

Bupa Care Homes (ANS) Limited

Stamford Nursing Centre

Inspection report

21 Watermill Lane
Upper Edmonton
London
N18 1SH

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24 March 2016

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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

This inspection took place on 23 and 24 March 2016 and was unannounced. During the last inspection on 17 and 19 February 2015 we found the home was in breach of one legal requirement and regulation associated with the Health and Social Care Act 2008. We found that people who used services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance and there was a need to review staffing arrangement on the second floor of the home. We also found there were deficiencies related to people's care and nutrition.

Stamford Nursing Centre is registered to provide nursing care and accommodation for a maximum of 90 adults, some of whom may have dementia. There are 27 bedrooms on the ground floor (Oakwood Unit); 30 bedrooms on the first floor (Broomfield Unit); and 33 bedrooms on the second floor (Woodside Unit), which is dedicated to people with dementia. At this inspection there were 88 people living in the home.

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

During this inspection we found that appropriate checks had been made to ensure the premises was safe.

Some risk assessments were not updated to reflect people's current needs and did not take into consideration people's health needs. When a risk was identified it did not provide clear guidance to staff on the actions they needed to take to mitigate risks in protecting people from behaviours that challenged the service or people with high risk of skin breakdown.

During our observations, on occasions we noticed there was lack of interaction with people on the ground floor. People were either looking at the television or sleeping while staff were completing tasks. Some people required support when they were mobile with zimmer frames or during hoist transfers. Systems were not in place to calculate staffing levels contingent with people's dependency levels.

People were given choices during meal times and their needs and preferences were taken into account. Nutritional assessments were in place for most people, which included the type of food people liked and disliked. We found food was not being monitored for some people with specific health concerns to ensure they had a healthy balanced diet. People's weight were recorded regularly and there was an action plan in place should people were to lose or gain weight significantly.

Due to risks to their safety most people living at the home were not allowed to go outside without staff or relative accompanying them. Appropriate Deprivation of Liberty Safeguards had not been applied for people that required supervision when going outside.

Assessments had been made to check if people had capacity to make certain decisions. However, where people did not have capacity, we found instances when best interests meeting were not held with professionals or family members to make best interest decisions on people's behalf.

Quality assurance systems had been implemented to allow the service to demonstrate effectively the safety and quality of the home. However, the provider's quality assurance had not identified the shortfalls we found during our inspection.

Complaints were recorded and investigated with a response sent to the complainant. However, complaints were not analysed for common themes or learning identified and put into practice to improve the service. We made a recommendation that complaints are analysed to identify trends and use the information to improve the service.

Statutory notifications to CQC had not been made in respect to outcomes of Deprivation of Liberty Safeguards for people who used the service.

People told us they felt safe. Staff were trained in safeguarding adults and knew how to keep people safe. They knew how to recognise abuse and who to report to and understood how to whistle blow. Whistleblowing is when someone who works for an employer raises a concern which harms, or creates a risk of harm, to people who use the service.

Medicines were being managed safely.

Recruitment and selection procedures were in place. Checks had been undertaken to ensure staff were suitable for the role. Staff had received induction when starting employment and had received regular training to help provide effective care.

Referrals had been made to other healthcare professionals to ensure people's health was maintained.

We observed caring and friendly interactions between management, staff and people who used the service and people spoke positively of staff and management. There was an activities programme in place and that was popular with people.

People were encouraged to be independent. People were able to go to their rooms and move freely around the house.

Staff and resident meetings were held regularly.

Surveys were completed by people about the service and there were systems in place to analyse the findings of the survey to make improvements to the service if required.

We identified five breaches of regulations relating to consent, risk management, staffing, nutrition and hydration and notifications. You can see what action we have asked the provider to take at the back of the full version of this report.

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 ●

Some aspects of the service were not safe.

Some risk assessments were not updated to reflect people's current circumstances and health needs.

Formal needs analysis was not used to calculate staffing levels.

Medicines were being managed safely.

