

London Borough of Haringey

Osborne Grove Nursing Home

Inspection report

16-18 Upper Tollington Park
Finsbury Park
London
N4 3EL

Tel: 02072720118
Website: www.haringey.gov.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Osborne Grove Nursing Home is owned and managed by Haringey Council providing nursing care to up to 32 people. The home is divided into four units Lavender, Carnation, Snowdrop and Magnolia, and arranged on two floors. At the time of our inspection, six people were using the service.

At our comprehensive inspection in December 2016 we found the service in breach of seven legal requirements. We took enforcement action against the provider and served four warning notices in respect of safe care and treatment, meeting nutritional and hydration needs, person centred care and good governance. We also issued three requirement notices in relation to consent, staffing and submitting notifications. We carried out a focused inspection in March 2017 and found the provider had not made sufficient improvements to fully meet the warning notices. We served four more warning notices and the home was placed in to Special Measures and rated Inadequate.

At our last comprehensive inspection in July 2017 we found the provider had made significant improvements since our last inspection and had complied with three of the four warning notices we had served. The service was taken out of special measures. There had been improvements in safe care and treatment, meeting nutritional and hydration needs, and good governance. However, a warning notice regarding person centred care was not met due to a lack of activities on offer for people and lack of choice in having baths and showers. We rated the service as Requires Improvement.

The provider sent us a service improvement plan detailing how they would make the necessary improvements to the service.

At this inspection we found that the provider had made some improvements, however, this was not enough for them to be rated overall 'Good.' This is the third consecutive time the service has been rated Requires Improvement or Inadequate.

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

People using the service had complex needs and were not able to tell us their experience of using the service. Relatives told us that people using the service were safe. People were protected from the risk of abuse. Staff knew what constituted abuse and understood their responsibility to report abuse. Staff were aware of the whistleblowing procedure and reporting any concerns to external authorities.

Risk assessments documented areas of individual risks, however, how to mitigate these risks was not always documented. Nevertheless, staff understood about risk management and how to manage risks posed by people using the service. The provider followed safe recruitment practices. There were sufficient staff on

duty to meet people's needs.

Systems were in place to manage and administer medicines, including individual 'as and when required' protocols. However, we found medicine administration record charts were not always completed accurately. People were not always protected from the risk of the spread of infection. Infection control procedures were in place and staff were provided with the necessary personal protective equipment. However, we found staff did not always follow appropriate infection control procedures.

There were systems in place for reporting and recording incidents and accidents and learning from incidents took place. Safety checks were carried out to ensure the building and equipment used to carry out care was safe for people using the service.

Staff received regular supervision and an appraisal, which included a review of their performance and training needs and setting of objectives for the coming year. Staff received training relevant to their role.

People's nutrition and hydration needs were met and people were provided with a choice of meals that met their religious and cultural needs. People's spiritual and cultural beliefs were respected and staff supported people to celebrate their faith.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were given choice and staff asked people for their consent before providing care. However, Deprivation of Liberty authorisations were not always notified to the CQC as is required. People had access to healthcare professionals to ensure that their health needs were met and well-being maintained.

Staff treated people with dignity and respect and staff encouraged people's independence. People's confidentiality was respected and records relating to people using the service were kept in a lockable cabinet.

We observed people were comfortable with staff who were caring for them. The registered manager operated an open-door policy which enabled people to approach the management whenever this was needed.

People's needs were assessed and reviewed before joining the service.

Complaints were dealt with centrally at the service's head office, records showed that these were dealt with in line with the service's complaints policy. This showed that the service responded to complaints.

Quality assurance systems were in place to monitor the quality of the service and audits took place. However, these audits were not always effective as they had not identified or addressed the issues found during our inspection. Care records relating to people using the service were not always accurate and the provider failed to notify the CQC of authorised Deprivation of Liberty Safeguards as legally required to do so.

