G.S.G. Nursing Homes Limited

Craven Park

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 26 and 27 January 2016 and was unannounced. At our last inspection on 22 May 2014 the service met the regulations inspected.

Craven Park is a nursing home located in the London Borough of Brent. The home provides nursing care and accommodation for up to 26 people. On the day of our visit there were 23 people using the service. Public transport and a range of shops are located within walking distance of the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a clear management structure in the home. People told us the home was well managed and the registered manager was accessible and approachable. People had the opportunity to provide feedback about the service and issues raised were addressed.

The atmosphere of the home was welcoming. Throughout our visit we observed staff engagement with people using the service was caring, courteous and supportive. However there were occasions when the manner of interaction with people by some care workers lacked sensitivity and did not show that people were supported to be involved in decisions about their care.

Arrangements were in place to keep people safe. Staff understood how to safeguard the people they supported. People's individual needs and risks were identified and managed as part of their plan of care and support. Care plans reflected people's current needs. They contained the information staff needed to provide people with the care and support they required. People's relatives told us and records showed that they were involved in decisions about people's care but some care plans lacked detail that showed people using the service were involved [or why they were not involved] in the content of their care plan and its review.

People were provided with choice and their decisions respected. They had the opportunity to participate in a range of activities and were provided with the support they needed to maintain links with their family and friends. Staff had an understanding of the systems in place to protect people if they were unable to make one or more decisions about their care, treatment and other aspects of their lives. The registered manager knew about the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain good health and their well-being was promoted. They had good access to appropriate healthcare services that monitored their health and provided appropriate support, treatment and advice when people were unwell. People were provided with a choice of food and drink which met their

preferences and dietary needs.

Staff were appropriately recruited, trained and supported to provide people with individualised care and support. Staff told us they enjoyed working in the home and received the support they needed to carry out their roles and responsibilities.

The service had a complaints procedure and there were effective systems in place to identify and to monitor the care and welfare of people. Issues were addressed and improvements to the quality of the service were made when required.

We found one breach of the new Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us they felt safe and were treated well by staff. Staff knew how to recognise abuse and understood their responsibility to keep people safe and protect them from harm.

Risks to people were identified and measures were in place to protect people from harm whilst promoting their independence.

Medicines were managed and administered safely. However, we found a deficiency regarding the arrangements for disposal of some out of date nutritional supplements.

Appropriate recruitment and selection processes were carried out to make sure only suitable staff were employed to care for people. The staffing of the service was organised to make sure people received the care and support they needed and wanted.

Is the service effective?

Good

The service was effective. People were cared for by staff who received the training and support they needed to enable them to carry out their responsibilities in meeting people's individual needs.

People were provided with a choice of meals and refreshments that met their preferences and dietary needs.

People were supported to maintain good health. They had access to a range of healthcare professionals to make sure they received effective healthcare and treatment.

Staff were aware of their responsibilities regarding the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and their implications for people living in the home.

Is the service caring?

Requires Improvement

The service was caring. People told us they received the care they needed and staff were kind. We saw primarily positive, respectful and kind interaction between staff and people using the service.

However, we found that there were occasions when care workers were not respectful, sensitive and understanding of people's individual needs and wishes when engaging with people.

People's relatives told us they were involved in decisions about people's care. Staff supported people to make a range of choices, listened to them and respected their preferences.

Staff respected people's privacy when supporting them with their personal care needs, but we found that on occasions some staff did not always wait before people answered prior to them entering people's bedrooms.

Is the service responsive?

Good

The service was responsive. People's needs were assessed before the provision of care began to make sure as far as possible the service was able to meet their needs.

There were arrangements in place for people's needs to be regularly reviewed so up to date information about people's care requirements were met. However, some records did not always show that people using the service were supported to be fully involved in their care and its review

People had the opportunity to take part in a range of activities.

People told us they were listened to and were comfortable about talking to staff if they had a worry or complaint. Staff understood the procedures for receiving and responding to concerns and complaints.

Is the service well-led?

