriately.

People spoke positively about the home environment. The provider had plans in place to redecorate areas of the home in consultation with people.

Is the service caring?

Good ●

The service was Caring.

Staff treated people with kindness and consideration.

People were treated with dignity and their privacy was respected.

People were supported to make decisions about their care and treatment.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Improvement was required to ensure people's end of life preferences had consistently been discussed with them, or their relatives, where appropriate.

People and relatives had been involved in the planning of their care. Care plans included information about people's needs and preferences.

People were supported to take part in a range of activities which promoted their need for social stimulation and engagement.

The provider had a complaints policy and procedure in place. People knew how to complain and expressed confidence that any issues they raised would be addressed.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider's systems for monitoring the quality and safety of the service had improved but continued to be ineffective in comprehensively identifying issues or driving improvements.

There was a registered manager in post. They were not always aware of the responsibilities of the role in order to comply with regulatory requirements.

The provider had recruited a new home manager who had day to day responsibility for the management of the service. They demonstrated an understanding of the provider's responsibilities under the Health and Social Care Act 2008. Notifications had been submitted to CQC where required and the home displayed their current CQC rating in line with regulatory requirements.

The service had a positive working culture and staff worked well as a team. Staff attended regular meetings to ensure they were aware of the responsibilities of their roles.

The provider had systems in place for seeking people's views and acted on feedback to make improvements to the service.

The provider worked openly with other agencies including the London Fire Brigade and the commissioning local authority.

Rowena House Limited

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 site visit took place on 20 and 21 September 2018 and was unannounced. We visited the registered location to meet with people who used the service, the registered manager and staff. We spoke with eight people, four relatives, and eight staff, including the registered manager, new home manager and chef. We reviewed records including four people's care plans, three staff recruitment records, staff training and supervision records, and other records relating to the management of the service including policies and procedures, medicine administration records (MARs), and checks and audits carried out by the management team.

The inspection was carried out by one inspector and an expert by experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two inspectors returned to complete the inspection on the second day.

Prior to the inspection we reviewed the information we held about the service. This included details of notifications submitted by the provider. A notification is information about important events that the provider is required to send us by law. We reviewed the information the provider sent us in the Provider Information Return which they had submitted earlier in the year before our previous inspection in February 2018. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with staff working for the local authority who commissioned placements for people at the service to seek their views and help inform our inspection planning.

Is the service safe?

Our findings

At our last inspection we found a breach of regulations because the registered manager had not always reported abuse allegations to the local authority safeguarding team, in line with locally agreed procedures. At this inspection we found that, whilst staff knew the different types of abuse that could occur and the signs to look for, there had been further safeguarding incidents at the service which had not been reported to the local authority for investigation.

Accidents and incidents records completed by staff made reference to two incidents of physical abuse between people living at the service and a third incident in which one person had been found with facial bruising which could not be explained. The registered manager was not aware that the incidents met the definition of potential types of abuse as described in the provider's safeguarding policy. This meant there had been no external oversight of these incidents to ensure people were safely protected from the risk of abuse.

We also found that whilst the staff we spoke with were aware of the correct procedures for reporting abuse allegations to the local authority, the provider's safeguarding procedure was out of date and the details for making safeguarding referrals were out of date. This meant there was a risk that staff unfamiliar with the locally agreed reporting procedures may be delayed in sharing safeguarding information with the local authority, if they had needed to refer to the procedure.

These issues were a continuing breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found a breach of regulations because information about the recruitment checks carried out on staff before they started working at the service was not always available for review when requested. At this inspection we found that whilst information around recruitment checks was available for review, the provider had not always carried out appropriate recruitment checks before staff started work.