Staff members were trained in safeguarding and knew how to identify abuse and the correct procedure to follow to report abuse.

Recruitment procedures were in place to ensure staff members were fit to undertake their roles.

Checks had been made by qualified professionals to ensure the premises was safe.

Is the service effective?

Requires Improvement ●

Some aspects of the service were not effective.

People's rights were not being consistently upheld in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's weight was monitored. Food was not being monitored and recorded appropriately for some people with specific health concerns to ensure they had a healthy balanced diet.

Supervision and appraisal was being carried out with staff.

Staff had undertaken mandatory training and had received the relevant induction.

People had access to healthcare professionals and had choices during mealtimes.

Is the service caring?

Good ●

The service was caring.

There were positive relationships between staff and people using the service. Staff treated people with respect and dignity.

People told us they were well looked after and staff were caring.

Staff had a good knowledge and understanding on people's background and preferences.

Is the service responsive?

Good ●

The service was responsive.

Care plans included people's care and support needs.

Activities were available for people using the service and people were observed interacting and enjoying the activities.

Complaints were recorded and investigated.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider did not submit required statutory notifications to CQC.

Learning from complaints were not analysed to make improvements to the service.

The provider had a system for monitoring the quality of care with regular audits and action taken were necessary. However, these audits had not identified the issues we found during the inspection.

Surveys were completed and analysed to make required improvements to the service.

There was a clear management structure in place and people and staff spoke positively of the registered manager and deputy manager.

Stamford Nursing Centre

Detailed findings

Background to this inspection

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

The inspection was carried out on 23 and 24 March 2016 and was unannounced. The inspection team comprised two inspectors, a pharmacist inspector, a specialist advisor in nursing and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. We also made contact with the local authority for any information they had that was relevant to the inspection.

During the inspection we spoke with 13 people, eight relatives, five health and social care professionals, 12 staff members, the deputy manager and the registered manager. We observed interactions between people and staff members to ensure that the relationship between staff and the people was positive and caring. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people when they may not be able to tell us themselves.

We spent some time looking at documents and records that related to people's care and the management of the home. We looked at 21 care plans, which included risk assessments.

We reviewed ten staff files which included training and supervision records. We looked at other documents held at the home such as medicine records, quality assurance audits and residents and staff meeting minutes.

Is the service safe?

Our findings

During our last inspection on 17 and 19 February 2015, the home was in breach of regulation 15 associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found the premises were poorly maintained. Electrical installations certificates from March 2010 and January 2015 stated that the electrical installations were unsatisfactory. There was no new inspection certificate to evidence that the deficiencies identified had been rectified. The door to the reception area and the door leading to the rest of the home was left unlocked and staff were not in the reception area for between five to ten minutes. These deficiencies placed people at risk of living in a premises which may be unsafe and not secure.

During this inspection we saw evidence that demonstrated appropriate gas and electrical installation safety checks were undertaken by qualified professionals, which was satisfactory. Checks had been carried out of portable appliances and hot water temperatures to ensure people living at the home were safe.

Risk assessments and checks regarding the safety and security of the premises were up to date and had been reviewed. This included a fire safety policy, fire risk assessments, monthly evacuation drills and weekly fire tests for the home. The provider had also made plans for the foreseeable emergencies including a personal emergency evacuation plan for each person at the home. Staff were able to tell us what to do in an emergency, which corresponded with the fire safety policy.

We found the door to the reception area was closed. However we noted the door leading to the rest of the home was open twice unsupervised. We showed this to the registered manager on the second occasion, who promptly communicated with staff on the importance of keeping the door closed and assured us that staff will be reminded again during supervision and staff meetings.

People and relatives told us they were safe at the service and had no concerns. One person told us, "They are looking after me well" and another person commented, "Yes, I am safe in the house." A relative told us, "Fantastic the way he is treated, excellent." A staff member commented, "We go by their care plan to make them [people] safe." Despite these positive comments we found that some aspects of the service were not safe.