We found the provider was in breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Care Quality Commission (Registration) Regulations 2009. This was in relation to good governance, and failure to submit notifications of authorised Deprivation of Liberty Safeguards as required by law.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

There were systems in place to manage and administer medicines safely. However, people's medicines administration record charts were not always correctly completed.

Staff were provided with the necessary protective clothing; however, infection control practices were not always adhered to in relation to equipment used by people using the service.

Risk assessments included risks associated with providing care. However, these did not always include how risks should be mitigated.

People were protected from the risk of abuse because staff knew what actions to take to protect them.

The service followed safe recruitment practices to ensure that staff were safe to care for people.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Although the service had DoLS in place where people had been restricted of their liberty, authorised DoLS were not notified to the Care Quality Commission as required by law to do so.

People were given choice and staff asked people for their consent before providing care.

People were cared for by staff who felt supported and received training.

People's nutritional and hydration needs were met.

People had access to health and care professionals to meet their health needs.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

Relatives told us that people were treated with dignity and respect and staff were caring and kind.

Care plans included people's likes and dislikes.

Is the service responsive?

Good ●

The service was responsive.

People were encouraged to take part in activities provided by the service. People's communication needs were documented in their plan of care.

Relative's knew how to make a complaint and who to approach.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Staff and relatives told us that the registered manager was approachable, but we received mixed views about how the service was run.

Systems were not always effective in ensuring that care records were accurate and up to date.

Osborne Grove Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 10 and 12 December 2018 and was unannounced.

The inspection team consist of an inspector and a specialist advisor in nursing care.

Before we visited the service, we checked the information we held about the service and the service provider. This included any notifications and safeguarding alerts. A notification is information about important events which the service is required to send us by law. The inspection was informed by feedback from professionals which included the local borough contracts and commissioning team that had placed people with the service, and the local borough safeguarding adult's team. We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

People using the service had complex needs and most were non-verbal, so we spoke with their relatives and observed care. During the inspection, we spoke with five relatives, five staff members, including the head of adults & safeguarding, registered manager, two nurses and three health care assistants. We reviewed records for four people using the service, including care plans and risk assessments, including associated monitoring tools, such as malnutrition universal screening tool.

Following the inspection, we asked the registered manager to send us records relating to the running of the service. This included, policies and procedures, recruitment records for five staff, a pharmacy audit and staff

training matrix.

Is the service safe?

Our findings

At our last inspection in July 2017 we made two recommendations about storing medicines at a safe temperature and reviewing written guidelines for medicines that were taken as and when required, to ensure staff knew exactly when a person needed the medicine and what dose.

At this inspection we found that although the recommendations from the last inspection had been acted on, there were other issues relating to medicines. Medicine administration record (MAR) charts had been signed by staff, however, we found one MAR chart had been incorrectly transcribed by hand for 'as and when required' medicines to be used if the person was in distress. None of the nursing staff were aware of this and there was no evidence of the GP instructions to add this medicine to the MAR chart. This meant we could not be certain that the person received their medicines as prescribed. The MAR chart for this person had also been used incorrectly to record their blood pressure readings. The nurse on duty told us that this was a request from the GP, however, records did not reflect this change. Topical creams were recorded on people's MAR charts and in the care folders kept in people's rooms, and there were instructions on how and when to administer the topical creams, including a body chart showing where this should be applied. We looked at how topical creams were kept in people's rooms and found one where this had not been clearly separated from other prescribed creams. We also found in the same person's room cream prescribed to another person who no longer lived at the home. Daily medicine audits had failed to identify these issues. The registered manager took immediate action to address this.

Medicines were stored safely in a locked trolley. Each floor contained a treatment room where medicines were kept. People's known allergies were recorded on their medicines administration record (MAR) charts, along with photographic identification of the person. Where one person had been prescribed medicine via patches we found these had been administered in accordance with the provider's medicine protocols. For another person we observed that medicines were administered as prescribed. The controlled drugs cupboard was appropriately locked and these medicines were being administered and recorded effectively. The room and fridge temperatures were checked and recorded daily, and we saw temperatures were within the recommended levels.