Staff recruitment records included completed application forms that contained details of each staff member's full employment history, confirmation of checks on their identification and employment references to help demonstrate that staff were of good character and suitable for the roles they had applied for. However, one of the three staff files we reviewed did not contain evidence of a criminal record check having been conducted for a staff member who started working at the home in April 2018. Records showed that an application for a criminal record check had been submitted to the Disclosure and Barring Service (DBS) in July 2018, but that further supporting information had been requested by the DBS on 13 September 2018, in order to process the application. Senior staff told us they were still to follow up on this at the time of our inspection. They also confirmed that the staff member in question had been working with the people living at the service unsupervised on occasion since they started working at the home. This meant that the provider had failed to follow safer recruitment practices in ensuring that staff were of good character before they started working with people.

This was a continuing breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed the criminal records check for the staff member in question following our inspection.

At our last inspection we found a breach of regulations because environmental risks were not safely managed and staff were not aware of the action to take in an emergency. Staff also had not always followed the risk management guidelines in people's care plans to help minimise the risk of malnutrition. At this inspection we found that whilst some improvements had been made in risk management practice, there remained some shortfalls.

The provider had addressed the risks we had previously identified in respect of fire safety at the service. The fire alarm had been repaired and regular checks had been carried out on fire safety equipment. Fire doors were no longer propped open by furniture and a fire risk assessment had been conducted by an external fire safety contractor to help identify and reduce fire risks. People had updated personal emergency evacuation plans (PEEPs) in place which contained information for staff and the emergency services on the support they would require to leave the home in the event of an emergency. Staff took part in periodic fire drills and were aware of the action to take in the event of a fire or medical emergency.

However, we found environmental risks in other areas which were not safely managed. Radiators in two people's bedrooms were exposed, and the provider had not carried out a hot surfaces risk assessment to determine whether these were safe, or whether they placed people at risk of being burned. A radiator cover in a third person's bedroom was too short to cover the radiator in full and had been propped against it instead of being secured to the wall. This placed the person at risk of falling if they were to lean against it. One person's room contained wiring and a fuse box which had been boxed off above their bedroom door, but this was not secure and could potentially be accessed by people, placing them at risk. We noted that a hoist kept in a communal bathroom had been identified by an external contractor as no longer being fit for purpose. The registered manager confirmed that none of the people at the service required hoisting and the hoist was not in use. They told us they would remove the hoist from the home following our inspection.

People had risk assessments in place which covered areas including the risk of falls, malnutrition, skin integrity and risks associated with their behaviour. At our last inspection we found staff had not always followed guidance from healthcare professionals in managing the risk of malnutrition. At this inspection we found staff had addressed this issue. Advice had been sought from a dietitian where people had been assessed as being at risk of malnutrition. Staff followed the dietitian's guidance in managing this area of risk. For example, one person had been prescribed food supplements which staff administered and weekly checks showed that the person's weight had subsequently stabilised. However, despite this improvement, we also found that staff had not always used risk assessment tools correctly when assessing risks to people, and that guidance was not always in place for staff on how to manage areas of risk safely.

Staff used the Malnutrition Universal Screening Tool (MUST) which is a nationally recognised tool used for assessing the risk of malnutrition. Records showed that this tool had not always been used correctly to calculate the level of risk to people. One person had lost weight over a three-month period from April 2018 which had not been recognised by staff as having an impact on how the person's MUST score should have been calculated. Another person's MUST assessment had been recorded as having been reviewed each month since April 2018 but staff had not followed the correct steps in reassessing the level of risk each time. In both cases, staff were supporting the two people safely because their existing care plans had already identified them as being at high risk of malnutrition, but the failure to use risk assessment tools correctly placed people at risk of staff not promptly recognising when they needed more support.

We also found that there was not always guidance in place for staff on how to manage identified risks to people. One person's care plan highlighted that there was a risk of them being either physically or verbally abusive. However, there was no guidance in place for staff on how to protect people from the risks associated with the person's escalating behaviour and records showed that there had been one recorded incident of the person having physically abused another person living at the home in the time since our last inspection. This showed that risks associated with people's behaviour had not always been safely managed.

This was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found a breach of regulations because medicines were not safely managed. At this inspection, although improvements had been made, there was still no guidance in place for staff on how they should support people with medicines which had been prescribed to be taken 'as required'. We also found that whilst staff were aware of the need to ensure a minimum safe gap between doses of people's medicines where this was required, they were still not recording the times at which medicines had been administered. This meant there remained a risk of the minimum safe gap between each dose not being maintained.