Assessments were carried out with people to identify risks and were regularly reviewed. Staff were aware of the risks to people around moving and handling and how to respond to escalating health concerns. For people at risk of high cholesterol levels or diabetes, staff told us that if people were unwell or lost weight, then this would be monitored through a balanced diet and an appointment booked with a GP if required.

However, we found assessments had not been carried out specific to most people's needs. Records showed some people had specific health concerns such as high cholesterol and diabetes. Risk assessments were not completed to demonstrate the appropriate management of these risks in order to minimise them leading to serious health complications. For one person who could demonstrate behaviour that challenged the service, risk assessments were not completed on how to mitigate risks, such as the steps to be taken to de-escalate situations.

We observed on one occasion that a person's risk assessment was not being followed. The person was at risk of choking and required to be fed at a certain position to ensure the risk of choking was minimal. We observed that the person was not at the correct position when a staff member was supporting the person to eat. We also had to intervene when a person was requesting for help and we found the positioning of the person was not correct when receiving personal care from staff members.

There were general assessments such as bed rails, falls, mobility and moving and handling. However, we found instances when a risk was identified it did not provide clear guidance to staff on the actions they needed to take to mitigate such risks. For example, for people at high risk of falling, we did not see evidence that a falls prevention assessment or action plan had been carried out to reduce the risk of falls as indicated by the provider's guidance on falls. We also found that risk assessments on the use of bed rails had not been reviewed regularly to assess if the bed rails presented a risk to the person.

Care plans for pressure sore prevention and wound management were in place. Specialist equipment were used to relieve pressure on pressure areas like the use of pressure relieve mattresses. Repositioning charts were in place and were up to date. There was repositioning guidelines from physiotherapists. Regular checks were carried out on people's skin for any signs of redness, bruises, blisters and these were recorded on body charts. We spoke to a health professional who visited the home at the time of the inspection. The health professional told us that the staff at the home were very efficient with skin integrity and weekly training was being delivered in this area to ensure high standard of care was being delivered.

Skin integrity was assessed using Waterlow charts to determine risk levels. However, we found significant gaps and errors in recording some Waterlow risk assessments. In one care plan we saw that the Waterlow risk assessment had not been completed between May and November 2015, and January and March 2016 and also had been incorrectly calculated. Other people's Waterlow scores had not been reassessed since October 2015 and January 2016. We saw another instance where a Waterlow score had initially been incorrectly calculated as high risk as opposed to very high risk in August 2015 and correctly not reassessed until January 2016. These errors placed people at risk of receiving inadequate pressure area care.

The above issues related to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

During our last inspection we found that there was a need to review staffing arrangements on the second floor as staff expressed concerns that at times it could be demanding. We saw that there were sufficient numbers of staff on the second floor on both days of the inspection. People and relative told us they were happy with the help they had from staff and told us that staff members provided support as expected. Staff told us they had no concerns with staffing levels, one staff member who works on the ground floor commented, "There is enough staff." A staff member from the first floor told us, "For now, we have enough staff." We observed staff providing some good care to people and in most instances staff assisted people promptly when required. We spent time observing care in the communal areas of the first and second floors and saw there were enough staff on duty to respond quickly to people's requests for assistance.

People were mobile and some people used walking frames for support and therefore required prompting and supervision and some people required the support of two staff especially during hoist transfers. During our observations, on occasions we noticed there was lack of interaction with people on the ground floor. People were either looking at the television or sleeping while staff were completing tasks. In one instance, a person was calling staff for help and as staff were not nearby, we had to locate a staff member to assist the person. In another instance, another person was calling staff for help and as staff were not nearby we then had to notify the registered manager to ensure a staff member assisted the person. We observed, that

people were not supervised for a period of 20 minutes on the ground floor. We asked the registered manager and deputy manager how staffing levels had been assessed and calculated. They said that there had not been a formal needs analysis and risk assessment to work out staffing levels.

