

# The Sisters Hospitallers Of The Sacred Heart Of Jesus

## St Teresa's Care Home

### Inspection report

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Date of inspection visit:  
20 November 2018

Date of publication:  
24 December 2018

### 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?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This comprehensive inspection took place on 20 November 2018 and was unannounced.

Following our last inspection in April 2016 we rated the service 'good' overall. At this inspection, we found concerns in areas relating to safe premises, medicines management and record keeping. As a result, we rated the service 'requires improvement' overall.

St Teresa's is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home has been run by the Sisters Hospitallers of the Sacred Heart of Jesus for more than 85 years and provides residential care for 26 older people. The building has three floors and a basement and is fully accessible, with a ramp to the main entrance and a lift serving all floors. Most rooms have en-suite bathroom facilities. There were 24 people living at the home on the day we visited.

The service has 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's needs were assessed before they moved into the service and further assessments were conducted once people were living in the home and feeling settled. This information was used to develop individual support plans. People and their relatives were involved in decisions about how care and support was provided.

Staff completed a range of risk assessments in relation to skin integrity, mobility, nutrition and continence. However, risk assessments were not always being reviewed on a regular basis and related contemporaneous monitoring records were not always in place.

Staff were not always following safe practice regarding the management of people's prescribed medicines. Staff competency in relation to safe medicines practice was not being regularly assessed.

The provider was in the process of carrying out maintenance works as recommended by the London Fire Brigade. Not all staff were aware of the correct fire evacuation procedures.

The provider had policies and procedures in place that ensured staff had guidance if they needed to apply for a Deprivation of Liberty Safeguards (DoLS) authorisation to restrict a person's liberty in their best interests. However, applications were not always being reviewed and renewed when needed.

Staff understood how to recognise and respond to safeguarding concerns to keep people safe and told us they would report any concerns they may have to the management team.

People felt the service was safe and homely. People liked their rooms and told us the home was clean, spacious and comfortable. Most of the relatives we spoke with provided positive feedback as to the way care was delivered to their family members and the way in which the home was managed.

Staff were mindful of people's need for privacy, promoted their independence and encouraged people to do the things that were important to them.

People had enough to eat and drink although views about the meals served were not always positive.

There was an activities co-ordinator in post and a programme of activities on offer to ensure people were able to maintain their hobbies and interests.

Staff recruitment processes were followed ensuring people received care and support from staff who were suitable for employment at the service. Sufficient numbers of staff were deployed to the service to meet people's needs and staff felt supported in their roles.

Staff completed an induction and were required to attend training and supervision sessions throughout their employment. However, the training matrix showed that some mandatory training was now overdue.

People and their relatives were provided with information about the service which included details of how to make a complaint. There were systems in place to investigate and resolve complaints, and where applicable to learn from these incidents.

Staff worked closely with healthcare professionals and made appropriate referrals when needed. People were supported to discuss their end of life wishes when they felt comfortable doing so.

Systems were in place to improve the safety and quality of the service but there were gaps in these systems. Quality audits were not always identifying, managing and resolving issues we highlighted during the inspection process.

We found breaches of the regulations relating to premises, safe care and treatment, consent and governance. You can see the action we have told the registered provider to take at the end of this report.

We made two recommendations in relation to infection control and prevention and staff training.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

Aspects of the service were unsafe.

Medicines were not always safely managed.

Risk assessments were in place. However, contemporaneous records used to document any changes in people's health status were not always being completed consistently or accurately.

People were not always protected from the spread of infection.

Not all members of staff were aware of fire evacuation procedures and maintenance works required to ensure the home was safe were ongoing.

There were enough staff deployed to meet people's needs and the provider followed safe recruitment practices.

### Is the service effective?

**Requires Improvement** ●

Aspects of the service were ineffective.

People's care plans were not always reviewed on a regular basis and were therefore, not always reflective of people's current care needs.

Staff completed an induction when they started work and were supported through regular supervisions and appraisals. However, not all staff had completed mandatory training.

Staff understood the principles of The Mental Capacity Act (2005). However, some applications for Deprivation of Liberty Safeguards (DoLS) were out of date and had not been followed up by the provider.

People had access to healthcare services when required.

### Is the service caring?

**Good** ●

The service was caring.