At our last inspection staff had not always completed people's medicine administration records (MARs) accurately. We found examples where staff had either signed to confirm they had administered doses of medicines which they had not administered, or where they failed to sign to confirm the administration of doses which they had. At this inspection, we found significant improvements in staff recording on people's MARs, although one staff member had signed one person's MAR to confirm administration of a dose of an 'as required' medicine during the week prior to our inspection which had not been administered, based on the remaining number of tablets that the home held in stock.

We also found that whilst medicines which had been prescribed in tablet or liquid form were securely stored, one person's prescribed cream had been left in their bedroom and could potentially have been accessed by any of the people at the home who were living dementia, placing them at risk.

This was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection, staff had not been monitoring the temperature of the medicines storage area to ensure medicines remained within a safe temperature range for effective use. The provider's processes for receiving and disposing of medicines were ineffective which had led to one person running out of a medicine without a further prescription having been requested, and unused medicines stocks of a large number of medicines not being promptly returned to the pharmacist for disposal when they were no longer required. At this inspection, temperature checks of the storage area were regularly monitored. The provider's processes for receiving and disposing of medicines were operated effectively and records showed that excess medicines stocks had been returned to the pharmacist promptly.

At our last inspection we found a breach of regulations because the provider did not have effective systems in place to manage the risk of infection. At this inspection we found improvements had been made. However, further action was required to ensure people were protected from the risk of legionella. Staff wore gloves and aprons when supporting people. There were handwashing facilities on each floor of the service that were accessible to people, staff and any visitors. Senior staff carried out regular infection control audits to help ensure the risk of infection was minimised. The provider had arranged for a contractor to carry out a legionella risk assessment. We noted that the contractor had identified a number of actions as requiring

attention in order to ensure the risk of legionella was minimised. The registered manager told us they were yet to follow up on these actions as the assessment had only recently been conducted and this issue required improvement. They told us they would follow up on these actions promptly following our inspection.

At our previous inspection we found a breach of regulations because the home was not clean and some furniture was worn and in need of replacing. At this inspection we found improvements had been made. Domestic staff completed a regular schedule of cleaning throughout the home. Worn armchairs in the communal area had been replaced and could be more easily cleaned if spillages occurred.

At our last inspection we found improvement was required because the provider relied on a high number of agency staff to meet their staffing requirements. At this inspection we found improvements had been made. New staff had been recruited by the service and agency staff use had been reduced. Whilst the registered manager was still unable to explain how they determined the staffing levels on each shift, people and their relatives told us they had no concerns about the number of staff deployed at the service and we observed staff to be on hand and available to support people promptly when required throughout our inspection.

At our previous inspection we found improvement was required because staff had not always completed accident or incident records where accidents or incidents had occurred. At this inspection we found that whilst improvement had been made to the recording of accidents and incidents, further improvement was needed to help reduce the risk of repeat occurrence. Staff confirmed they were aware of the need to report accidents and incidents when they occurred. Accident records included information about each incident and the action that staff had taken as a result. Staff told us that they discussed accidents and incidents at team meetings to share any learning. However, improvement was required because the registered manager told us they did not review accident and incident records regularly to look for trends in order to reduce the risk of repeat occurrence.

Is the service effective?

Our findings

At our last inspection we found a breach of regulations because the registered manager was unable to demonstrate that staff had received regular training and supervision, in line with the provider's policies. At this inspection, we found these issues had been addressed.

Staff told us they had completed an induction when they started work, they received regular supervision and they were up to date with the provider's mandatory training. The home manager told us that staff new to care would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. A staff member said they were part way through completing the care certificate. They said they had learned a lot during their induction and the manager and staff had been very supportive.

People and their relatives told us they thought staff had the right skills to meet their needs. One person said, ""There are plenty of staff here who all do their job very well. They know exactly what my needs are; everything is going very smoothly." A relative told us, "I am very happy with the standard of care; they [staff] do understand [their loved one] well."