The deputy manager told us, that there were two nurses on every floor with five carers on the first and second floor and four carers on the ground floor. During the night there was one nurse and three carers on duty on each floor. On the first day of the inspection one nurse called in sick and was replaced using the provider's bank system. The deputy manager told us that agency staff were not used at the home to cover for absence or sickness.

The above issues related to a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

We saw appropriate arrangements were in place for obtaining medicines. Staff told us how medicines were obtained and we saw that medicine supplies were available to enable people to have their medicines when they needed them.

As part of this inspection we looked at the medicine administration records. We saw appropriate arrangements were in place for recording the administration of medicines. These records were clear and completed in full. The records showed people were getting their medicines when they needed them, there were no gaps on the administration records and reasons were recorded for not giving people their medicines.

When medicines were prescribed to be given 'only when needed', administration guidance to inform staff about when these medicines should and should not be given were in place. This meant there was information to enable staff to make decisions as to when to give these medicines to ensure people were given their medicines when they needed them and in way that was both safe and consistent.

We saw medicines were stored securely. Medicines requiring cool storage were stored appropriately and records showed that they were kept at the correct temperature. Controlled drugs were being managed appropriately.

We also saw the provider did monthly audits to check the administration of medicines was being recorded correctly. Records showed any concerns were highlighted and action was taken when required. This meant the provider had systems in place to monitor the quality of medicines management.

Staff had undertaken appropriate training in understanding and preventing abuse and up to date training certificates were in staff files. Staff were able to explain what safeguarding was and who to report to. Staff also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission. We looked at the provider's whistleblowing procedure and noted the information did not include the contact details of the agencies needed to report all allegations or incidents of abuse to, such as the local safeguarding team or the Care Quality Commission. We fed this back to the registered manager and deputy manager and this was addressed immediately and information on whistleblowing on reporting abuse was placed on each floor.

Staff files demonstrated the service followed safe recruitment practice. Records showed the service collected references from previous employers, proof of identity, criminal record checks and information about the experience and skills of the individual. Staff members were not offered a post without first providing the required information to protect people from unsuitable staff being employed at the home.

This corresponded with the start date recorded on the staff files.

Staff told us they had not used physical intervention to manage behaviours which challenged the service. One staff member told us, "Not used restraint, never used it." Records showed staff had been trained in handling behaviour that challenged the service. They described how they used de-escalation techniques such as providing reassurance, talking in a calm manner and taking people outside to minimise the risk of harm to people and staff.

Is the service effective?

Our findings

People told us that staff members were skilled and knowledgeable. One person told us, "I can really vouch for them [staff]. Another person commented, "They look after us here." A relative told us, "Care has improved, she is getting better care" and another relative commented, "My [relative] is well cared for in this home, and his needs are met much better compared to the other homes that my [relative] has been." A health professional commented, "Patient is well looked after." Despite these positive comments we found that some aspects of the service were not effective.

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 application 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.

Training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty and Safeguarding (DoLS) had been provided. The staff we spoke to had a clear understanding of the principles of the MCA and how it was applied.

We found assessment had been made on people's capacity to determine if people had capacity on certain decisions. However, we found instances where a person lacked capacity then a best interest assessment did not include a health and social professional or the person's family member being involved in the best interest decision. In one care plan, we found an assessment determined a person lacked capacity in a certain area. However, a best interest decision had not been completed.

We saw that the front door was kept locked and most people did not go out. Staff told us most people were not allowed to go out without a staff member or relative accompanying them due to risks to their safety. We found that DoLS application had not been made for people that required supervision when going outside and for people that required bed rails for their safety. This meant that people may have been unlawfully deprived of their liberty.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Staff told us they always asked for consent before providing care and treatment. One comment included "If we give them care, we have to let them know." People confirmed that staff asked for consent before

proceeding with care or treatment.