Good

The service was well led. People using the service, relatives and staff informed us the registered manager and other staff were approachable, listened to them and kept them informed about the service and of any changes.

People including people's relatives were asked for their views of the service and had the opportunity to provide feedback about the service during meetings and issues raised were addressed appropriately.

There were a range of processes in place to monitor and improve the quality of the service.

Craven Park

Detailed findings

Background to this inspection

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

The inspection was carried out by one 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. Before the inspection we looked at information we held about the service. This information included notifications sent to the CQC and all other contact that we had with the home since the previous inspection. During the inspection we looked at the Provider Information Return [PIR] which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was discussed with the registered manager during the inspection.

During the inspection due to people's needs we were able to have short conversations about the service with six people. Others were less able to describe their experience of living in the home due to their significant health and communication needs, so to gain further understanding of people's experience of the service we spent time observing how they were supported by staff. We also used the short observational framework for inspection [SOFI] tool, which is a way of observing care to help us understand the experience of people who could not talk with us. We carried out a tour of the premises, which included looking at some people's bedrooms, bathrooms, lounge and dining areas.

During the inspection we spoke with the registered manager, a provider, the administrator, two nurses one of whom was the deputy manager, the maintenance person, gardener, cook, a senior care worker and an agency care worker and two healthcare professionals. We also spoke with three relatives via the telephone and four during the inspection. Following the inspection we spoke with a health care professional.

We also reviewed a variety of records which related to people's individual care and the running of the home. These records included; care files of six people living in the home, three staff records, audits, and policies and procedures that related to the management of the service.

Good

Is the service safe?

Our findings

People using the service who were able to communicate effectively said they felt safe in the home. When we asked people if they felt safe they told us ""Oh yeah," and "Oh yes. It's safe and relaxed." All the relatives spoken to said they believed people were safe living in Craven Park. A relative told us "[Person] is safe." Feedback from questionnaires relatives had recently completed for the provider indicated that they all felt people were safe living in the home.

There were policies and procedures in place, which informed staff of the action they needed to take to keep people safe, including when they suspected abuse. Staff we spoke with were able to describe different kinds of abuse and aware of the whistleblowing procedures. Information about whistleblowing was displayed in the staff room. Staff told us they would immediately report any concerns or suspicions of abuse to the registered manager and were confident that any safeguarding concerns would be addressed appropriately by her. They knew that they would need to report any allegation of abuse to the local authority safeguarding team if the registered manager and/or other senior staff did not do so. Staff informed us they had received training about safeguarding people and training records confirmed this.

The registered manager told us people had their finances managed by their relatives or the local authority that were invoiced following expenditure for personal items and services including hairdressing and chiropody. We saw itemised receipts of spending and other appropriate records were maintained of people's finances. To reduce the risk of financial abuse regular checks of people's monies were carried out by the registered manager and other staff.

There were systems in place to manage and monitor the staffing of the service to make sure people received the support they needed and to keep them safe. The registered manager informed us that there was consistency of staff and the numbers and skill mix of staff were adjusted to meet the numbers and needs of people using the service. She provided us with examples of when extra staff were provided to accompany people to health appointments when people's relatives were not available to take them and when people were particularly unwell or needed support to participate in outings.

During the two days of inspection we found that although staff were busy there was no indication that there was insufficient staff. Staff were constantly present in the main lounge and there were enough staff on duty to attend to people who remained in their rooms. People's call bells were within their reach and answered promptly and staff had time to sit and talk with people and support them to participate in activities. A person told us "If I need something, someone comes." When we asked the person if staff answered their call bell during the night they told us "They come, yes, anytime." However, a person's relative said they felt from their observation, "They [staff] are understaffed sometimes," but the relative was unable to provide specific details or examples of when there was a lack of staffing which had an impact on the care of people using the service.

The three staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included checks to find

out if the prospective employee had a criminal record or had been barred from working with people who needed care and support.