We received mixed feedback from relatives about whether they felt their family members were safe. One relative told us, "I definitely feel my [relative] is safe and wouldn't want [relative] to be anywhere else." Another relative told us, "I think [relative] is in the safest place with the care on the ground. I know that she has been taken care of. I can't thank them [care staff and nurses] enough." However, a third relative told us, "No, I am afraid not." Their feedback was in relation to a recent incident which the relative believed could have been avoided. The registered manager told us and records showed that immediate action had been taken following the incident to ensure people were safe.

Safeguarding procedures were in place to ensure that people were protected from the risk of abuse. Staff understood abuse and knew what action to take should they witness or suspect abuse. Staff were aware of the different types of abuse and knew the signs to look for. Records showed that staff had completed safeguarding training, including a competency assessment to ensure that staff understood their

responsibilities in reporting any suspicions of abuse. Records showed that the registered manager had worked closely with the relevant authorities including the police and the local safeguarding authority where allegations of abuse had been investigated and taken appropriate action where these had been substantiated. Subsequent to our on site inspection of the service, we were notified of a serious allegation which is being investigated by the local safeguarding authority and the police.

Risk assessment identified people's individual risks and provided some guidance for staff. Risk assessments covered areas such as, pressure ulcer, manual handling, swallowing and percutaneous endoscopic gastrostomy (PEG) feeding (this is a medical procedure to insert a tube into the person's stomach to provide a means of feeding when oral intake is not adequate). For example, people at risk of developing pressure ulcers had been assessed using the recognised waterlow scoring system to identify their level of risk in this area. Staff were provided with clear instructions on how to reduce the risk, such as turning the person two to four hourly, using appropriate pressure relieving equipment, inspecting pressure areas and ensuring that people were provided with sufficient nutrition and hydration. Staff were instructed to record people's nutritional intake using the malnutrition universal scoring tool. Records showed these were accurately completed.

Risks associated with swallowing were identified, assessed and well managed. The provider had included healthcare professionals' feeding guidance in the risk assessments, and these were available in people's rooms for staff's easy access during meal times. Records for two people living at the home confirmed this. This enabled staff to be aware of the risks and how to manage them, and what to do if the person started to choke. Staff we spoke with understood these risks and what actions to take to minimise them. This enabled people to have their meals safely.

However, we found risk assessments related to moving and handling were not always fully completed. Risk assessments were partially completed for some residents and more substantially completed for others. For example, one person's care file had two risk assessments related to using a full body hoist and a recliner chair. However, these risk assessments did not explain the risks associated with using the equipment and how to reduce them. This was in contrast with the manual handling risk assessment for another person which listed the risks, the likelihood of them happening and ways to reduce the risks. The registered manager told us that they were in the process of reviewing and updating people's care plans and risk assessments. This was confirmed by the clinical lead who was involved in the review process.

Staffing numbers were based on people's level of need. This was assessed using a staffing level calculator tool which considered areas of needs in relation to continence, feeding, dressing and mobility. During our visit we saw that there were sufficient numbers of staff on duty to meet people's needs.

There were control measures in place to manage the risk of infection around the home. The service employed domestic staff who were responsible for ensuring that the building was kept clean. We saw that staff were cleaning during our inspection. Cleaning checklists indicated how cleanliness was maintained. Staff were provided with the necessary personal protective equipment to reduce the risks of cross contamination. This was confirmed by a relative who told us, "I've seen them [staff] wearing them [gloves and aprons]. You go into a lot of homes, I've never actually smelt urine, which I really appreciated." Staff had completed infection control training, including hand washing and food hygiene. We saw that the staff room contained a 'helping to prevent infection,' leaflet dated October 2018. This provided information and guidance to staff on managing and preventing infection control. However, we found inspection control practice was not always followed by staff. For example, in one room we saw that the bed protector had torn, thereby increasing the risk of infection. Staff took immediate action to replace this.