The provider's training matrix confirmed that staff had completed training they considered to be mandatory. This included safeguarding, fire safety, food hygiene and nutrition, infection control, first aid, moving and handling, health and safety, Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had also received other training relevant to people's needs for example dementia awareness, and equality and diversity. We also saw certificates confirming that a local pharmacist had assessed the competency of the members of staff responsible for administering medicines.

One member of staff told us, "I get supervision every two months where I can talk about my development and training needs. We also talk about the residents needs and care planning and how I can support people with their needs." Records confirmed that all staff were receiving regular supervision and, where appropriate, an annual appraisal of their work performance with their line manager.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At our last inspection we found a breach of regulations because further applications for DoLS authorisations had not always been made before existing authorisations had expired, and because conditions placed on DoLS authorisations had not always been met. At this inspection we found these issues had been addressed. Records showed that senior staff had submitted DoLS applications to the local authority where required and these had been authorised, or were in the process of being assessed. Conditions placed on people's DoLS authorisations, such as the need to review their care plan regularly, had been met.

People told us staff sought their consent when offering them support. One person said, "Oh yes, they ask. I have no problems here." Another person told us, "Definitely, they ask me if it's OK before doing anything." Staff demonstrated an understanding of the MCA and told us they supported people to make decisions for themselves wherever possible. One staff member told us, "I'd never make anyone do anything they didn't want to do; the residents have the right to decide." We observed staff seeking people's consent when offering to support them during the lunchtime meal. Records showed relatives had been involved in making specific decisions in people's best interests where they lacked capacity to do so themselves, for example in regard to medicines administration.

People's needs had been assessed before they moved into the home to determine the areas in which they required support and to ensure their needs could effectively be met. We saw examples of nationally recognised tools and guidance having been used to underpin the provider's policies and in developing people's care plans. For example, the service's medicines policy had been developed with reference to relevant guidance from the National Institute for Health and Care Excellence (NICE), and people's risk assessments included the use of the Waterlow scoring which is a widely used tool used to assess the risk of people developing pressure sores.

People were supported to eat and drink in sufficient amounts. People's nutritional needs had been assessed and reviewed on a regular basis. Care plans contained guidance for staff on the support people needed to maintain a balanced diet, including guidance from a dietician where people had been identified as being at high risk of malnutrition. Kitchen staff had access to information about people's dietary requirements and preferences to help ensure the meals they prepared met their needs. For example, they showed us an individual 'What can I eat' document that had been developed for person with type 2 diabetes as well as general guidelines for supporting people with this condition.

People told us they enjoyed the meals on offer at the service. One person said, "The food is plain and simple, but very nice." Another person told us, "The food is very good." People were offered a choice of meals each day which included a vegetarian option. We observed a lunchtime meal and noted that staff were on hand and available to support people in a timely manner, where needed. People were offered a choice of drinks and alternative meal options were offered to people where they changed their mind about what they wanted to eat. Where one person initially refused to eat anything, staff gave them time before showing them different options which they then picked from. Staff also offered people snacks and drinks throughout the day and encouraged them to choose healthy options such as fruit rather than biscuits.

People were supported to access healthcare services when they needed them. One person told us, "If I was unwell [the staff] would call the doctor for me." Another person told us staff had arranged an appointment for them with a dentist when needed. Records showed people had attended a range of appointments with different healthcare professionals including a GP, dietician, community nurse and chiropodist. Staff sought to ensure that people received effective care when moving between different services by sharing key information with healthcare professionals about people's needs and arranging additional staff cover to enable them to accompany people to appointments when required.

People and their relatives spoke positively about the home environment. One person said, "The environment makes me feel safe." A relative told us, "I like the homely atmosphere." The home had a garden for people to enjoy during the summer months. Some signage was in place to support people living with dementia to navigate around the home and we spoke with the registered manager about their plans to improve this further. They also told us they were planning to redecorate areas of the home and that they would involve people in this to ensure their preferences were met.

