

Woodhouse Care Homes Limited

Pranam Care Centre

Inspection report

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Date of inspection visit:
05 March 2019

Date of publication:
24 April 2019

Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service: Pranam Care Centre is a care home which is registered to provide personal care and accommodation for up to 50 older people and younger adults with a disability. It is owned by the provider Woodhouse Care Homes Limited. At the time of our inspection 35 people were living at the home.

People's experience of using this service:

- ☐ At our last inspection we found a breach of the regulations relating to safe care and treatment. This was because some aspects of the environment were not kept in a safe manner. At this inspection we found safety in those areas that previously had been a cause for concern had been improved. However, at this inspection we found that the call system that people used to attract staff attention should they require urgent help or support had been switched off. This meant that people's call bells were not audible unless a person was in or directly outside the person's bedroom. In addition, two call bells tested in people's bedrooms were not working.
- ☐ The provider had introduced an electronic care planning system and the care plans were still in the process of being transferred. This meant the care plans were not yet person-centred as they lacked relevant information and in some instances guidance for staff was inconsistent and contradictory.
- ☐ The provider had carried out checks and audits but had not identified the shortfalls we found during the inspection, as described above.
- ☐ At our last inspection we had found a breach of the regulation in relation to safeguarding adults from abuse and improper treatment. This was because we found that injuries to people were not always identified and responded to in a timely manner. At this inspection we found that staff reported concerns and the registered manager had systems in place to check people's wellbeing and reported concerns in an appropriate manner.
- ☐ The registered manager had applied for Deprivation of Liberty Safeguards (DoLS) authorisations appropriately when a person might have been deprived of their liberty and lacked the mental capacity to consent to their care and treatment. We noted that care plans on the system were not signed by people to show their consent but were informed by the registered manager that these plans were, 'work in progress.'
- ☐ At our last inspection we found that there was a breach of the regulation in relation to dignity and respect. At this inspection we found staff interactions with people to be respectful and responsive. People spoke well of staff describing them, as kind and caring.
- ☐ During our inspection agency staff had been put on shift to cover whilst staff received training. All staff spoken with told us there were adequate staff on duty and we observed that staff responded to people in a timely manner.

- Staff had received supervision and training to equip them to undertake their role. Staff spoke positively about the registered manager and provider and felt well supported by them.
- Staff who administered medicines used an electronic records system. We found that medicine administration records were completed without error. The provider worked in partnership with health care professionals to support people with their healthcare conditions.
- It was a strength of the service that staff had a good understanding of Asian cultures for example some staff spoke Punjabi and Hindi. The provider had undertaken work to ensure people knew how to complain and report any safeguarding adult's concerns by translating the procedures into approximately five or six languages used by people in the home.
- Refurbishment had taken place to relocate the registered managers office to the reception area so it was more visible and the reception had been made welcoming for people to sit in and relax.

Rating at last inspection: We previously inspected Pranam Care Centre on the 21 and 22 June 2018 and rated the service requires improvement overall. This report was published on 10 September 2018.

Why we inspected: We inspected the service within six months of the last inspection based on its previous rating and because the key question 'is the service well-led?' was rated inadequate.

Action we told the provider to take:

Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will ask an action plan from the provider to address the areas where improvement is required. We will continue to monitor the service and will re-inspect based on the rating of requires improvement. We may re-inspect earlier if we receive concerns about the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Pranam Care Centre

Detailed findings

Background to this inspection

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

Inspection team: The inspection team comprised of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Pranam Care Centre is a care home which is registered to provide personal care and accommodation both younger and older adults, some of whom are living with dementia. They are registered to accommodate up to 50 people. At the time of inspection thirty-five people were using the service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave no notice of this inspection.

What we did: Before the inspection we considered all the information we held about the service. This included the last inspection report and the provider's action plan in response to this. We looked at notifications from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also spoke with a commissioning authority.

We reviewed three people's care records this included, their care plans and risk assessments and we reviewed sections of two other people's care plans. We observed six people receive their medicines and reviewed their medicines administration records. We also reviewed two people's controlled drug records and checked medicines storage. We spoke with nine people using the service. We observed staff interaction with people throughout the day. Our observations included using the Short Observational Framework for

Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not speak with us. We undertook a partial check of the environment.