Care plans showed that risks to people were assessed and guidance was in place for staff to follow to minimise the risk of the person being harmed and to support people to take some risks as part of their day to day living. Risk assessments included guidelines for staff to follow to manage each risk and detailed the preventative action to be taken to lessen the risks of people falling, being isolated, use of equipment such as bedrails, mobility and pressure ulcers and risks associated with having a urinary catheter. Risk assessments were regularly reviewed. We saw hoisting equipment being used appropriately and safely to transfer people to chairs in the lounge. Accidents and incidents were recorded and addressed appropriately.

An up to date medicines policy which included procedures for the safe handling of medicines was available. There were arrangements in place in relation for storing and obtaining and disposing of medicines appropriately. However, we found a record in the staff communication book that indicated a night nurse had completed a check of bottles of nutritional liquid supplements and found that some were recently out of date. When we checked the medicines we found that these had not been removed from the medicine storage room, and two bottles remained in the medicines fridge. A nurse told us that although they always checked the expiry date prior to administering the nutritional supplement the expired bottles should have been disposed of and she promptly removed them to a secure place to make sure they could not be administered to people. On the day after the inspection the registered manager informed us that all the expired nutritional supplements had been disposed of, further medicines training was planned for nurses and checks of the medicines systems were now taking place weekly rather than monthly.

Staff administering medicines had received medicines training and assessment of their competency to administer medicines. Training certificates and other records confirmed this. Records showed that a pharmacist had carried out a recent check of the medicines storage and management systems. We looked a sample of the Medicines Administration Record (MAR) sheets which showed no gaps in the recording of medicines administered recording which indicated people received the medicines they had been prescribed.

During the inspection we saw nurses administer medicines safely to people and offer them pain relief medicine when they informed staff that they were experiencing some pain. We found that one person had difficulty swallowing their pain relieving medicine tablets, we discussed with the nurse the possibility of them suggesting to the GP to prescribe the medicine in another form which the person might find easier to swallow. The registered manager told us following our visit that a GP had been asked to prescribe an appropriate alternative form of the pain relieving medicine.

The provider employs a maintenance person who carried out a range of health and safety checks to make sure the care home building and systems within the home were maintained and serviced as required to make sure people were safe. These included regular checks of people's wheelchairs and beds. Records showed window restrictor checks were carried out annually, following discussion with us the maintenance person told us he would check these more frequently to ensure they were robust and not defective. Regular fire drills took place. There was clear fire guidance displayed in the home. The home had a fire risk assessment and each person had a personal emergency evacuation plan. The contact details of people and services to be contacted in an emergency were displayed. Systems were also in place to ensure regular checks of fire safety, gas, water and electric systems took place.

The home was clean. However, we noticed that areas of one bathroom were unclean for several hours, before a housekeeping member of staff cleaned the room. Soap and paper towels were available and staff

had access to protective clothing including disposable gloves and aprons. People told us they found the home to be clean. A written compliment from a relative of a person told us the dining room was "Always clean and tidy."

Good

Is the service effective?

Our findings

Relatives we spoke with all told us they felt happy with the care their family member was receiving. Comments from people's relatives about the staff included "There's not one person there I can fault," "[Person's] improved since she's been there (in the home)," and "[Person's] needs are well taken care of." A relative provided us with an example of when a person using the service had rapidly become unwell which had been noticed by a care worker and resulted in appropriate prompt action being taken to make sure the person received the treatment they needed. The relative said "[Person] would have died if it wasn't for [the care worker] she saved her life."

Staff told us and records showed staff had been provided with induction training and other appropriate training so they knew what was expected of them and had the skills they needed to carry out their role. Staff we spoke with told us their induction had been helpful in getting to know the organisation, the home, their role and responsibilities. A care worker told us they had spent time when they first started working in the home observing other staff supporting people with personal care, which helped them to get to know people's individual care needs and preferences. The deputy manager told us that when she started her job she had 'shadowed' the previous deputy manager to gain an understanding of her job role. The registered manager told us that new care workers now completed the new Care Certificate induction [the benchmark that has been set for the induction of new care staff]. Records showed that a care worker was in the process of completing it.