Is the service caring?

Our findings

At our last inspection we found improvement was required because staff did not always treat people with dignity and respect. At this inspection improvements had been made. All of the people we spoke with told us staff treated them respectfully. One person said, "They [staff] are polite and treat me well." A relative told us, "They [staff] definitely treat [their loved one] with dignity and respect." We observed staff interacting with people respectful manner throughout our inspection. Where one person became verbally aggressive towards a staff member who offered them support, the staff member responded calmly and politely, seeking to diffuse the situation in a friendly manner.

Staff told us they sought to maintain people's dignity when supporting them with personal care. One staff member said, "I get peoples clothes ready for them before I start with personal care, then put the 'personal care in progress' sign on the person's door so we're not disturbed. I always ask people if it's okay with them before I do anything and explain what I am doing as I go along. I cover people up when I provide personal care so that their dignity is maintained."

Staff also described the steps they took to ensure people's privacy was respected. One staff member said, "I always knock on people's doors before entering people's rooms." Another staff member was aware of the importance of keeping information about the people they supported confidential. People confirmed their privacy was respected. One person said, "Staff always knock before entering." Another person told us, "The staff are very friendly, but leave me in peace if that is what I want."

People were supported to maintain their independence. One staff member said, "Sometimes the residents just need a bit of a remind and encouragement to do things themselves, like have a wash. Other times they might need more help, so it depends on the day." We observed staff offering support to people which enabled them to do things for themselves if they were able. For example, one person was able to eat their meal independently after staff helped them to cut up the food.

People told us that staff were caring. One person said, "They [staff] are kind and considerate." Another person told us, "They [staff] treat me very well. They gave me a card when it was my birthday. [One staff member] always makes a fuss of everyone; they are very nice." We observed caring interactions between staff and the people they supported. Staff were alert to people's needs throughout our inspection and moved quickly to support them where required. Where one person became distressed, staff took time to offer them comfort and reassurance which had a positive impact on their well-being.

Staff told us they were committed to support people's diverse needs with regard to their race, religion, sexual orientation, disability and gender. One member described the support one person received which reflected preferences related to their cultural background. Another staff member told us, "I know about different cultures, religions and lifestyles. I have completed training on equality and diversity and have no problems supporting people with anything they need."

Staff involved people in decisions about the support they received. One staff member said, "The residents

are able to let us know what they want and I always ask for their opinion. For example, I show people different clothing options so they can pick what they want to wear in the morning." People and their relatives, where appropriate, confirmed staff involved them in decisions. One person told us, "They [staff] always listen to my views." Another person said, "The staff will suggest things but never insist. I'm able to decide for myself." A relative commented, "We're kept well informed [by staff] and feel involved in deciding what's best [for their loved one]."

Is the service responsive?

Our findings

The registered manager told us that none of the people living at the home required end of life support at the time of our inspection but that they worked closely with the local hospice to ensure people received care and treatment which was responsive to their needs at the end of their lives, when required. We saw advanced decisions had been made by some people and their relatives, where appropriate, regarding the way in which they wanted to be supported at the end of their lives to help ensure their preferences were met. However, we also saw examples where people's end of life support preferences had not been discussed with them or their relatives and this required improvement. We spoke with a member of the management team about their plans to discuss this issue with relatives should they wish to do so, to ensure people's end of life preferences were met.

The service had a complaints policy and procedure in place which was made available to people and relatives. It included guidance on the steps they could take to raise a complaint, the timescale in which they could expect to receive a response, and information on the action they could take if they remained unhappy with the outcome. At our previous inspection we found improvements were required because the provider had not responded to a formal complaint in line with the timescale set out in their procedure. At this inspection the provider had not received any further formal complaints. People and relatives confirmed they knew how to make a complaint but told us they had not needed to do so. One person said, "I am sure they [staff] would listen if I had a problem." A relative told us, "I have commented on the home and my views are always listened to."

At our previous inspection we found improvement was required because care plans did not always accurately identify the level of support people required from staff in areas such as personal care. At this inspection we found improvements had been made.