Nutritional assessments were carried out for people, which included what type of food people liked and disliked. We saw people's weight was being monitored regularly and an action plan was in place to guide staff on what action to take if people lost or gained weight drastically. Most people's food intake records were being monitored and recorded to ensure they were on a stable diet and enough food was being consumed. However, we noted that some people refused their food or did not have sufficient intake of food. There was a section on the food intake form that outlined the reasons a person refused food and if alternatives were offered. We found that this was not being completed consistently and if any alternatives were offered to people that refused to eat. We observed a person did not eat their meal and the food was taken away by a staff member and alternatives were not offered.

We noted that some people on the ground floor had high cholesterol and diabetes. However, we did not see documentary evidence that food intake was monitored or recorded which showed the types of food that were consumed by these people and the amount that was eaten to ensure these people were on a balanced diet to avoid serious health complications. In some instances food and fluid intake was not appropriately recorded, for example, gaps in entries and entries not being signed. On the second floor, we saw on one food and fluid chart on 22 and 23 March 2016, entries had not been signed and by 14:50 on 24 March 2016, no food intake had been recorded. Fluid intake had been last recorded at 06:25 and the entry was not signed. We saw another instance of no food or fluid had been recorded at all that day. These gaps in recording potentially increased the risk to people's nutrition and hydration.

This was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Most people spoke positively about the choice and quality of food in offer. One person told us, "Absolutely gorgeous food," and another person commented, "The food is nice and I have a choice, and they give me alternative."

We conducted a Short Observational Framework (SOFI) during lunch time. A SOFI is a way of observing people and their interactions when they may not be able to tell us themselves. Dining room tables were set attractively with tablecloths and flowers, and menus were placed on tables. Music was played during mealtimes. Staff told us that the menus for lunch the following day were displayed on tables the evening before so people could choose what they wanted to eat. We observed staff offering people in the dining room on the first and second floor a choice of food prior to serving. Staff sat with people they were supporting to eat and mealtimes were relaxed and leisurely. We observed friendly and cheerful conversations between staff and people during mealtimes and people conversed with each other whilst waiting to be served their meals. The staff that prepared the meals had good knowledge about people's individual dietary needs and preferences. The staff told us that views were sought from people about mealtimes and no concerns had been raised from people. Observations showed that people were given different meals during meal times and it was varied, nourishing and fresh.

Staff told us they had worked at the service for several years and told us they received an induction, which included opportunities to shadow a more experienced member of staff and look at care plans. This made sure staff had the basic knowledge needed to begin work. The service had systems in place to keep track of which training staff had completed and future training needs. Staff told us that they had easy access to training and had received regular training. Training needs were discussed during appraisals and formal one-to-one supervision. One staff member told us "We get regular training." Staff completed essential training that helped them to understand people's needs and this included a range of courses such as, equality and

diversity, first aid, handling challenging behaviour, moving and handling, infection control and health and safety.

Staff confirmed they received regular supervision and appraisals. They told us they could talk about concerns and any training needs. Records showed that the home maintained a system of appraisals and supervision. Formal individual one-to-one supervisions were carried out regularly. Appraisals were scheduled annually and we saw that staff had received their annual appraisal in 2015. One staff member told us, "We do supervisions a lot."

Records showed that people had been referred to healthcare professionals such as the GP, district nurse and dietician. Outcomes of the visits were recorded on people's individual's records along with any letters from specialists. Records showed that people were supported to go to hospital when needed and referrals were made to other healthcare professionals when required. Staff confirmed people had access to healthcare professionals particularly if they were unwell. They gave us examples of where they were able to identify if the person was not well and records confirmed this. One staff member told us, "We can tell if they are unwell through their breathing, movements and behaviour." One person told us, "I have had bronchitis and they took me to the hospital in the middle of the night." During the inspection we saw a number of health professionals visited the service to review people's health. One health professional told us, "They are pretty on the ball." All the health professionals we spoke with had no concerns about the service.

Is the service caring?

Our findings

People told us they were happy with the care they received. One person told us, "They [staff] really look after me." Another person commented, "They [staff] look after us here." A relative told us, "The home is caring the moment you get to the reception. Very welcoming." A health professional told us, "Staff are friendly." A staff member told us, "We try to provide a caring environment. Life story is important to get to know their backgrounds/likes and dislikes. We try to involve their families."