We looked at three staff personnel files. This included their recruitment and training paperwork. During the inspection we spoke with the registered manager, the area manager, the director, the deputy manager, the chef, the activities co-ordinator, one domestic staff and two senior care workers and one agency care worker. We also spoke with a visiting health professional.

Following the inspection, we spoke with a commissioning authority.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- ☐ At our last inspection in June 2018 we found a breach of the regulation relating to safe care and treatment. This was because some aspects of the environment were not kept in a safe manner. For example, a fire exit was partially blocked and store cupboards containing flammable items were left open in areas where people smoked. At this inspection we found safety in those areas that previously had been a cause for concern had been addressed and maintained.
- ☐ However, at this inspection we observed whilst walking around the home that the emergency call bell system that people used to attract staff attention should they require help or support had been switched off. Control panels that operated the call bell system had been switched off on each floor and in the secured staff office. We checked and found this meant that people's call bells were not audible unless a person was in or directly outside the person's bedroom. Therefore, there was a risk that should staff be in another part of the floor or building they would not be alerted to a person needing their help.
- ☐ When the panels were switched back on in our presence by the deputy manager we found that the control panel on the third floor was not working. In addition, we sampled a few people's call bells in their bedrooms and found in two bedrooms the call bells tested were not working because their batteries needed replacing. This meant that people in these rooms could not summon help when they might need it.
- ☐ The area manager demonstrated to us they had checked the call bell system on 28 February 2019. However, the provider's arrangements to check the system were not effective because management and staff in the home were not aware the call bells were not working until we brought it to their attention.
- ☐ The provider was assessing people and had identified for example risks associated with falls, choking, dependence, speech, manual handling, skin, depression, continence, pressure ulcers, pain, medicines and oral health. Risks were rated to indicate if there was a high, medium or low risk. Risk assessments were being completed on a recently installed electronic records system. We found however, that some of the risk assessments undertaken were basic and lacked guidelines for staff to minimise the risk.
- ☐ For example, one person had epilepsy (a condition which causes seizures). Their general purpose risk assessment stated when they had last had a seizure and that they had been hospitalised for two days but there were no guidelines for staff to follow should the person have another epileptic seizure to ensure their safety. In addition, the person smoked but there was no smoking risk assessment. In their care plan there was a section entitled, 'Maintaining a safe environment,' but smoking was not referenced in this section

where it was a relevant factor for consideration.

- Prior to the inspection the provider had spoken with us about the electronic care planning system being installed and they had kept us informed that they were in the process of transferring people's records. However, people might have been placed at risk of inappropriate or poor care because guidance to staff was not readily available where there was a risk to the person such as the risk of epileptic seizures.

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

- Immediately following our inspection, the area manager undertook an investigation to determine why the call bells had been switched off. It was found that on the corridors people had switched off the call bell panels outside their rooms, so they would not be disturbed by the bells. Staff on duty were aware of this practice and had not brought it to the attention of the senior management team. The provider replaced the wall switches with covers so people could no longer have access to this system and all staff were instructed that the call system must remain on at all times.

- There were risk assessments in place for the home which included six monthly infection control risk assessment undertaken in December 2018. The general environmental risk assessment had been undertaken in October 2018 and was due for review at the time of our inspection.

- There was a fire risk assessment undertaken in October 2018 and there was a fire evacuation procedure. Firefighting equipment had been checked and replaced with new equipment when it was recommended. Fire drills had taken place in October and December 2018. There was a fire evacuation file, that contained personal emergency evacuation plans (PEEP). We checked and found these had been updated and for example contained the PEEP for two people recently admitted for a respite stay. PEEPS contained basic information and gave an indication of support people would require should the premises need to be evacuated. A daily fire register to show who was in the home was in place. There was a contingency plan that stated where people should go in the event the home required evacuation.

- We saw evidence that the service was in the process of sending samples for the yearly Legionella testing. There was a procedure in place that the handyman would run the taps in empty rooms for 10 minutes each week these recordings were retained to ensure they had taken place. The gas equipment was checked in July 2018, the five-year electrical installations was checked in November 2014 and portable appliances were checked in December 2018.