Staff we spoke with informed us they received a range of relevant training. This training included safeguarding people, infection control, fire safety, moving and handling, food safety and basic first aid. Other staff training appropriate for meeting the needs of people using the service included Mental Capacity Act 2005/Deprivation of Liberty Safeguards [DoLS], care planning, understanding dementia, prevention and management of pressure ulcers, diabetes, falls and medicines. The registered manager told us that she had planned to develop the dementia care training staff received, provide staff with specific end of life training and the training needed for relevant staff to carry out the roles of 'Dignity Champions' to promote and ensure dignity for those using the service. Records showed and staff told us that most staff had obtained qualifications appropriate to the work they perform.

Care workers said they felt well supported by the registered manager, nurses and the rest of the staff team. They told us the registered manager was available for advice and support, and they were kept up to date with information about people's care needs. Nurses and care workers told us and records showed that staff received regular one to one supervision and occasional group supervision to monitor their performance, identify their learning and development needs, and discuss people's needs. Supervision records showed the topics of team work, record keeping, quality of work and people's personal care had been discussed with staff.

People's health care needs were monitored and they had access to a range of health professionals including; GPs, opticians, tissue viability nurses, intermediate nursing care support, community dietitians, diabetes specialist nurse, dentists, dermatologists and chiropodists to make sure they received effective

healthcare and treatment. A person told us they had recently had their "Toenails cut" by a chiropodist. During the inspection two healthcare professionals visited the home to see a person using the service. Care plans and other records showed people had seen a range of health professionals. Records showed people attended hospital appointments.

We found some areas including the lounge, dining room, several bedrooms and communal corridors of the home had been renovated since the previous inspection, and the redecoration of a vacant bedroom was in progress during the inspection. Also, new moving and handling aids, activity equipment and furnishings had been purchased and access to the garden had improved since we last visited the service. The registered manager told us and an action plan from an audit of the environment showed that further improvements to the environment were taking place and had been planned. Visitors and staff we spoke with commented positively about the improvements to the environment. They told us that it made the home "fresher" and the lighting of the environment had improved. We saw there were signs on bathroom doors that indicated the purpose of the room which was supportive for people with dementia, and others who might have difficulty with orientation. We saw that some people had personalised their bedrooms with personal possessions. The registered manager told us that people were encouraged to bring items of furniture and other personal items with them when they moved in to the home. Records of a relatives/residents' meeting confirmed this.

The registered manager was aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards [DoLS]. MCA is legislation to protect people who are unable to make decisions for themselves. Records showed that there were several people using the service who were subject to DoLS authorisations. Staff had received MCA/DoLS training, and staff we spoke with knew about people's rights to make decisions about their lives. Staff recognised when a person lacked the capacity to make a specific decision people's families and others would be involved in making a decision in the person's best interests. Care plans showed people's capacity to make particular decisions and consent to care and treatment had been assessed and reviewed. Decisions had been made in people's interests which included; examination by a GP, receive medicines, receive personal and continence care and assistance with meals. People and/or their relatives had signed to consent to photographs being taken of people using the service. People's relatives told us they had been involved decisions about people's care, and care plan records showed they had signed documentation to do with decisions about people's care and treatment.

People's nutritional needs were assessed and monitored. Care plans showed people's weight was monitored and appropriate action had been taken in response to people losing weight which had included informing appropriate health professionals.

The cook knew about people's dietary needs and provided us with examples of people's food preferences having been incorporated into the menu. The cook told us fresh ingredients were always used in the preparation of meals. They were aware of people's individual dietary needs including those who due to swallowing difficulties needed a soft or pureed diet. The menu included meals that met people's cultural needs and vegetarian meal options were available at any time. Details of each day's meals were displayed in large photographs and also in written format on the dining room tables in the dining room. However, some care workers did not make use of the menus or the wall display to inform residents about what they were being served so some people might not have known what they were eating. When people were given their meals, people were told by staff, "Here's your lunch," and not what it was on their plates. We asked a person while waiting to be served, what they were going to have for lunch, the person answered "I don't know, I can't remember what I chose."