Staff told us they build positive relationship with people by spending time and talking to them regularly. One staff member told us, "We have time to talk to them." We observed that people were treated with kindness and compassion in their day-to-day care. People knew the names of staff and engaged in conversations related to a number of topics. We observed staff provide cups of tea to people when requested. Staff had a good rapport with people and showed patience and skill at supporting people with behaviour that challenged using de-escalation techniques when people became agitated. On one occasion we observed staff intervene in a disagreement between two people who used the service by distracting the people involved and engaging them in a conversation related to a different subject.

Staff had a good understanding about the people they cared for in line with their care and support arrangements. Staff members were able to tell us about the background of the people and the care and support they required. They described people's behaviours, likes and dislikes and health condition. Relatives and people confirmed staff had a good understanding to provide care. One relative told us, "I find them [staff] excellent, all of them. They are kind people." One person commented, "They meet my needs and look after me."

Staff told us that they respected people's privacy and dignity. People could freely go into their rooms when they wanted to and close the door without interruptions from staff and people. A staff member told us, "We knock on doors." Observations confirmed staff respected people's privacy and dignity and knocked on doors before entering. Staff told us that when providing particular support or treatment, it was done in private and we did not observe treatment or specific support being provided in front of people that would have negatively impacted on a person's dignity. During the inspection we saw that most of the bedrooms on the ground floor, which overlooked onto a footpath and a busy road, did not have net curtains to ensure people had privacy. Members of public could walk past the bedroom windows and could see into people's bedrooms. The home had not assessed whether this compromised people's privacy and dignity or asked people for their views on this. The registered manager said that they would look into this matter.

Bedrooms were personalised and decorated to people's preferences. One person told us, "My room is lovely, they decorated it for me. I have a nice armchair and my own tv and radio. I said to [the registered manager] I would like my room decorated and he paid for it all." Each person had their own bedroom which had a memory box outside the door, a photograph of the person and a factsheet called 'Get to know me', which helped people to recognise their room especially people with dementia. On the second floor, that provided care and support for people with dementia there were memory pictures displayed throughout the unit which included London street names, local football teams and other London landmarks which helped

people with dementia navigate around the unit as they could link a particular room to the picture on the wall or sign on the corridor.

The home had a system called "Resident of the Day". This was a day where a resident on each floor was identified and something outside of the normal routine was done for the person such as a preferred activity. Staff told us that the person's family were involved and particularly encouraged to visit on this day and their care plans were reviewed.

Staff supported people to be independent in their day-to-day lives. Staff told us that people were encouraged to be as independent as possible. We observed people were able to move around independently and go to the lounge, dining area, toilets and hallways if they wanted to. We saw one person who lived with dementia assisting staff with sorting papers which had a positive impact on the person as it helped maintain their independence. One staff member told us, "We allow them to do something by themselves, we allow choice, dress, do own cup of tea."

The service had an equality and diversity policy. We observed that staff treated people with respect and according to their needs such as talking to people respectfully and in a polite way. One relative commented, "All carers are very friendly." Records showed that people's identity and religion were recorded and their dietary needs and preferences were recorded. Observation confirmed that a person's dietary preference was being followed to accommodate their religious beliefs. We also saw documentary evidence that people were able to visit holy places for worship and staff confirmed this.

Care plans listed how to communicate with people. For example, one person's plan listed that staff maintain eye contact with the person when speaking. Care plans provided detailed information to inform staff how a person communicated and listed people's ability to communicate. Staff made use of body language, hand gestures and employed other methods of communication to support people with non-verbal communication to have a voice and maintain choice and control.

End of life care plans were completed for some of the people and the involvement of their relatives were clearly indicated. We saw correspondence between relatives and staff and evidence of meetings about end of life care.

People had contact with family members and details of family members were recorded on their care plans. We observed pictures of people with their family members in their rooms. We saw relatives visiting their family member and the relatives confirmed that they could visit anytime.