People were involved in making decisions about their daily care

and support requirements.

People told us staff were kind and caring, respected their privacy and promoted their independence.

People told us they lived in a comfortable and homely environment.

People were provided with information about the service before moving in to the home so they were aware of the services and facilities on offer.

### **Is the service responsive?**

Aspects of the service were not responsive.

People's health and wellbeing was at risk of compromise because staff were not always following good practice.

Most people were aware of the home's complaints procedures and knew how to raise a complaint.

People's religious beliefs were documented and end of life wishes were recorded and respected.

**Requires Improvement** ●

### **Is the service well-led?**

Aspects of the service were not well-led.

The provider was not always operating effective governance systems to check and improve the quality and safety of the services provided.

Record keeping needed improvement. Issues raised during internal and external checks had failed to be fully addressed.

There was a system in place to manage accidents and incidents and these were investigated appropriately.

People who used the service, relatives and staff had opportunities to share their views.

**Requires Improvement** ●

# St Teresa's Care Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 20 November 2018 and was carried out by two adult social care inspectors, a specialist advisor with nursing experience and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection took place, we looked at information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually, to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service. This included notifications which providers send us about certain changes, events or incidents that occur and which affect their service or the people who use it. We used this information to plan our inspection.

During the inspection, we spoke with 12 people using the service and five relatives. We spoke with staff members including senior care workers, care workers and domestic staff. We also spoke with the registered manager, a chef and a visiting hairdresser.

We took a tour of the premises to check general maintenance as well as the cleanliness and infection prevention and control practices within the service. A specialist advisor observed a medicines round and attended an afternoon handover meeting. We looked at communal areas, the kitchen and with people's permission, visited them in their rooms.

We reviewed six people's care plans and risk assessments and quality checked medicines administration records (MAR). We looked at five staff recruitment files, induction and training information. We also looked at a selection of documentation in relation to the management and running of the service. This included policies and procedures, maintenance records, quality assurance audits, meeting minutes, complaints, accident and incident records.

# Is the service safe?

## Our findings

Staff were not always following the provider's medicines policies and procedures nor adhering to national guidance in relation to the safe management of medicines.

People's prescribed medicines were stored in locked medicines trolleys that were fixed to a wall securely. Other medicines, including controlled drugs, were stored in a locked room which staff referred to as the 'dispensary'. Fridge temperatures were recorded appropriately and acceptable temperature levels were being maintained. Medicines we looked at were found to be within stated expiry dates. Staff members responsible for administering people's medicines had added their signatures to a list at the front of the medicines administration folder which meant that any errors that occurred could be traced back to the staff member responsible and measures taken to minimise repeat incidents. Medicines administration records (MAR) were supplied by the provider's designated pharmacy and were pre-populated with prescribing details. An up to date photograph of each person using the service preceded each MAR to ensure staff administered medicines to the correct person. People's allergy status was recorded on the front of each MAR.

However, we noted that controlled drugs, which must be stored in a locked cupboard, were not always being stored or disposed of safely. We found a box of discontinued Buprenorphine and a second box of Fentanyl patches (currently in use) on top of the controlled drug cabinet. The patches had not been added to the controlled drug register despite having been delivered to the home on 13 November 2018. We observed a member of staff leaving the keys to the medicines trolley unattended and therefore accessible to unauthorised persons. We heard a member of staff responsible for administering people's medicines asking another member of staff whether they should sign the MAR for a medicine they had not been able to locate nor administer. Whilst we acknowledge that the staff member in question sought advice, we questioned their competency to carry out this task safely. We asked this member of staff if they felt confident administering medicines. They responded, "I'm new doing it, I don't usually do medicines. They're busy today so I have to do it. I last did it about a year ago."

People were not always receiving the correct support to apply topical treatments as prescribed. A member of staff told us that one person used two types of topical cream to alleviate their symptoms. When we checked this person's topical MAR we noted that the last entries for use were dated 18 July 2018. According to these records a third cream used to treat eczema had last been applied on 1 July 2018. Although staff told us that they were still using the creams, the evidence to support the completion of this task was absent.

Medicines prescribed as needed (PRN) were offered and signed for accordingly although at the time of our observations, staff were unable to locate related PRN protocols and so were administering without this guidance. Following the inspection, the registered manager emailed us to inform us that PRN protocols had been located and are held within the medicines trolleys for each floor.