- At the previous inspection we found an unexplained injury that had not been reported by staff to the registered manager in a timely manner. At this inspection we found that the senior staff monitored each person's wellbeing daily. The registered manger demonstrated that they reported safeguarding adult concerns appropriately to the local authority and notified the CQC. They investigated and shared their findings. They kept an overview of concerns to identify and recognise trends in the service.

- Staff had received safeguarding adults training and told us how they would recognise signs of abuse and would report concerns to an appropriate person

Learning lessons when things go wrong

- The registered manager demonstrated how they had made changes to procedures in response to errors and safeguarding concerns. They had for example following a safeguarding adult's investigation retrained

staff who administered medicines and had made changes to the medicines procedure when people refused their medicines. Learning from mistakes was shared with staff through staff meetings and training and checks were undertaken to ensure staff were adhering to the agreed procedures.

Staffing and recruitment

- All staff spoken with told us there were enough staff to meet people's care needs. For example, one care worker told us, "We do have enough staff, if not we have to get agency, we are never short on a shift, we book agency if we need," and "At the weekend we have the same level of staff, sometimes no managers, but then the seniors allocate and lead, the deputy manager sometimes comes at the weekend."
- During the inspection we observed that people were responded to in a timely manner and staff anticipated when people needed support. When we visited unannounced, we found that staff training was planned, so in addition to the permanent staff two agency staff were on duty. The area manager explained this was so they could care for people whilst the permanent staff received their training. This demonstrated the provider was taking steps to ensure there was adequate staff cover in the home.
- Agency staff we met were familiar with the home. The registered manager told us they used one agency and always requested staff who had worked at the home previously. They explained this was because they knew the people living at the home and the senior staff felt confident in the agency workers' level of skill.
- The provider told us they had ongoing recruitment to ensure a good level of staffing and skills mix at the home. We saw that prospective staff completed an application form and attended an interview to assess their aptitude for the role. The provider undertook a range of checks including identity, right to work in the UK and criminal record checks. In addition, references were requested from previous employers to help check staff were of a good character.

Using medicines safely

- Senior staff who had completed medicines training administered medicines to people. The provider used an electronic system that supported staff to administer medicines in a safe manner. We observed, for example, the system flagged when it was too soon after the previous medicines administration round for one person's medicines to be given. The senior care staff therefore administered the medicines a little later when there had been the correct time interval between doses.
- Where a person had refused their pain relief medicines, we noted that the provider had taken appropriate action, including liaising with the person's GP and carrying out mental capacity assessments to help ensure the welfare of the person. There was advice in the care plan for staff to ask if the person wanted pain relief and to observe their well-being. Whilst actions had been taken to address the person's refusal of their pain medicines records were not always clear and easily available and the outcome of the mental capacity assessment was also not clearly recorded.
- The provider had ensured there was information about the medicines administered to each person including what they were used to treat and leaflets were available to inform staff about possible side effects. Medicines were stored in a secure manner and temperatures were checked and recorded to ensure safe storage.
- The pharmacist could monitor the system remotely and could check if there was a problem. They also visited on a regular basis, for instance they had visited the night before our inspection to check with the area manager that there were no issues.

Preventing and controlling infection

- People told us they found the home well maintained and clean. One person said for example, "The building is clean." We made a partial inspection of the premises and found these to be clean. At our previous visit one corridor had a strong malodour. During this visit there was no malodour noted in this corridor or the rest of the home.
- The provider employed two cleaning staff whose shift pattern ensured there was at least one of the cleaning staff on duty each day. This helped ensure the cleanliness in the service to a good standard. When we spoke with the cleaning staff and laundry person they demonstrated they used colour coded equipment including mops and buckets and laundry bags that indicated when and where the equipment should be used. This measure promoted effective infection control by minimising the risk of cross infection.
- The home had received a five-star kitchen rating from the local authority in September 2018. This was the highest rating awarded and indicated a high level of kitchen hygiene.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- ☐ The area manager told us how they assessed people's needs prior to admission and showed us the care plan template they used to gather relevant information. They met with people and their relatives and took note of relevant health and social care professionals' assessments. They explained they were careful about who they accepted because they needed to ensure the service could meet people's care and support needs and to determine that there would be no negative impact on people already living at the home.