Is the service responsive?

Our findings

People told us that staff provided the right support and responded appropriately and on time when support was required. One person told us, "If you want a cup of tea, they will get it." A relative told us, "The care home is good and staff are supporting the resident's needs." A health professional told us, "If I need GP referral for a person, they follow it through." People were supported to maintain relationships with the local community. We saw one example of where the person liked to visit a Caribbean restaurant weekly and was supported to do this.

Records showed pre-admission information had been completed. An assessment was carried out to identify people's support needs and they included information about their medical conditions, behaviour, communication and their daily lives.

Each person had an individual care plan which contained information about the support people needed. There was a section called 'What does a normal day look like' that listed people's daily routines. We found that most people had input into the care plans and choice in the care and support they received. Care plans were signed by people to ensure they agreed with the information in their care plan. Care plans we reviewed had a personal profile outlining the person's support needs, next of kin, identity, health condition and medical history. There was a section called 'Map of Life' that provided information on people's background and family members listing significant events that was important to them. These plans provided staff with information so they could respond to people positively and in accordance with their needs.

There was a key worker system in place. A key worker is a staff member who monitors the support needs and progress of a person they have been assigned to support. Reviews were undertaken regularly with people, which included important details such as people's current circumstance and if there were any issues that needed addressing.

We reviewed the call bell records and found that staff had responded to call bells promptly. The registered manager told us that the service response time should be within two to three minutes. We observed call bells were placed within easy reach of people. We also did a random test on the call bells with the registered manager and deputy manager on each floor to check the response by staff members and found staff response was within an appropriate time.

There was a daily 'Clinical walk around' completed by a nurse that looked at safeguarding incidents, hospital referrals, call bells and resident health. There was also a daily log sheet and staff handover record, which recorded key information about people's daily routines such as behaviours and the support provided by staff. Staff told us that the information was used to communicate between shifts on the care people received during each shift.

People were supported to engage in activities on a daily basis. Notices about activities and events were displayed around the home. During the inspection we observed an exercise and dance session where people were encouraged to participate. The deputy manager told us, "Everybody loves the activity co-

ordinator. We do well. London Mobility come in on Tuesday, all the residents get involved. On Friday they have music therapy." We saw a number of photographs displayed around the home of day trips to local attractions, such as visits to Central London and the seaside. We looked at the activity schedule and saw monthly day trips were arranged with weekly lunch and coffee trips.

The activities co-ordinators regularly updated people's care plans with details of the activities they took part in and their enjoyment of the activity. We saw that one person helped call the numbers at bingo. A hairdresser visited the home on a weekly basis and there was a designated hairdressing room to cater for people's needs. One person told us, "I have my hair done on Tuesdays."

We looked at the complaints folder and saw that there had been four complaints since our last inspection, which had been investigated, and a response provided to the complainant and an apology was offered where necessary. One person told us, "I don't know the manager, I would like to know that but I have no complaints." A social professional told us, "I have no concerns" and a health professional told us, "I have no concerns or complaints at all."

Staff were aware on how to handle complaints. The deputy manager told us, "I do my findings and reassure the complainant and it is recorded. If verbal, I give a form to the relative. If written, it is reported to the manager or the area manager and it goes to HR. We provide updates." A staff member gave us an example of when a complaint was received, the staff member told us, "I went into the room and the bed was not working. I passed the complaint to the manager and the bed was fixed."

There were complimentary cards from relatives thanking staff for looking after their family members. Compliments from one relative included, "It was an enormous comfort to her. Individual needs were always cared for and always delivered with a smile." Another relative commented, "Thank you for looking after [relative], you all did a great job." Another person commented, "Thank you for all your kind support in helping me get back to my healthy state." We looked at the service's compliments book, which included positive comments from relatives on the care and support provided to their family members.

Is the service well-led?