The shortfalls outlined in the above three paragraphs relate to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff completed a range of risk assessments in relation to people's nutrition and hydration, personal care support needs and skin care. Further assessments identified people's level of mobility and risk of falls and the type of assistance required in the event of a fire. Risk assessments specific to people's health conditions were also in place, for example, where people were at risk of choking or required special diets, aids, equipment and/or adaptations. Assessments provided staff with a sufficient amount of guidance to be able to manage and minimise identified risks and on the whole, were reviewed on a regular basis in line with the provider's policies and procedures. However, we noted that related contemporaneous records used to document any changes in people's health status were not always being completed in full. For example, we noted data omissions without relevant explanations in people's re-positioning charts; elimination records that had not been completed since July 2018 and monthly weight charts that were not being completed as specified. This meant that the most up to date information about people's health and support needs was sometimes inaccurate or missing altogether. Therefore, we can not be assured that staff and visiting healthcare professionals had access to information required to plan and provide effective care and treatment.

These shortfalls relate to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On 11 June 2018, the provider was issued with an enforcement notice from the London Fire Brigade (LFB) following a routine inspection. Officers identified that 'preventative and protective measures had not been planned, organised, controlled, monitored or reviewed where required' in relation to self-closing fire doors, asbestos checks, use of fire resistant materials and safe escape routes. The registered manager told us that a plan of maintenance works was in place to rectify all of the identified concerns within the granted compliance date of 10 June 2019.

Staff told us they had received appropriate training in how to manage emergency situations. Records we looked at confirmed that the majority of staff had completed fire safety training within the past 12 months. We asked a member of staff to outline the procedures they would follow in the event of a fire. They told us they would contact 111, 119 or 999 (only the 999 number should be used to contact emergency services). We asked if they would begin evacuating people and were told, "We shouldn't try to get anyone out, we should wait for the fire brigade." We checked to see whether this member of staff was aware of what assistance people would require to evacuate the building and were told "no" because personal emergency evacuation plans (PEEP) were kept downstairs in the basement. We asked this member of staff why they had propped open fire doors with paper towels and were told, "We always keep them open, the residents can't open them because of their zimmer frames." These responses and the responses of other members of staff we spoke with, indicated that staff were not always aware of the correct procedures to follow in the event of fire. This lack of understanding, in addition to outstanding maintenance works, meant we could not be assured that people living in the home were safe.

These above two paragraphs relate to a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had appropriate safeguarding policies, procedures and systems in place and staff confirmed they had completed safeguarding training. Staff were clear about the need to report any concerns they may have about people's welfare and understood the term whistleblowing. Whistleblowing is when a worker reports suspected wrongdoing at work. A worker can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger. Not all staff were aware that concerns could also be reported to local authority safeguarding teams, social workers, CQC and the police if they suspected a crime had taken place. Despite this, staff told us they felt confident the



manager would respond and take appropriate action if they raised concerns.

On the day of our inspection, enough staff were deployed to meet people's needs. We asked people if they had a call bell and if they knew how to use it. Responses included, "If I want anything, you ring the bell and they come at once to ask you what you want", "I know where the alarm bell is; it's there and I've never used it" and "There's a bell by my shower." There were staff vacancies at the time of the inspection and the registered manager told us that they were in the process of recruiting. We were told that most absences were covered by permanent staff, with some use of agency staff particularly when shifts needed to be covered at short notice.

Staff records included evidence that pre-employment checks were carried out before new staff were appointed. This included requests for written references, Disclosure and Barring Service (DBS) checks and confirmation of identity. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands helping employers reduce the risk of employing a person who may be unsuitable to work in care.

The provider had infection control policies and procedures in place. Hand wash facilities were available in shared facilities such as bathrooms and toilets and hand sanitiser pump dispensers were located at certain points within the home. We asked people whether staff used personal protective equipment (PPE) such as gloves and aprons when providing personal care. People told us, "Yes they use gloves and aprons and dispose of them", "They use gloves when they shower me" and "Yes, they do use gloves and aprons." We found all areas of the home to be clean and free from unpleasant odours. However, we observed a member of the domestic staff team wearing the same single pair of disposable gloves whilst cleaning people's rooms and bathrooms, in clear contravention of good infection control practice.