We heard the activities co-ordinator asking people individually what they wanted to eat for lunch. People

were generally complimentary about the meals and told us that they had a choice of what to eat and drink. Comments from people about the lunch included "It's nice," and "I like it." However some people when asked what they thought of the food commented "It's ok," "The food's not always good," and "Sometimes it's alright, sometimes it's a bit stringy." A person told us they had chosen their breakfast, which they said they had enjoyed. People were offered samples of the meal before lunch to obtain their views of the taste of the food, and to promote peoples' involvement in the service. Second helpings of meals and a variety of drinks and refreshments were offered to people during the inspection.

The cook told us she and the other cook regularly asked people for feedback about the meals and addressed any negative feedback appropriately. We saw records of people's feedback about the meals but these records lacked the dates of the feedback and detail about any action taken by the cook in response to the feedback. The registered manager told us that she would speak to staff to make sure these issues were addressed. The registered manager told us about a 'Food Forum Committee' that had recently been set up which consisted of people using service, staff including the registered manager and lead cook to look at ways of further improving the quality of the meals. Records showed that suggestions of food and meals from people using the service and their relatives had been incorporated into the menu.

Requires Improvement

Is the service caring?

Our findings

People told us they found staff to be respectful, kind and caring and were happy with the care they received. Relatives spoke highly of the staff at the home. Relatives commented "They [staff] are alright," "They treat [Person] like family. They're amazing," and, "They're lovely lovely people – all of them," "They're nice people, they make an effort," and "I think it [the home] is very very good. [Person] is cared for as a person."

People using the service told us that staff provided them with the help that they needed and described the home as, "Nice and comfortable," and "They [staff] help me to wash and dress." Staff told us that they enjoyed their job caring and supporting people. Compliments in a recent relatives feedback survey included "I just wanted to write and say how grateful we are that we have found such a wonderful care home. All the staff and management have been so kind and caring and compassionate."

Staff we spoke with told us they had been informed about the importance of treating people with dignity and respect. We saw mostly positive engagement between staff and people using the service. We heard staff speak to people in a respectful manner and they provided people with the assistance they needed in a friendly, calm manner. For example we heard a care worker ask a person "May I sit with you" and other care workers were heard asking people if they needed assistance and/or to use the toilet. Care workers were observed chatting and laughing with people using the service, and encouraging them to participate in activities.

However, there were two occasions when we found that a person was not consulted about what they wanted or required. For example, a person who displayed signs of anxiety by calling out repeatedly when left on their own in their room, was brought by a care worker to the communal dining area for lunch where the person was observed to be calm and relaxed. After lunch this person joined the activity session held in the lounge and remained calm. Halfway through the activity, a care worker took hold of this resident's wheel chair and wheeled them out of the room. The care worker did not ask the resident whether they would like to leave, did not tell them they were being taken out or even that they were about to move the wheelchair. Twenty minutes later, the resident was back in their room calling out in distress again. We asked the care worker why they had moved the resident from the lounge; they told us "Normally we bring [them] back to her room after lunch." The care worker did not seem to understand or did not mention that they should ask the person what they wanted. We observed no effort was made to inform the person they were being moved from the room. Also when a person using the service displayed some behaviour that challenged the service, a care worker provided no explanation to the person as they attempted to manage the person's behaviour.

The interactions from one care worker were in the form of commands not requests, which showed a lack of respect. We heard them say to a person "Stand up. Turn," when helping a person into their armchair.

During lunch we saw a care worker assisting two people with their meals at the same time, which showed a lack of respect and personalised care. We did not hear the care worker ask either person if they would like assistance with their meal so they were not provided with the option to feed themselves and so have their independence promoted. We informed the registered manager who took appropriate action to address the

issue during a one-to-one meeting with the member of staff during the first day of the inspection to make sure this did not occur again. During the second day of the inspection we found the care worker and all other staff engaged in a positive manner with people using the service. The registered manager told us that she and the rest of the staff team would continue to monitor all interaction with people from staff, and further learning about positive engagement between staff and people would take place.