Our findings

People told us they enjoyed living at the home, one person told us, "I enjoy living here." A relative commented, "It is a nice home, lovely people, nice rooms, nice staff to make you welcome." Staff told us they enjoyed working at the home, one staff member said, "I enjoy working here." We observed people interacted well with each other, chatting and laughing. Staff told us the culture within the home is like a family.

We reviewed information we held about the service prior to our inspection and noted that no statutory notifications had been made to CQC in respect of outcomes to DoLS applications. When the service was last inspected in February 2015, the registered manager was informed of the requirement to notify CQC of the outcomes of DoLS applications made. This meant that the provider had not told us about significant events affecting people's care and support needs. Following the inspection, the registered manager submitted notifications of DoLS outcomes for five people where DoLS had previously been applied for.

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

The registered manager told us that they were in the process of reviewing all of the care plans to ensure they were up to date and effective. We found regular audits and checks had been carried out by the manager, the area manager and senior staff at the home. This included an infection control audit, monthly care plan reviews and a monthly medication audit. A monthly audit also monitored home acquired pressure sores, deaths, medication errors, safeguarding referrals and DoLS applications. A fire risk assessment had been carried out and issues identified such as smoke seals on doors had been actioned within the timescale given. However these audits did not identify the issues that we found during the inspection on risk assessments, DoLS applications, nutrition and hydration and mental capacity assessments.

We did not see evidence to show that complaints were analysed to identify if improvements could be made in particular areas. This is important to ensure that common themes or learning could be identified and put into practice to improve the service and deliver high quality care.

We recommend that complaints are analysed to identify trends and learning in order to make improvements to the service.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The home carried out an annual satisfaction survey of people who used the service. The result of the survey for 2015 was positive. Systems were also in place to analyse the findings of the survey and we saw evidence the results were being used to make improvements to the service to ensure high quality care is being delivered.

People and relatives spoke positively about the management of the home. One person told us, "[the registered manager] makes us feel so welcome." We observed the registered manager and deputy manager assisted people when asked and the interactions were friendly and caring. A relative told us, "Things were

not good when my mum arrived three years ago; but much better under this new management."

Staff were very positive about the management. One staff member told us, "They are doing their best and are approachable. Every day they come and check if we are struggling. They help us by doing personal care" and another staff commented, "Anything not clear, I approach them, very good. They work as a team, ready to support us". A health professional told us, "Manager is very good, he has got good leadership skills."

We saw records of regular staff meetings where staff were encouraged to participate. One staff member told us, "[Staff meetings] were very good. We are able to talk." We saw records of resident and relatives meetings where topics such as food choice and activities were discussed. Relatives were also encouraged to speak with management at any time and their door was always open.

The service's statement of purpose was to provide high quality care and provide an individual service to people. Staff told us that vision and values were communicated in staff meetings and supervisions to ensure values were upheld and people received high quality care.

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accommodation for persons who require nursing or personal care | Regulation 18 Registration Regulations 2009 Notifications of other incidents |
| Treatment of disease, disorder or injury | The provider had not notified about significant events affecting people's care and support needs in relation to the outcomes of Deprivation of Liberty Safeguarding outcomes. (Regulation 18(4)(a)(b)) |

| Regulated activity | Regulation |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent |
| Treatment of disease, disorder or injury | Care and treatment was not always provided with the consent of the relevant person as the registered person was not always acting in accordance with the Mental Capacity Act 2005. (Regulation 11(1)(3)) |

| Regulated activity | Regulation |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment |
| Treatment of disease, disorder or injury | The service provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users (Regulation 12(2)(b)) |

| Regulated activity | Regulation |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Accommodation for persons who require nursing or personal care | Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs |
| Treatment of disease, disorder or injury | In order to reduce the risk of harm from malnutrition or dehydration the service should |

ensure that they appropriately record diets and take action at the right time to keep people in good or the best of health.(Regulation 14(4)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

There was not a systematic approach to determine the number of staff and range of skills required in order to meet the needs of people using the service and keep them safe at all times. (Regulation 18(1)