People's care plans had been developed based on an assessment of their needs and had been regularly reviewed to ensure they remained reflective of their current support requirements. Whilst people did not comment directly on their involvement in developing their care plans, relatives confirmed care plans had been discussed with them to help establish people's preferences in the way they received support. Care plans contained information about people's likes and dislikes as well as some detail about their life histories. A member of the management team told us they were in the process of developing new care plan documentation which would include further information about people's preferred daily routines. We will follow up on this at our next inspection.

Staff demonstrated an understanding of the details of people's care plans and the support they required. They were aware of the type of support people required when mobilising, the assistance they required with personal care, and to eat and drink. They were also aware of the importance of reporting any changes they noted in people's conditions to a member of the management team so that people's care plans could be reviewed and updated where required.

At our previous inspection we found improvement was required to ensure that people were consistently

offered a range of activities in support of their need for stimulation and social engagement. At this inspection we found improvement had been made.

Activities on offer at the service included games, quizzes, cake decoration and gentle exercise sessions. Staff spent time with people on a one to one basis, helping them to read or to complete jigsaw puzzles. Some people went out regularly to day centres or for walks or meals with family members.

The home had a piano in the communal area and one person regularly entertained the other people living in the home with their playing. The provider had also arranged regular entertainment from a local musician who played guitar, and we observed people happily singing along to familiar songs from the 1950s and '60s during one of the days of our inspection. People told us they enjoyed the activities on offer at the service. One person said, "I love the music; it's nice to have a singalong." Senior staff told us they had further plans for activities, including introducing movie nights using a projector screen. We will follow up on the development of the activities programme at our next inspection.

From April 2016 all organisations that provide NHS care or adult social care are legally required to meet the requirements of the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand to support them to communicate effectively. People's care plans included information about their communication needs. Staff were aware of any specific support people required, such as ensuring one person was wearing their hearing aids. We observed staff communicating with people speaking slowly and clearly, and waiting for people to respond to ensure they had been understood.

Is the service well-led?

Our findings

At our last inspection we found a breach of regulations because the provider's quality assurance systems did not always effectively identify issues or drive improvements at the service. Audits had not always been conducted on a regular basis to help improve safety. The provider did not always act promptly to address issues where they had been identified, including making repairs to the fire alarm system. Information was not always available when requested because the registered manager was unable to find records when requested to do so. At this inspection we found that whilst the provider had addressed some of the issues we had previously identified, further action was required to address deficiencies in the provider's quality assurance processes.

Checks on aspects of the safety of the environment had been carried out regularly and had not always identified safety concerns. Staff used a 'Building and room by room risk assessment' tool to record checks made on the safety of the environment, but these checks had only been carried out twice since December 2017. The most recent check, dated 18 August 2018, included confirmation that checks had been made on the safety of the radiators in people's bedrooms, but this had not identified three examples we found where radiator covers were missing, or unfit for purpose.

Whilst the provider had arranged for an external contractor to carry out a legionella risk assessment in the time since our last inspection, this had not been arranged promptly and had only been carried out in August 2018 despite us raising this issue as a concern, six months earlier. The registered manager was also unable to demonstrate that staff had carried out the regular checks required to monitor for the risk of legionella during the time since our last inspection.

The registered manager confirmed that they had not undertaken any audits of people's care plans in the time since our last inspection which may have helped identify the issues we found regarding deficiencies in the way in which risks to people had been assessed.

We also noted that whilst there had been improvements to the way in which people's medicines had been audited, these audits had not identified issues we found around the management of medicines which had been prescribed to be taken 'as required'.

These issues were a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager in post. At our last inspection we found improvement was required because they did not always demonstrate a good understanding of their responsibilities as a registered manager in meeting legal requirements. At this inspection we found that the registered manager continued to lack an understanding of their regulatory responsibilities. They had not identified safeguarding incidents at the service as being potential incidents of abuse, despite similar concerns having been raised with them at our previous inspection amounting to a breach of regulations. We also found evidence demonstrating continuing breaches of three further regulations where they had failed to fully address issues in respect of

risk management and environmental safety, safe staff recruitment, and with deficiencies in their quality assurance processes.