We recommend that the provider take measures to ensure that staff are fully aware of infection control and prevention measures and following correct procedures at all times.

## Is the service effective?

### Our findings

People using the service and their relatives told us that overall the care provided was of a good standard and that people's preferences and choices were considered. People told us that they felt involved in their care and that staff asked for their consent as a matter of routine.

People were supported to make decisions in line with current legislation 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 when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff told us and records confirmed that they had undertaken training in relation to mental health legislation. The provider had submitted applications for DoLS in relation to access in and out of the home. However, four of these applications dated back to 2016. There was no information regarding decisions made and we could find no follow up correspondence to evidence that these applications had been pursued with due diligence.

Staff recognised that the needs and capacity of people living with dementia could fluctuate and change and mental capacity assessments had been completed for some of the people living in the home. However, assessments were non-specific and were not being regularly reviewed. For example, one person's mental capacity assessment was dated 4 November 2015, did not explain what specific decision was being assessed and had not been reviewed until June 2018. Another assessment had been completed 26 June 2018 but did not detail the outcome in regard to this person's capacity and had not been reviewed since completion despite this person twice leaving the home unaccompanied and a DoLS application on record.

Advance care planning records stated whether people had appointed a power of attorney (POA). However, we could find no information stating what type of POA was in place and no evidence of the approved legal status of representatives named in three people's records.

The above three paragraphs relate to a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received support from specialised healthcare professionals when required. Records confirmed that staff liaised with health professionals such as people's GP's, district nurses, opticians, chiropodists, speech and language therapists and physiotherapists to support people to maintain optimum health. Staff were required to read and follow any stipulated guidelines to ensure people's care and support was delivered safely and consistently. However, we found that in some incidences, people's health and wellbeing was at risk of compromise because staff were not always following good care practice. Specialist nursing teams

were involved in the care and treatment of people who had developed pressure wounds and/or ulcers. However, we could find no wound care record for one person with ulcers and receiving end of life care. There was no repositioning chart in place and no mouth care records had been completed. For a second person, limited wound care records were available. A body map was undated and there were no details as to the size of the wound or how the wound should be dressed. A member of staff told us, "We're not very good at recording but we do care."

The shortfalls outlined in the above paragraph relate to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people whether they thought staff had the training, skills and experience to provide them with the care and support they needed. Responses included, "[Staff] are properly trained for what they have to do. They have training lessons every now and again", "I feel confident about their capabilities", "There's a competence about them", "I trust them" and "I feel safe with them." For new members of staff, the induction programme included elements of the Care Certificate. The Care Certificate is a framework for good practice for the induction of staff across health and social care settings. Staff confirmed that they had completed an induction programme and shadowed more senior members of staff until they felt confident in their roles.

The registered manager provided us with copies of the 2017/2018 staff training matrix. Dates indicating when staff had completed training were entered via a computerised system with some entries added by hand. Mandatory training covered areas such as care planning and risk assessment procedures, mental health legislation, moving and handling, first aid, fire safety, medicines management and safeguarding. In addition, staff completed further training in areas such as falls prevention and dementia awareness. Staff confirmed they had been shown how to use hoists correctly and were confident using them to ensure people were supported safely. Hoists were seen to be in good working order. However, the matrix did not provide due dates for training sessions nor did it indicate when training needed to be refreshed. We noted that staff had not completed or refreshed training planned for 2017 in the following areas; equality and diversity, dignity in care, infection control and care of pressure areas. This may have meant that staff were not always up to date with the provider's policies and procedures and as importantly, national guidelines in relation to these areas of care provision.

We recommend that all staff members are brought up to date with any outstanding training in a timely manner.

At our last inspection, the registered manager acknowledged that supervision wasn't always taking place as often as it should be. At this inspection, we saw completed supervision records and appraisal forms in some of the staff files we looked at. We were told that newly recruited staff had not yet been supervised as this normally occurred once they had completed their probation period. Staff we spoke with told us they were supervised, sometimes on a one to one basis and at other times on a group basis. Staff told us these sessions were helpful and an opportunity to discuss their roles and responsibilities and any concerns they may have.