Bedroom and bathroom doors were closed when staff supported people with their personal care needs. We saw staff knocked on people's bedroom doors; however some staff did not wait for the person to respond prior to entering the room and on one occasion, a resident's toileting needs were discussed in front of other residents in the lounge, which did not show respect of the person's privacy.

These examples of people not always being treated with respect are a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had a good understanding of the importance of confidentiality and respecting people's privacy. Staff knew not to speak about people other than to staff and others involved in the person's care and treatment. We saw most people's records were stored securely. However, there were some people's monitoring records that were located on a shelf in the dining room. The registered manager told us she would review the storage of these documents and make sure they were stored securely.

During the inspection, we observed that people were relaxed and free to come and go as they pleased in the home. They had access to mobility aids including wheelchairs and walking frames and other equipment to help them move within the home and transfer to and from chairs and beds. A person chose to spend time outside in the garden and others walked about within the communal areas and accessed their bedrooms when they wanted to. The registered manager told us and a quality audit plan showed that to promote people's independence and involvement in the service there were plans to support people to make their own snacks if they wanted to do so.

There was some information in people's care plans about their interests, but not everyone had a comprehensive written life profile to help staff know each person and to help them understand their needs and preferences such as particular activities they might enjoy particularly those people who due to their needs could not tell staff about their lives and wishes.

Most staff demonstrated they had a good understanding of the needs of the people they were supporting. Care workers told us that when people had difficulty in telling them what they wanted they communicated with people by using signs, gestures and observed people's behaviour and facial expressions to gain an understanding of the person's needs. Details about people's individual communication needs were recorded in their care plans. However, we noted that although a person using the service had information in their care plan about their specific communication needs, we did not find that the person had access to communication aids that could help them to express themselves and their needs. The registered manager told us she would make sure the person's communication care plan was reviewed and improvements made if found to be needed.

A person told us that they were happy with the time they went to bed and got up and chose what they wanted to wear. We saw people spend time in their bedrooms and in the communal lounge area. A person told us they were happy spending most of the time in their bedroom.

People were supported to maintain relationships with family and friends. Relatives all felt they could visit when they wanted to and said they visited at varied times of the day and evening and were always made to

feel welcome. One relative said they felt care had been extended to the person's whole family and provided us with an example of when the staff had been particularly kind to a relative of a person using the service. Relatives of people confirmed they felt involved in people's care and were kept informed about their family member's progress and of any changes in the person's needs.

Staff had completed equality, diversity and human rights training. Comments from staff describing equality and diversity included "Equal rights are for all irrespective of their race and it is important to value and respect peoples' beliefs and values," and "Fairness and respect of race, religion and creed," and "Treating each person equally." Care plans included information that showed people had been consulted about their spiritual and cultural needs. The registered manager told us that the service supported people to practice their faith and said that representatives of various faiths regularly visited the home to support people with their spiritual needs. This was confirmed during the inspection. People told us their birthdays and religious festivals were celebrated in the home. However, some people's assessment information showed a lack of understanding about people's sexuality needs, for example the assessor had recorded 'cannot' in the assessment section about expressing sexuality.

Some people had end of life care plans. The registered manager told us that they were in the process of completing them for all the people that required an end of life plan with people's full involvement and with those important to the person if applicable.

Good

Is the service responsive?

Our findings

People's relatives told us that staff contacted them when people's needs changed. They told us "Everyone has my mobile. If I'm not there and [Person's] having a bad day, they call me and ask me to talk to her in (our own language) to help calm her down," "If there are any problems, they always tell me. Whenever I come in [to visit person] they tell me how she's been," and "They ring so fast if something's wrong," "If she ever gets ill, they ring me," and "We went through [Person's] care plan, with the doctor. We discussed DNR [Do Not Resuscitate] and everything."