Staff support: induction, training, skills and experience

- ☐ Staff told us that they received an induction prior to working at the home and agency workers were introduced to the home. Senior care workers told us, "Most staff have been here a little while, I give staff induction if new," and "Today we have me, [senior staff] and two agency staff, I need to sit down and tell them everything but these agency are familiar so they know the service." We saw in staff records we reviewed an induction booklet had been used to record the topics the staff had covered.

- ☐ The provider told us training was provided through e-learning and face to face to ensure staff had understood and retained their learning. Staff records showed that staff had received training on topics that included, moving and handling, diversity and equality, safeguarding adults, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), record keeping, infection control, food hygiene and nutrition and diet. Staff who administered medicines had received medicines training.

- ☐ When we visited the home, there was three days of face to face training taking place for staff. The training being provided was record keeping, communication, managing behaviours that challenge, dignity in care and fire safety, MCA and DoLS. Therefore, the provider was ensuring staff had or developed the necessary skills to work effectively with people.

- ☐ Staff told us they felt well supported by the provider. The registered manager kept an overview document to ensure that permanent staff received supervision. The document recorded that all care workers had received supervision in December 2018 and in February 2019.

Supporting people to eat and drink enough to maintain a balanced diet

- ☐ People told us, "Food sometimes good," and "Food is ok," and "The food is bearable. It's enough, to eat." We observed that people were offered a choice of meals that included, traditional Asian and English dishes. The chef ensured they catered for people's cultural and religious dietary requirements. For example, they cooked both halal and vegetarian diets. In addition, they catered for people who had dietary requirements because of health concerns such as diabetes and meals for people who required their meals to be soft or

pureed. Snacks were provided throughout the day in between meals. We saw biscuits and cakes being offered and saw there was fruit available for people in the kitchen store. We were told by the chef this was offered to people who preferred this or had diabetes.

- We observed staff supporting people to eat their meals in a gentle and sensitive manner. People were not rushed or left waiting for support. There were jugs of fruit drink available for people to use in the lounge areas and a water cooler for people to help themselves in the reception area. Staff offered people a variety of hot and cold drinks throughout the day so they remained well hydrated.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Whilst we were at the home we met a visiting health care professional who spoke positively about the responsiveness of the staff. We saw evidence of the GP and district nurses visiting people at the service and the provider referring for specialist help for example the speech and language therapist and the dietitian.

- Staff told us how they would call the emergency services and alert senior staff or management if they had concerns about people's health. Their comments included, "Firstly I would call 999, make sure person safe and comfortable, follow procedures. I would make them comfortable observe every few hours, carefully keep eye on them," and "I see if they are not feeling good, or if I am concerned, I will make a call to the GP, they always come whenever we need."

- At our last inspection we found appropriate action was not taken when people had lost weight. During this inspection we found that people were weighed monthly and this was recorded. The registered manager kept an oversight chart of all people's weight in the office so they could check at a glance if anyone was losing or gaining weight. The provider used a risk assessment tool to determine if people were at risk of malnutrition. Care notes on the electronic system recorded if people were refusing their meals and flagged the number of refusals in a 24-hour period. It was not always clear how this was to be responded by staff as care plans did not give clear staff guidance as to actions to take. However, it did provide a clear history in terms of the person's eating habits for professionals to reference.

- We saw that staff were supporting people who had ongoing health conditions such as diabetes. In one example staff were working with the GP and the diabetic specialist nurse to help manage and tailor the medicines regime of a person with diabetes.

Adapting service, design, decoration to meet people's needs

- The provider had refurbished the reception area following our last inspection and it was much improved. The registered manager has moved their office to that area and this meant they could observe what was taking place and were clearly visible to both people and staff. During our inspection we saw people come to the office to talk with them. People could now choose to sit on chairs in the reception area, reading or watching the 'comings and goings' in the home. The lower windows had opaque coverings so there was also some privacy that was not in place previously.

- The home had several lounges on the ground floor and a lounge on the first floor. This gave people a choice of areas to sit in and allowed for privacy or quieter areas should this be required. There was a designated dining room that people could eat their meals in if they wished to do so.