We received a notification from the provider on 5 November 2018 to inform us that the home's gas supply had been cut off due to an issue with non-functioning extractor fans. This meant that kitchen staff were unable to use gas appliances and were managing with alternative electrical equipment. We visited the homes' kitchen area and saw that two hot plates were balanced on top of the gas hob and wires connected to electrical sockets situated on the wall behind the hob. Although this was a temporary solution it was potentially unsafe. The chef told us she was managing to produce meals with some adjustments but that present arrangements were unsatisfactory. We received an email from the registered manager on 28

November 2018 stating that issues with the extractor fan had been rectified and that the kitchen was up and running normally.

The home was awarded a '5' star food hygiene rating in 2017. The top rating of '5' means that the home was found to have 'very good' hygiene standards. Kitchen store rooms were clean and well organised and all dry goods were stored in sealed plastic containers. The chef had a good understanding of people's dietary requirements and was able to tell us by name who was diabetic, who had allergies and who couldn't eat dairy products. People told us, "I have a gluten free diet and [staff] take the trouble to keep to it" and "You do get a choice and they have a vegetarian option."

There was a choice of menu options at every meal. Tables were laid out with napkins, place mats, glasses and cutlery. We observed that people could choose where they sat and could eat independently and at their own pace without being hurried. Where people required support, staff assisted appropriately. People's views about the meals served were mixed. One person told us, "I do quite enjoy [the food] and it's relatively healthy but there's too much frying". Other comments included, "Usually the food's not bad. You get a choice and it's very edible", "The food is up and down", "The food is excellent" and "The soups are ok but the meat and vegetables are overcooked." We sampled food served during lunch and found it to be appetising, of a good portion size and served at an appropriate temperature.

## Is the service caring?

### Our findings

People's care and support was planned in partnership with them when and where this was appropriate. Following an initial assessment, staff developed a set of individual care records documenting how people's physical, social, emotional and communication needs and preferences were to be met. For people who did not have capacity to make their own choices, others who were likely to know them well, such as family members and healthcare professionals, were consulted.

Care records showed people were supported to access the appropriate healthcare professionals to meet their needs. People could choose to remain with their own GPs (if agreed geographical boundaries permitted) or see a GP commissioned by the service. People could arrange to see a visiting chiropodist for a fee. Appropriate referrals were made to physiotherapists and where required people were supported to attend medical appointments. The head of care informed us that the home received support from palliative care teams based at The Royal Trinity Hospice when advice and support was required. We did not see any reference to end of life training in the training compliance data provided to us and as stated previously in the safe section of this report, a dignity in care training session had not been delivered as scheduled. However, the registered manager told us that multi-disciplinary meetings were held on a monthly basis and these provided opportunities for staff to discuss and review people's care with a GP and other clinicians.

Where appropriate, people's preferences and choices as to how they wished to manage the end of their lives were communicated, recorded and kept under review. Appropriate, 'Do not attempt cardiopulmonary resuscitation' (DNACPR) forms had been completed and reviewed by people's GPs. (The purpose of a DNACPR decision is to provide immediate guidance to those present on the best action to take (or not take) should the person suffer cardiac arrest or die suddenly). Where people lacked the capacity to make these decisions for themselves, DNACPR forms recorded the names and relationship status of family members and any other representatives involved in these discussions and decisions.

We were invited to attend an afternoon staff handover meeting. During this meeting, a member of staff reported that a person had removed their catheter, complained of pain in their abdomen and had not yet passed urine. A recording chart was proposed to measure fluid output. When we queried this, we were told that staff were unsure whether the person in question had passed urine since the early morning and that district nurses had advised staff to monitor them for a few days. We explained that this situation could lead to a medical emergency if left unresolved. The senior member of staff on duty agreed they would take the person to hospital if district nurses were unable to attend the same day.

We asked people how they liked to pass their time. Replies included, "I like reading, the hairdressers and sometimes I take part in the quizzes and puzzles", "People can go out", "I meet all my friends and we do things together" and "They don't mind about dogs coming." The service had an activities co-ordinator who was responsible for organising a programme of activities. The activities schedule was posted in the main reception area and in the lifts and informed people that the hairdresser would be available on the day of our visit. We saw that people requiring support to attend this session were assisted by members of staff and that the salon soon became filled with chatter and laughter as the hairdresser washed and curled people's hair

according to their preferences. Later in the morning we saw staff conducting a seated exercise session and in the afternoon a small group of people were being shown how to make soap bombs. A DVD of a concert was showing in the afternoon followed by tea and fairy cakes. We asked one person whether they had enjoyed the concert and were told, "It was good, like the other 42 times we have seen it." We were told that people went out shopping and attended events in the local area and that parties, film showings, music sessions, quizzes and pamper sessions were well attended.