Records showed that people, their relatives [if applicable] and others including healthcare professionals had been asked questions about people's needs before the person moved into the home. People's initial assessments carried out by the service included information about a range of each person's needs including; dependency, medical history, health, social, care, mobility, medical, religious and communication needs. However, we found that a person's initial assessment information did not record anything positive about the person whose only general characteristic was recorded as aggression. Following the inspection the registered manager informed us she had asked a nurse to review the person's care plan and include details of the person's many positive characteristics.

Each person had a basic care plan developed from the assessment of their needs when they were admitted to the home which included details of their medical history. This assessment formed the basis of the care plan people had in place. People's care plans included details about a range of health and social care needs, and included information about people's specific needs for example the management of a person's diabetes and individual preferences such as '[Person] prefers liquid soap to wash'. People's care plans were accessible to all care and nursing staff. A care worker told us they read and followed people's care plans. We found that some of the titles of people's care plans were not relevant in describing the needs of people living in the home; for example each person had a care plan about their social needs and preferences that was titled 'working and playing' which were unlikely to be needs of people currently using the service. The registered manager told us that there were plans to make amendments to some of the titles of people's care plans and to develop care plans into a more 'person centred format'.

There was evidence that care plans were reviewed regularly, and were updated when people's needs changed. Records showed and people's relatives told us that they had been involved in people's care plan reviews and had signed the care plans. However, care plan records did not indicate that people using the service had been asked for their view of their care needs and preferences during the monthly care plan reviews, or include the reasons that they might not be able to provide feedback. Information from professionals involved in people's care had been recorded. Records showed that nurses had been responsive to people's individual health needs and had contacted a GP when people had a medical need. For example a GP had been asked to see a person who had been feeling tired and had vomited. Records showed the GP visited the person promptly. Also a nurse had contacted a GP requesting a review of a person's needs when the person complained of having a 'hearing problem'.

Records showed people were offered hourly drinks when they were at risk of dehydration and repositioned

regularly when they had a risk of pressure ulcers. However, some records lacked detail for example we saw a person's repositioning record that showed they changed their position every two hours when in bed but indicated that they sat in the lounge without changing position for several hours when we saw the person had changed their position when going to the dining room for meals and when accessing the bathroom facilities. The registered manager following our visit told us that staff had been spoken with about good record keeping.

Staff we spoke with told us they discussed each person's needs and progress during each shift so they knew how to provide people with the care they needed. Records confirmed this. The registered manager told us that the home had recently introduced 'resident of the day' which entailed particular focus upon the person by checking their care plan and generally making their day a bit more special for example by playing their favourite music and accompanying them on a walk or shopping.

Activities co-ordinators were employed to support people's involvement in activities during weekdays and weekends. The activity timetable was displayed. During our inspection we saw that people had the opportunity to participate in a range of activities, these included group and one-to-one activities such as flower arranging, ball games, spelling and exercises. We saw an activities co-ordinator discuss a newspaper with a person using the service. Some people watched television; read, listened to music, and others participated in discussions about the day's news, and took part in a 'brain teaser' activity session. Records showed that people had access to a hairdresser. Some outings took place including a recent visit to see the Christmas lights in London. A person told us "I'd like more outings." We noted that some people spent periods of time in their rooms alone with little sign of stimulation or interaction. For example a person was alone in their room and in bed during our visit without a television or radio on and was seen to engage with staff mainly during meal times and when receiving assistance with personal care.

The registered manager told us that some people using the service participated in household tasks such as tidying up a book shelf and arranging flowers in the reception area and on the dining tables. She agreed that there could be further development in the provision of support for people to keep and develop everyday living skills if they wished to do so.

The complaints policy was displayed. A suggestion box was accessible to people as a way to provide feedback about the service. Staff knew they needed to report all complaints to the registered manager, who told us she had an 'open door' policy. During the inspection the registered manager spent time going round speaking with people in their bedrooms and the lounge. She told us this was an opportunity to gain feedback about people's thoughts about the service including any concerns that they might have.