There was a system in place for dealing with incidents and accidents and learning from these was documented. Incident forms included the nature of the incident, details of the person and their injuries and action taken as a result of the occurrence. The registered manager told us of the lessons learnt following a recent incident involving an intruder. Records confirmed this.

Staff personnel files were kept centrally at the head office. Following our inspection, the registered manager sent us copies of staff recruitment information. This showed that the service had carried out the necessary checks to ensure that staff were safe to work with people, including the necessary criminal record checks.

Is the service effective?

Our findings

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 the service 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. We found the provider was working within the principles of the MCA and DoLS where people had restrictions in place.

However, We found that the provider had failed to submit notifications, as required by law, for people living at the home who had been deprived of their liberty. Records showed that DoLS applications for five people using the service had been approved by the local authority supervisory body. The registered manager told us that DoLS were managed centrally and therefore they were not aware that they were required to submit notifications to CQC. These were submitted immediately by the registered manager following our inspection.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Staff understood the importance of asking people for their consent before providing care. One staff member told us, "It would be in terms of whether they [people using the service] can make their own decisions and choices, and who would speak for them [people using the service] on their behalf, either their relative or advocate. For those people who couldn't speak this would be based on their reaction." The staff member also said, "I wouldn't force anything on anyone." Another staff member commented, "You still tell them [people using the service] that [for example] we [staff] are going to give you a wash. Every time they [staff] ask the service user."

Staff completed an induction programme after joining the service based on the Care Certificate, this is an identified set of standards that health and social care staff adhere to in their daily working life. Training records and information showed that most staff had completed training in mandatory areas such as, health and safety, fire safety, infection control, safeguarding, safe moving and handling, food safety level 2 and COSHH (control of substances hazardous to health). Staff also completed specialist training in dementia awareness, continence care and case recording. Where staff had yet to complete training or required refresher training this had been highlighted in the training matrix sent to us during the inspection. Staff told us that training had been effective and they had received the support they needed. However, not all training

records were available on site, but we were promptly provided with copies of training certificates after the inspection. The registered manager told us that staff completed on line training and they were in the process of updating staff training records.

Staff received regular supervision, which consisted of one to one and group supervision, and an annual appraisal. Records confirmed this. Supervision covered areas such as, general well-being, pending items from previous supervision, residents updates/co-working, workload and planning, appraisal review, personal development/training needs, health and safety and equalities. Each staff member had signed a supervision agreement outlining the purpose and frequency of these.

Staff told us that supervision had been helpful. One staff member told us "I feel very supported and feel comfortable speaking to her [registered manager]. Easy to talk to." Clinical staff also received regular supervision with the clinical lead. One staff member told us that clinical supervision, "Helps me to do my job better, things [I'm] not familiar with a nursing home they help you to understand and point me in the right direction."

The registered manager told us that the staff appraisal system had been changed to 'my conversation map sessions' and she was in the process of carrying out appraisals for all staff using the new system. Records confirmed this had started.

Relatives told us that they felt staff had the necessary skills to care for their relative. One relative told us, "I think that they [staff] are skilled enough. I think the keyworker is very good." Another relative said that they felt staff were trained in PEG feeding, "I check every day, if there is a problem they call the Abbott nurse (a nurse who specialises in medical nutrition). They [staff] have to because I'm always checking."

People's needs were assessed before they moved in. The assessment was carried out by the assessment team within the local authority. This covered areas such as, presenting needs, diagnosis and medication, health conditions, environment, mobility and transfer risks, activities of daily living skills, personal care, preparation of food and drink, choice and control, family and relationships, community involvement and mental capacity.

People's cultural and religious needs were respected when planning and delivering care. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the home.