We asked people if they felt they could raise a concern or complaint. People told us, "I would talk about any concerns to [name of staff member]", "I don't know how to complain but I'd soon find out or get someone else to do it for me", "I'm outspoken so I would go to [name of person]. I think they'd take it on board" and "If I had a complaint I would talk to the manager and yes, they are responsive." People were given information about how to make a complaint and there was evidence that when they did, their concerns were listened to and investigated. The provider's complaints procedure was displayed in the reception area of the home. We saw that the registered manager kept a file of the complaints received and any action taken. There was evidence that complaints had been acknowledged, taken seriously and investigated with people receiving an appropriate response in a timely manner.

## Is the service responsive?

### Our findings

People's care and support was planned in partnership with them when and where this was appropriate. Following an initial assessment, staff developed a set of individual care records documenting how people's physical, social, emotional and communication needs and preferences were to be met. For people who did not have capacity to make their own choices, others who were likely to know them well, such as family members and healthcare professionals, were consulted.

Care records showed people were supported to access the appropriate healthcare professionals to meet their needs. People could choose to remain with their own GPs (if agreed geographical boundaries permitted) or see a GP commissioned by the service. People could arrange to see a visiting chiropodist for a fee. Appropriate referrals were made to physiotherapists and where required people were supported to attend medical appointments. The head of care informed us that the home received support from palliative care teams based at The Royal Trinity Hospice when advice and support was required. We did not see any reference to end of life training in the training compliance data provided to us and a dignity in care training session had not been delivered as scheduled. However, the registered manager told us that multi-disciplinary meetings were held on a monthly basis and these provided opportunities for staff to discuss and review people's care with a GP and other clinicians.

Where appropriate, people's preferences and choices as to how they wished to manage the end of their lives were communicated, recorded and kept under review. Appropriate, 'Do not attempt cardiopulmonary resuscitation' (DNACPR) forms had been completed and reviewed by people's GPs. (The purpose of a DNACPR decision is to provide immediate guidance to those present on the best action to take (or not take) should the person suffer cardiac arrest or die suddenly). Where people lacked the capacity to make these decisions for themselves, DNACPR forms recorded the names and relationship status of family members and any other representatives involved in these discussions and decisions.

We were invited to attend an afternoon staff handover meeting. Staff contributed to the meeting though ground rules appeared to be absent and staff frequently interrupted the registered manager, talked over her and disrupted proceedings. During this meeting, a member of staff reported that a person had removed their catheter, complained of pain in their abdomen and had not yet passed urine. A recording chart was proposed to measure fluid output. When we queried this, we were told that staff were unsure whether the person in question had passed urine since the early morning and that district nurses had advised staff to monitor them for a few days. We explained that this situation could lead to a medical emergency if left unresolved. The senior member of staff on duty agreed they would take the person to hospital if district nurses were unable to attend the same day.

We asked people how they liked to pass their time. Replies included, "I like reading, the hairdressers and sometimes I take part in the quizzes and puzzles", "People can go out", "I meet all my friends and we do things together" and "They don't mind about dogs coming." The service had an activities co-ordinator who was responsible for organising a programme of activities. The activities schedule was posted in the main reception area and in the lifts and informed people that the hairdresser would be available on the day of our

visit. We saw that people requiring support to attend this session were assisted by members of staff and that the salon soon became filled with chatter and laughter as the hairdresser washed and curled people's hair according to their preferences. Later in the morning we saw staff conducting a seated exercise session and in the afternoon a small group of people were being shown how to make soap bombs. A DVD of a concert was showing in the afternoon followed by tea and fairy cakes. We asked one person whether they had enjoyed the concert and were told, "It was good, like the other 42 times we have seen it." We were told that people went out shopping and attended events in the local area and that parties, film showings, music sessions, quizzes and pamper sessions were well attended.