- The home had corridors that accommodated wheelchair users and there was a lift to the upper two floors. There were communal bathrooms and shower rooms that were accessible for people who required

space for staff support and equipment to mobilise.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether Pranam Care Centre was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager had applied for DoLS on behalf of people who they had assessed as not having capacity to consent to their care and treatment and who may have been deprived of their liberty. They kept an overview of the DoLS authorisations and reapplied when they were due for review.
- We noted that the electronic care plans were not signed but accepted that this was because they were 'work in progress.' Therefore, we were at this inspection unable to determine if the MCA was being met in this respect.
- Staff demonstrated they understood the MCA and could tell us how they offered people choices throughout the day. We observed staff were offering choices and supporting people's preferences.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- ☐ People spoken with were positive about the staff, describing them as kind. Their comments included, "The staff are good. All nice. All helpful," and "I tell you I like staff and [Deputy manager]."
- ☐ Throughout the inspection visit we observed staff interaction with people and saw them to be kind and gentle in their dealings with people. Staff spent more time talking with people than at our prior inspection and unlike our previous inspection when people wanted to walk about staff supported them to do this. We saw some staff interaction was still task orientated but this has improved in comparison with our previous inspection. We had noted the provider was providing more training about communication demonstrating they were aware of the need to continue to promote staff expertise in this area.
- ☐ Staff spoke in a positive manner about people. For example, one senior care worker told us, "I like looking after old people and conversations with them and they tell us about their lives and what they are feeling. I have been in this field 10 years and it feels like family, we consider other people like family and understand them."
- ☐ There was a key-worker system in place. This means a member of staff was the designated key-worker for certain individuals and they knew about the person in depth and were the point of contact for family members. Some staff told us that this helped them build a working relationship with those people. For example, two senior care workers said, "I key work [with] three service users, I keep an eye on their clothes, labels, all toiletries, keep an eye on health and skin, make medical appointments," and "I key work [with] five [People], ...I have a good relationship, I clean their wardrobes and contact families, let them know what they need, I have a very good relationship, most have family members here."
- ☐ Staff told how they supported people's diverse needs, "I like this service because it is like a family with the residents, it is similar to other places I have worked and it is a nice atmosphere. There is a strong Asian culture. The staff are very good at supporting people," and "Lots of staff are Punjabi speaking, very good for residents." The service met people's diverse need in terms of culture by providing culturally specific meals and employing staff who could converse with people in their preferred language. There was an understanding of different Asian cultural practices.
- ☐ People were supported in their religious practices. We were told for example that here was a Hindu shrine people could visit in the service and activities records showed that between 11 and 14 people who were Christians were supported to attend a church service at the home on a weekly basis.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- We observed that staff interactions with people were more effective than at our previous inspection because they more often asked people what they would like to happen and had a better understanding of what people might need to be reassured about. Staff asked people their choice of meals, what drinks they would like, where they wanted to sit and supported them to go to another area if that was what they wished to do.

- Staff supported people to be as independent as possible. We saw for example at lunch time staff offered help but also encouraged people to manage what they could do for themselves. People could come and go throughout the home and into the rear court yard as they liked and staff supported people to do this and remain as active as possible in the home.

- We observed staff promoting people's privacy. For example, they asked people discreetly if they wanted to use the toilet and supported them to do so if necessary. When a person was receiving their insulin injection from the district nurse the staff placed a privacy screen around the person who wanted to remain in the lounge. The screen was stored in the lounge which indicated it was there for that purpose and therefore used as a matter of routine.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Requires Improvement: ☐ People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ The provider had introduced an electronic system for care planning, daily notes and health recordings. They had informed us in the weeks prior to our inspection that they were in the process of transferring records and were training staff to use the system. During our inspection we found that care planning was not always person centred and there were some inconsistencies in the recording of information across documents. In addition, language used in the care plans and daily notes was not always appropriate or clear in terms of meaning.

- ☐ Care plans were not always person centred. There were no records to show that care plans had been developed with people's involvement or that of their relatives. For example, one person's care plan had been put on the system in January 2019 but there was no indication that their care or care plan had been discussed with them.

- ☐ Two people's care plans contained some good background information. However, other people's care plans did not have information about their lives prior to living at the home or before becoming unwell. This meant staff might not have enough information to understand people in the context of their whole life.

- ☐ In some care plan sections such as "Expressing sexuality", the same sentence had been put in care plans for male people. For example, '[Person] would like to look smart and handsome and would like to wear iron pant and shirt every day after personal care with clean shoe polish and look sober gentleman.' Whilst the gist of the sentence was for people to look smart it did not address people's support needs in terms of relationship. These were also not individualised and were therefore not person centred. There was often just a brief pre-populated section on choice and no further detail in the care plans to make these person centred.