People's nutritional needs were met. There was a four-weekly menu in place. This showed that people were given various choices for breakfast, snacks, lunch and supper. For example, for lunch there were two choices of meals, including options for pureed food. On the first day of our visit we saw that the kitchen staff had prepared a lunch time meal using moulds designed to assist in improving the appearance of puree and texture modified meals. The meal was well presented and used colours to represent vegetables, meat and potato. The registered manager told us that they had purchased specific moulds which represented different foods, for example broccoli and chicken. The service employed a head chef and assistant chef who had worked with the service for some time and were familiar with people's choices, likes and dislikes, and dietary needs. Records confirmed this. The registered manager showed us that they were developing a new menu to include different cultural food and this would be indicated on the menu by using the relevant country flag.

People had access to various healthcare professionals, records confirmed this. For example, we saw that the speech and language therapist had provided guidance to staff on how to support people with swallowing

difficulties. We saw evidence in people's care records that they had been referred to the podiatrist and dentist as appropriate.

Is the service caring?

Our findings

Relatives told us that they felt care and nursing staff were caring and kind. One relative told us, "She [relative] couldn't be cared for better anywhere in the country." The same relative told us, "I think the carers are extremely caring and kind. They have respect for [relative]. They know her ins and outs. I can't say how happy I've been with the care." Another relative told us, "They [staff] are [caring and kind], whenever I am there I haven't seen anything that was out of place or unacceptable."

Staff understood the importance of treating people with dignity and respect. This included knocking on people's doors before entering their room, this was evident during our inspection of the service. One staff member told us, "Knock on doors before going in, call [people] by their right name, listen to them [people using the service] even if they can't talk, look at their expression and body language and see what they are trying to tell you." Another staff member told us, "Close the door, encourage everybody to knock the door before they come. If in the lounge, you don't just change them [people using the service] you take them to their room, even the way we talk to the service user you have talk in a dignified manner, that person is also a human being who may not understand."

Staff encouraged people's independence as much as possible. Staff told us, "Where they [people using the service] can be independent you let them do it." Staff gave us examples of where they had encouraged people's independence. For example, one person who liked to make a cup of tea, was supported and encouraged to take part in this. Records confirmed this. For another person staff guided their hand to their mouth whilst supporting them to hold a spoon. This meant despite people's complex needs, staff encouraged people to be as independent as possible.

People had care plans which had been reviewed and contained people's likes and dislikes. Care plans included areas such as, communication, eating and drinking, elimination, washing and dressing, sleeping, mobility, expressing sexuality and death and dying wishes. As well as the care plan each person had a one-page plan of care which included their individual area of need, the goal/outcome and interventions required to ensure that the area of need identified was met. However, care plans were not wholly person centred and information on people's backgrounds was not always recorded. The clinical lead responsible for reviewing care plans showed us an example of a new layout which included a one-page profile and background information about people's history. Records showed that this work had already started.

We received mixed feedback from relatives about their involvement in the review of their relative's care. One relative told us, "No, ironically enough I actually asked to see a copy so I could make amendments and they never bothered to send it to me, I don't know what is in the care plan or what is written down." Another relative told us, "Every year I send one [care plan] to the office of the public guardian." We asked the same relative whether the care plan reflected the person's needs, they told us, "Yeah it does, unfortunately [relative] can't say so we try to do our best. I take [fruit drink], [relative] used to love it. [relative] loves bananas and they [staff] mash this in her breakfast." The registered manager told us that they involved relatives in people's care through relative's meetings. Where relatives were not able to visit, they would discuss any concerns with them by phone. Subsequent to our inspection the provider sent us some

evidence of relatives involvement.

Staff understood the importance of confidentiality and keeping sensitive information about people safe. Records about people were kept in a locked cabinet and in people's rooms. One staff member told us that confidentiality meant, "keeping residents' [people using the service] information safe, don't leave lying around, certain information given on a need to know basis."

Is the service responsive?