We asked people if they felt they could raise a concern or complaint. People told us, "I would talk about any concerns to [name of staff member]", "I don't know how to complain but I'd soon find out or get someone else to do it for me", "I'm outspoken so I would go to [name of person]. I think they'd take it on board" and "If I had a complaint I would talk to the manager and yes, they are responsive." People were given information about how to make a complaint and there was evidence that when they did, their concerns were listened to and investigated. The provider's complaints procedure was displayed in the reception area of the home. We saw that the registered manager kept a file of the complaints received and any action taken. There was evidence that complaints had been acknowledged, taken seriously and investigated with people receiving an appropriate response in a timely manner.



## Is the service well-led?

### Our findings

The service had a registered manager in post who had a background in nursing with many years' experience gained within the care industry and the NHS. She was supported in her role by a head of care and the community of sisters. People told us the home was, "The best home in England", "An exceptional place", "Wonderful"

and "It doesn't need any improvement!" The provider had received nine separate compliments from family members and friends of people using the service in the past 12 months. All of these related to the high quality of care people received at the home.

The registered manager understood her legal obligations, including the conditions of her registration with CQC, and those placed on her by other external organisations. Staff maintained good working relationships with other services involved in people's care and support and knew to ask for help and advice if and when needed. Staff commented, "The manager is supportive", "She's firm but fair" and "I feel supported." Staff also praised the head of care saying, "[They're] really good" and "[They] know the people really well." Staff morale was good and a sense of team working was evident from the following comments, "I really enjoy working as a team with the sisters and the manager" and "I like working here. It's a good atmosphere for me."

A health and safety inspection carried out at the home on 3 October 2018 by an external agency found similar issues to those identified by the London Fire Brigade in June 2018. Action closure dates showed that some of the recommended works had been completed and the registered manager told us she was working towards full compliance.

The home was visited twice yearly by the provider's designated pharmacist. This was termed 'an advice visit' and was intended as a support and advice service for staff and the provider in relation to all aspects of medicines management. The last visit took place on 20 August 2018. Checks at the time identified similar issues to those we found during our inspection, i.e. CD stock levels that required counting, checking and recording, medicines for return not being recorded appropriately and topical medicines not being recorded correctly on MARs. The registered manager was responsible for taking appropriate action in a timely manner to ensure medicines administration was safe. However, we noted that action completion dates had been left blank and the issues above had not been remedied.

We looked at the provider's internal monitoring systems. Although there were checks in place to address health and safety, care planning and risk assessments along with other matters relating to the running of the service, we found that shortfalls were not always being identified by the current systems in place and/or that timely action was not always being taken to improve the quality of the service.

The provider had systems in place for recording accidents and incidents. We looked at completed incident forms and found that these were completed appropriately and could be cross referenced against people's care records and daily notes.

A range of meetings were held with staff teams on a regular basis and we saw meeting minutes that confirmed this. A member of staff told us, "We have staff meetings every month, seniors' meetings and meetings with the sisters." Staff completed a questionnaire on an annual basis and comments were addressed by the registered manager. However, action due dates were often recorded as 'ongoing'. For example, staff had stated that induction and training could be improved. There was no information recorded to address how improvements would be implemented. A further comment by staff suggested that communication within the home was poor. The registered manager had refuted this statement and recorded 'ongoing' alongside the action due date.

Although people could not always recall completing a satisfaction survey we saw evidence that an annual questionnaire had been given to people and their relatives to gain their feedback about the home. Most comments were positive and included, "I can't think of any features or services the home could provide to improve the excellent standard [the home] has attained", "I would not change anything for the moment" and "I am more than happy with the care I receive here."

A copy of the most recent report from CQC was on display at the service and accessible through the provider's website. This meant any current, or prospective users of the service, their family members, other professionals and the public could easily access the most current assessments of the provider's performance.

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 11 HSCA RA Regulations 2014 Need for consent  People who use services were not protected against the risks associated with inconsistent application of the MCA. Regulation 11 (1) (2) (3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People who use services and others were not protected against the risks associated with poor care practices. Regulation 12 (1) (2) (a) (b) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Regulation 15 (1) (b) (c) (d) (e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  People who use services and others were not protected against the risks associated with poor record keeping. Regulation 17 (1) (2) (c)