These issues were a breach of Regulation 7 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had employed a new home manager who had taken on day to day responsibility for the management of the service. The home manager demonstrated an understanding of the requirements of managing a care home under the Health and Social Care Act 2008. They were aware of the types of significant events which they were required to notify CQC about and records showed the service had submitted notifications to CQC where needed. They confirmed they were also aware of the need to display the current rating of service in the home and we saw the rating was on display as required.

In other areas we saw improvements had been made. Infection control audits had been conducted regularly and we saw action had been taken where issues had been identified, including a deep clean of one area of the home and regular checks having been conducted on handwashing facilities. The provider had a system in place for monitoring people's Deprivation of Liberty Safeguards (DoLS) authorisation expiry dates so that staff were aware to request further authorisations in a timely manner, where required. Senior staff had conducted regular spot checks on night staff performance to monitor their performance. Records relating to the service were now available for review when requested.

People spoke positively about the management of the service. One person said, "It [the home] is very well run. There are no problems at all." Another person told us, "The managers are always cheerful." Relatives told us they felt that the service had improved following the introduction of the new home manager and that they thought the home was well run. One relative commented, "They run a tight ship here." Another relative said, "[Their loved one] is always looking well when we visit and is happy here; we're happy with the way the home is run."

The home manager operated an open-door policy and was happy to speak with people and their relatives whenever they wished. We observed the home manager making time to speak with all of the relatives who visited the service during our inspection and it was clear from their interaction that relatives were comfortable to raise minor issues or seek updates on their loved ones' conditions.

Staff told us they were well supported by the management team. One staff member said, "The new manager has really changed the place. The home is cleaner, more organised, there are more activities for the residents, more staff meetings and we have more supervision." Another staff member told us, "I'm well supported by the manager. I get encouraged to do good work and the manager always tells me when I am doing a good job. If something needs corrected the manager will point this out to me."

The service had a positive and supportive working culture. One staff member said, "We are all here for the residents. There is very good teamwork [amongst staff]; we follow a shift plan every day, so everything gets done and we all do our jobs properly." Another staff member told us, "We all get good encouragement to work as a team; I think we work together well and support each other."

Staff attended regular meetings to discuss the management of the service and to ensure they were aware of their roles and responsibilities. One staff member told us, "We have regular team meetings. The agenda depends on what needs to be done at the home and the meetings are always useful. We usually talk about people's needs, staff development and training, and what we need to put right at the home. If there have been any accidents or incidents we discuss the issues and what we can do to make sure it doesn't happen

again." Meeting minutes also showed other areas which had been recently discussed with staff at team meetings included communication and team work, and ensuring confidentiality. Staff demonstrated a good understanding of how these issues applied to their roles when supporting people.

The provider sought feedback from people and their relatives through regular meetings and an annual survey which was planned for later in the year. People told us they had confidence that any issues they raised would be acted on. The provider had acted on the feedback they received. A board displaying photographs of the staff working at the service had been implemented following a suggestion from one relative and a new door bell had been put in place to help improve response times when visitors arrived.

The registered manager told us the home was committed to working in partnership with other agencies to help ensure people received good quality care and support. They had shared information with local authority commissioning and quality assurance teams when requested to do so and welcomed visits from social care professionals. Records showed they had acted to address issues identified by the London Fire Brigade following a visit earlier in the year in order to improve safety.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not always properly assessed and action had not always been taken to mitigate identified risks. Medicines were not always managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider's systems for investigating any allegations of abuse were not effective.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems for monitoring the quality and safety of the service were not always operated effectively.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider's recruitment procedures were not operated effectively to ensure that staff were of good character.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 7 HSCA RA Regulations 2014
Requirements relating to registered managers

The registered manager lacked sufficient understanding of the responsibilities of their role to manage the carrying on of regulated activity.