- ☐ There were inconsistencies in the care plans that had not yet been addressed, for example, one person's care plan stated they had not been in contact with their family for some time but later stated they enjoyed visits from a family member. Another person's care plan referred to them having no religion but later stated they were Muslim. In a third person's plan it read, "Staff should reassure them of the emotional support that can be provided to them by staffs and management, relevant person like their next of kin should be included when addressing [their] emotional needs," however it clearly states in the plan there is no next of kin. Whilst staff could tell us verbally about people the information in their care plans was not consistently available for a new member of staff or agency staff to reference.

- ☐ We found during our inspection that staff's understanding of the options and in some instances, use of English did make the content confusing and unclear. For example, the care plan for one person under the

end of life section stated, "[Person] wish to be resuscitated if [they] is unconscious or heart attack." Whilst it is clear the person wished to be resuscitated this would not be necessary if they were just unconscious. Again, for the same person it was stated, "Unable to mobilised, [they] is using aid to transfer, [they] is using wheelchair all the time." The person could mobilise independently in their wheelchair as we saw them moving about by themselves during the inspection. In addition, it did not state what staff support or equipment were required to transfer the person to and from their wheelchair. On occasion use of language was not appropriate for example, "[Person] is very difficult to deal with because of [their] mental health conditions."

This was a breach of Regulation 9 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- On the day of our inspection, training was taking place to support the staff to use the electronic system and make good recordings. Following our inspection, the provider contacted us to talk about plans to further develop staff's use of language and understanding of the system.
- On the day of our inspection activities were taking place for some people but although the activities were introduced to people they were not sustained by staff who were called away to do other things. This was possibly in part because staff training was taking place and agency staff were covering to meet people's care needs. Care plans did contain people's activities of choice such as watching TV or listening to music but preferences were not detailed. They did not state for instance what type of music or if the person liked certain TV programmes or movies in their preferred language. As a result, we concluded that the electronic care plans did not comprehensively address the social and recreational needs for younger people living at the home.
- Since our previous inspection an activities co-ordinator had been recruited by the service and had begun to arrange a variety of activities. They told us, "I would like to change myself. I want to upgrade myself in activities, and grow more in the field, learning all the time from resident's experience, work life and reminiscence." Staff confirmed activities were taking place and one staff member said, "I think they should have some good activities, take residents out for picnics and take to the temples and shopping."
- The area manager sent photos following our inspection that demonstrated activities such as a parachute game, skittles, ball games and visits to a local restaurant had taken place. Records kept showed that there had been some activities such as, an exercise session each week, people going on walks and others going shopping. Music sessions and quizzes had also taken place.

End of life care and support

- The registered manager confirmed they were supporting no one at the time of the inspection who required end of life care. They had however supported people previously and had worked with the community palliative team for one person as they were aware the person might require additional pain management.
- People's care plans contained some end of life information and wishes and there were Do not attempt cardiopulmonary resuscitation (DNACPR). The electronic system will have a flag for DNACPR but this was not operational at the time of our inspection. The paper DNACPR were stored centrally in a cupboard in the office. The area manager told us in the event of an emergency these were together for quick reference and the electronic system would be soon updated for staff reference.

- The registered manager told us that a local hospice had provided training to staff in January 2019 on end of life care. In addition, they were planning to undertake and support staff to attend level 2 palliative care courses at the hospice. As such the registered manager was taking steps to provide staff with the necessary knowledge and skills to support people who might require end of life care.