Relatives told us and records showed people using the service and those important to them had the opportunity to regularly attend meetings about the service. Visitors told us they would not hesitate to raise any issues or concerns they had about the service and were confident they would be taken seriously by the registered manager and addressed appropriately. Records showed that complaints had been managed appropriately. A recent relative's feedback survey showed that they knew who to speak with if they had a complaint.

Good

Is the service well-led?

Our findings

People, relatives and staff spoke well of the registered manager. They told us she was approachable and listened to them. Comments from relatives included "There have been improvements since the manager came, the décor is much better," and "I would not hesitate to report any issues to staff." Written compliments about the service included "Thank everyone for the care you gave me when I left [hospital]. The food, accommodation and personal care were excellent, I couldn't have asked for anything more at all," "I always have access to staff and management," and "Thank you all for your love and wonderful friendship." We saw a range of cards and letters thanking staff and complimenting the service.

The management structure in the home provided clear lines of responsibility and accountability. The registered manager managed the home with support from the consultant operations manager, nurses, administrator and the provider. Staff had job descriptions which identified their role and responsibilities. During our visit the registered manager provided us with all the information we requested and was receptive to our feedback. The 'open door' policy was apparent during the inspection; we saw the registered manager and administrator engage with a range of visitors to the home as well as with staff. The registered manager told us staff could contact her at any time and records showed she and the deputy manager had completed 'out of hours' including night visits to the home to check the service provided to people.

Records showed the home worked with partners such as health and social care professionals to provide people with the service they required. Health and social care professionals visited people during the inspection. Records including notifications received by us demonstrated the registered manager kept the local authority commissioning and the safeguarding teams informed of any incidents, accidents, complaints and other significant issues to do with the service.

Systems were in place to obtain the views of staff working in the home. Staff had recently completed feedback questionnaires which showed they were mostly happy with all aspects of working in the home and felt well supported by the registered manager and the staff team. Comments from the survey included "Good atmosphere that is loving and pleasant for residents and other staff," and "I enjoy working here because we are always trained about the work and we work as a team." Staff meetings took place and staff said they could also discuss and raise issues to do with the care of people and other aspects of the service. Staff we spoke with told us they felt listened to and were confident that any issues they raised would be appropriately addressed. A member of staff provided us with an example of an improvement to an aspect of the service that they had recommended and this had been put in place.

People had the opportunity to participate in regular resident/relatives meetings to provide feedback about the service. We saw from minutes of a relatives/residents meeting when feedback surveys were discussed and the registered manager had encouraged people to complete them to "Help us to continually improve the service." Other matters including people's end of life wishes, and people's life profiles meals were discussed. Records showed people had raised issues to do with the meals and a person's faith needs, which had been addressed following the meeting.

Policies and procedures were regularly reviewed to make sure that they were up to date and met legal requirements. Staff we spoke with knew where the policies were located. Staff had been allocated to be the leads in carrying out a range of responsibilities to do with the development and improvement of the service, which included; infection control, dignity champion, wound care, nutrition and health and safety.

There were quality assurance systems to monitor the service and to make improvements when required. Records showed checks of a range of areas to do with the service were carried out by the registered manager, consultant operations manager, nurses and senior care staff. These included daily checks of people's care records, fluid and nutrition monitoring records, people's mattresses, staffing levels, communication between the registered manager and the nurses, cleanliness, observation of staff assisting people with their mobility needs and checks of call bells. Regular checks of equipment, people's care plans, medicines, wounds, infection control, catering, accidents, temperature checks of fridges and freezers were also carried out by staff. A recent unannounced Local Authority Environmental Health Food hygiene inspection had a rated the service 5 Star [very good]. The consultant operations manager had recently carried out a number of quality checks of the service and a 'master action plan' was in place which showed improvements were being made in a number of areas of the service.

The registered manager promptly responded to our feedback from the inspection and supplied us with an action plan on the day following our visit that showed where she made improvements to the service in response to our feedback and included details of the areas where improvements were planned.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The registered person must ensure people using the service are always treated with dignity and have their privacy respected.