Our findings

At our last inspection we had found our (previously issued) warning notice regarding person centred care had not been met due to a lack of activities on offer for people, a lack of choice in having baths and showers and the lack of support for people to use a toilet or commode (rather than a continence pad). The manager had arranged for a continence advisor to assess people to see if they were able to use the toilet but these assessments had not, at that point, taken place. Eleven people had not had the choice of having a shower or bath for several months. Staff had received training on how to use the assisted bath safely but it had not been used. People's individual choices had not therefore been met.

At this inspection, we found that the needs of people using the service had changed. People using the service were confined to their beds, therefore required the support of two staff for all transfers. At our last inspection there were 17 people using the service, there were now six people living at the home. The registered manager told us that five people were currently being supported with bed baths (as recommended by an occupational therapist) and one person was being supported to have a shower. People's bladder and bowel needs had been assessed in relation to their continence care. Prior to our visit there were three people being supported to have a shower. Records showed that for one person this had not happened on a regular basis. For example, during the period from 3 to 12 December 2018 the person had had a shower only three times. However, the registered manager told us that the person made a choice on daily basis as to whether they wanted a shower or bed wash. Another person had not been given a shower due to a chest infection and staff had been advised by a family member not to give the person a shower. This was confirmed by the relative. A third person had recently begun to have showers and was supported to mobilise to the toilet once a day. However, due to a change in their needs they were unable to sit safely in the shower chair and an occupational therapist (OT) assessment had been requested. Records seen confirmed this. The registered manager told us that the service had requested further OT reviews for the six people using the service. Records confirmed this.

At our last inspection we found there was a lack of stimulation for people as there were no group activities on offer within the home. Care records did not comment on people's wellbeing. During this inspection we found that the service had improved activities for people using the service. We spoke with an activities co-ordinator who told us about the different activities provided to people at the home. Records showed that people participated in activities such as art and music therapy. Individual feedback from the art therapist showed that people had participated in these activities. The therapist also commented on the different ways people interacted with the sessions, such as using eye contact, facial expressions and vocal sounds. This indicated that people were responding to this activity. There was a weekly activities programme, which included group and one to one activities. For people unable to fully participate in activities, the activity co-ordinator told us they would use stimulation, such as, things to smell and touch and auditory stimulation.

We saw events planned for December 2018 included a care home quiz, music entertainment, a Christmas party for people using the service, relatives and staff, and carol singing.

We received mixed feedback from relatives about how the service responded to people's needs. One relative

told us about the improvements their relative had made since moving into the home. They told us that their relative was now eating and had gained weight. "I cannot praise the staff enough. Carers are outstanding here. [Relative] would not be here if it wasn't for the care." Another relative told us that staff had not always been responsive to requests made by them in regard to their relative's health needs. We raised this with the registered manager who told us relatives were kept informed of their relative's health condition. Records showed that the service had worked with healthcare professionals in respect of people's health needs.

The registered manager told us that all complaints were dealt with in accordance with the complaints procedure by a separate team based centrally. We received mixed feedback about this from relatives. One told us, "I don't know how to or who I need to complain to." Another relative told us, "I know what the complaints policy is." A third relative told us, "If something is not right, she [relative] can't say for herself, I would have to ask somebody about it." There was currently one complaint which was being dealt with at senior management level. We observed that a copy of the complaints policy was displayed on the notice board in the reception area. This was in an easy read format and provided people using the service and visitors with details on how to make a complaint.

People's end of life care wishes were accommodated by the service. We saw that the service had leaflets for people using the service and their relatives were displayed in the reception area. This provided information with regards to what people could do, including useful contacts and support groups related to end of life care. The registered manager told us that they worked with the family and palliative care team where this was required, but further work was required to ensure that advance care plans were developed. She also told us that this had been a difficult subject area to discuss with relatives. One relative told us that staff had discussed their relatives end of life care needs, "Yes, we have a discussion about DNACPR [Do not attempt cardiopulmonary resuscitation]."

Is the service well-led?