Improving care quality in response to complaints or concerns

- There was information displayed in the reception area that informed visitors and relatives how to raise a complaint. The registered manager explained that all bedrooms contained a complaints procedure that was translated into the occupier's preferred language. This was also in place for the safeguarding procedure and policy. The registered manager told us they had an open-door policy and welcomed people and relatives into their newly located central office to discuss concerns.
- We saw that the registered manager responded to complaints by acknowledging, investigating and taking appropriate action to deal with the concern. An apology was given to the complainant, where required. The registered manager had an oversight of complaints and had recorded the issues and the actions taken in relation to these. Between August and October 2018 for example, there were five complaints recorded and each had been addressed appropriately.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires Improvement: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- ☐ The provider at the last inspection was in breach of the regulation with regards to good governance. At this inspection we found that although previous concerns had been addressed the provider was still in breach of this regulation. This was because we found the call bell system was switched off on each floor and in the secured office area. This had not been identified by the provider's checks and when it was switched back on the top floor panel, two people's call bells from a sample we checked, were not working. The senior staff and provider had failed to identify and address this issue. In addition, we found that one fire door was not closing properly leaving a gap where smoke might enter if there were a fire. We brought this to the attention of the provider and it was found a loose screw in a hinge was creating an obstruction. This was addressed immediately, however, there had not been a daily check of the environment that might have identified both the issue with the call bells and poorly closing fire door.

- ☐ In addition, the care plans were not person centred and there were inconsistencies in the information they contained. It was not always clear what actions staff should take if concerns were flagged up such as people missing their meals.

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

- ☐ The provider had prior to our inspection identified that the staff needed more support to become familiar and competent with the new electronic recording system. They were providing training at the time of the inspection and had planned further measures to support the staff. The area manager told us during our inspection that they had planned with the registered manager to go through every care record one by one and to upload information, scan in all associated documents and make sure it was all in place for each person. ☐

- ☐ One aspect of the electronic system that facilitated day to day 'real time' monitoring that flagged for example if a person had refused a meal or medicines and was at high risk. This was a valuable tool in supporting people to manage their health care needs and had the potential to be a real asset in maintaining people's well-being. However, care plans needed to be more explicit about the actions staff should take when the alerts were flagged.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager told us that both the director and the area manager supported them by visiting the service on a regular basis and being in contact daily. The director had also been supportive by investing in new systems such as the electronic medicines administration system and the electronic care planning system to improve the service provided.
- The area manager role was one of support for the registered manager and they undertook quality assurance checks and audits. We saw that they had undertaken health and safety and infection control audits on the 1 January and 28 February 2019. A kitchen audit had taken place on 25 February 2019. The registered manager checked the electronic medicines administration system on occasion throughout each week and undertook monthly medicines audits. They addressed any errors with the individual staff member who addressed any concerns with individual staff members.

Continuous learning and improving care; Working in partnership with others

- The registered manager had registered to attend a leadership programme in the spring. This programme will look at relevant aspects of a care home service and will give an opportunity for the them to meet other managers and share ideas and learning. In addition, they were attending the local authority's providers forum and told us they found this helpful in networking and keeping up to date with changes in social care provision.
- The provider and registered manager recognised the importance of providing career opportunities for staff. The deputy manager and senior care workers told us that they were being supported to enhance their careers.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- During our visit we noted improvements in that staff were more engaged with people. Senior staff felt there had been an improvement in the service staff offered to people. For example, they said, "Residents [are] happy and it is better here, everyone is more relaxed and staff are happy... it is a very good staff team, not the usual staff today as they are training, but it is ok, the agency work with you and that is good."
- The registered manager due to unforeseen circumstances had been away from the service for some weeks but came in to speak with us when they heard we were inspecting. Staff told us they had been well supported in the registered manager's absence by the provider and area manager. This was echoed by the deputy manager who said, "I feel very supported, it has been challenging with my manager being off, but the area manager is helping me. I can call anytime, they are here lots and the owner too ... they are all very supportive." Staff meeting and one to one supervision sessions had taken place to share information to provide a private time and space to discuss issues.
- The registered manager held regular separate meetings for people and relatives. These were planned to take place four times a year and dates were advertised in advance. The minutes of the meetings were displayed in the reception area. Minutes were also translated into Punjabi for people and families whose preferred language this was.
- The new electronic care planning system had a relatives' 'portal' to be implemented in two months. This would allow relatives to access and comment on the care plans in place for their individual family members. The registered manager was very clear this would only be allowed with the person's consent.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider did not ensure that service users always received care and treatment that met their needs and preferences and in a person centred way. Regulation 9(1)(2)(3(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured that the equipment used to provide care was being used in a safe manner. Regulation 12(1)(a)(b)(d)(e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to assess, monitor and improve the quality of the services provided to service users. Regulation 17(1)(2)(a)(b)(c)