Our findings

At our last inspection in July 2017 we found there had been improvements in the management oversight of care provided in the home. A warning notice issued after the inspection in December 2016 due to failure to comply with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – good governance - had been fully complied with. Although the progress of complying with a Regulation 9 warning notice (served after the inspection in March 2017) about person centred care was slow, there was a firm commitment to ensure all the necessary improvements were made.

At this inspection, although we found further progress, additional improvements were required. Systems were not effective in ensuring that accurate, complete and contemporaneous records in respect of people using the service were in place including, for example, a record of the care and treatment provided to each person. We found recording issues in MAR charts, risk assessments were not always detailed and did not contain actions required to mitigate risks, and not all care plans included people's life history. Audits were not effective in identifying and acting on issues found on the day of our inspection in relation to, for example, infection control. The registered manager told us that recordkeeping was an issue that they had identified and had extended their training in this area. Case recording training had been given to staff and the registered manager told us that they were working to improve staff written skills. Records confirmed this.

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

The provider is required by law to submit notifications of incidents or events to the Care Quality Commission, however they had failed in their responsibility to submit DoLS notifications for people deprived of their liberty where these had been authorised.

We received mixed feedback from relatives about the overall running of the service. One relative told us, "No, I don't not think it is well managed at all." Another relative commented that they felt there were too many managers and lack of consultation relating to the changes planned at a higher level in the organisation, "Governance doesn't have the residents [people using the service] as their first priority." This relative also felt that the service was, "Management heavy." A third relative told us, "I think it is," to the question of whether they thought the service was well led. The registered manager told us that the service had gone through a period of change and they were currently consulting with relatives and staff about these changes.

Audits covered areas such as health and safety, infection control and record management. A medicines audit, including a visit from the pharmacist, was carried out in September 2018. Infection control audits covered areas such as waste management, personal protective equipment, hand hygiene and environmental cleaning. Daily and clinical audits were carried out to monitor areas such as pressure ulcers.

The service had an improvement plan in place which identified areas for improvement, including actions

already completed. This highlighted that there were a number of areas where improvements had been made, such as activities at the home and staff training, however, we noted that other areas still needed to be actioned and improvements had been slow. The registered manager showed us plans for future staffing at the service, this included a revised structure and remodelling of the service. The registered manager told us that the aim of these pending changes is to make improvements to service delivery and the quality of the care. Records showed that there had been regular meetings with staff to talk about the future of the service.

We received mixed feedback from staff about whether they felt the service was well led. A staff member commented, "I think the manager is doing a good job, but there are certain restrictions as to what she [registered manager] can do. Lots of things I would like to do, more involved in community stuff, raise funds, not sure I have the leeway." Another staff member told us, "Yes. I can see, they really give good care. They [people using the service] are fed and hydrated well, that's what I can see, they are not neglected in anyway." A third staff member said, "I wouldn't say it is 100% well-led to my observation. Sometimes if you put something across, you don't get feedback. Communication is a problem e.g. when handing over."

The registered manager told us that they had an open-door policy where staff and relatives were able to come and speak with them whenever this was required. During our inspection we observed the registered manager responded promptly when staff approached them with any queries and interacted with people using the service in a friendly and caring manner.

Regular staff meetings took place and staff told us this gave them an opportunity to express their views. One staff member told us, "If I am not happy I always say it, but getting feedback, it is another matter. It's not about my safety, it's about the residents' [people using the service] safety." Another staff member told us, "We are kept informed, we have monthly staff meetings, plus read on intranet, [we] have own log-in and laptop."

A healthcare professional told us although there had been some improvements over the past year this had not been as much as they would have liked to see. Some of the improvements included, for example, more accessible and better managed information about people using the service in relation to incidents and accidents. They felt there needed to be more emphasis placed on systems and for the service to be less, "Reactive and more pro-active."

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 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider failed to ensure that systems for monitoring the quality of the service were effective. Audits had not been effective in identifying issues relating to infection control or service users care records.
Treatment of disease, disorder or injury	
	Regulation 17 (1)(2)(c)